Executive Summary

In 2014, thanks to a strong focus on newborn health, the Government of Pakistan recognized the global Every Newborn Action Plan as a public health priority. Capacity was strengthened through the Essential Newborn Care (ENC) and Helping Babies Breathe (HBB) trainings and with the establishment or upgrading of sick newborn care units. A national strategy for the local production, implementation and scale-up of chlorhexidine (CHX) for umbilical cord care was established.

As part of the Pakistan Approach to Total Sanitation (PATS) programme, in 2014, UNICEF Pakistan reached 1.2 million people with improved access to sanitation and 920,000 people with an improved water source. Equity-focused, child-sensitive water, sanitation and hygiene (WASH) policies were approved by governments in: Khyber Pakhtunkhwa (KP) and Federally Administered Tribal Areas (FATA) (drinking water policy); Punjab (rural sanitation programme with equivalent to US$ 4 million allocated); Sindh (sanitation strategy); Balochistan (WASH Master Plan).

The number of polio cases rose from 93 cases in 23 districts/areas in 2013, to 303 cases in 43 districts/areas in 2014. Two-thirds of cases originated in areas that are security-compromised or have bans on vaccination activities. Low population immunization rates, as well as the displacement of families from North Waziristan Agency (NWA), FATA, continued to jeopardize progress towards polio eradication. In addition, the need for extraordinary security measures limited the programme’s consistency and coverage. To help address these challenges, UNICEF Pakistan supported the establishment of emergency operations centres at federal and provincial levels. The centres bring the Government and key partners together for technical and monitoring supervision.

In 2014, the largest airlift of vaccines by the UNICEF Supply Division was delivered to government programmes via UNICEF Pakistan Procurement Services. This and other significant procurement achievements reflect a highly effective partnership with federal/provincial governments, as well as with the World Health Organization (WHO), GAVI Alliance, the Islamic Development Bank and other donor organisations. UNICEF Pakistan played an important role by building bridges between government partners, donors and programmes.

In 2014, collaboration with education development partners led to: the preparation and endorsement of sector plans in Sindh and Balochistan; the admission of Pakistan into the Global Partnership for Education (GPE); and the approval of US$ 100 million for GPE programme implementation. As the GPE Coordinating Agency, UNICEF Pakistan continued to integrate sector priorities into district plans, and has leveraged an additional US$ 18 million from the European Union (EU) for the Balochistan education sector, to match GPE implementation.

Momentum for improved nutrition in Pakistan was generated through the Scaling Up Nutrition movement (SUN), which led to the formation of SUN networks across United Nations agencies,
civil society and businesses. In addition, a partnership with the Planning Commission advanced the inter-sector nutrition strategy. Community-based management of acute malnutrition (CMAM) continued to be a prime focus for saving the lives of malnourished children.

In December 2014, there were 2,439,513 internally displaced persons (IDPs) in KP and FATA, as compared to 966,432 internally displaced persons in December 2013. UNICEF Pakistan primarily carried out humanitarian assistance in IDP camps; only limited assistance was provided to host communities. Security-related issues compromised access to more dispersed groups of internally displaced persons in host communities and in places of origin, to which displaced persons periodically returned.

UNICEF Pakistan maintained its leadership roles within the Delivering as One initiative, including the co-convener role for strategic priority area 1: vulnerable people access to basic social services; and the co-chair role with the Government for the Sindh Provincial Steering Committee. During the second year of the UNICEF Pakistan Country Programme (2013-2017) and the One Programme II (OPII) cycle, the UNICEF Pakistan programme interventions were strongly aligned with the OPII results framework and the Common Country Programme Action Plan (CCPAP).

The UNICEF Pakistan Country Programme (2013-2017) was realigned to the UNICEF Strategic Plan 2014-2017 and continued to focus on addressing inequity and disparities and on building resilience. Examples are provided within the relevant sections of this report.

The UNICEF Pakistan Country Programme sought to leverage increased positive impacts for children with convergent and complementary interventions. New projects were positioned to optimize results through convergent activities. One example is Polio Plus, funded by the Canadian International Development Agency (CIDA). The project uses a multi-sector approach to address the need for water, sanitation, nutrition, and maternal, newborn and child health (MNCH) services to increase the acceptance of polio vaccination and address critical underlying determinants of the continuing circulation of wild poliovirus. In 2014, UNICEF Pakistan developed and initiated implementation of multi-sector work plans in coordination with local governments in 15 high priority districts.

A second example is the IKEA-funded project, which is coordinated across the child protection, education, health and WASH sections. This multi-sector approach to promoting child rights in cotton farming areas was implemented in identified districts within Balochistan, Punjab and Sindh. Interventions were designed so that each sector supplemented investments in other sectors.

**Humanitarian Assistance**

In 2014, in addition to the protracted caseload of displaced persons from FATA, humanitarian situations in Pakistan included, the further influx of displaced persons from NWA and Bara, Khyber Agency in FATA; the drought in Sindh; and floods in Punjab.

Since 2009, nearly one million people have remained internally displaced in KP and FATA. Only 4 per cent of these displaced persons live in IDP camps; 97 per cent are living with host communities. Return is very slow; in 2014, only 20 per cent of the planned 45,000 families, returned to their areas of origin. In June 2014, approximately 1 million additional people were displaced from NWA as a result of military operations. The majority chose to live in host communities. Further instability in November and December 2014 resulted in displacement of
people from Bara in Khyber Agency. By 31 December 2014, 91,580 families from Bara had attempted to register as displaced. To date, the National Database and Registration Authority has verified 30 per cent of these (27,875 families) as newly displaced.

In 2014, UNICEF Pakistan supported measles vaccinations for 121,664 children in the accessible emergency-affected areas of KP and FATA. Existing health facilities were strengthened through the provision of paediatric staff and medical equipment. Malnutrition exceeded emergency thresholds, and 18,572 children under 5 were admitted to outpatient programmes. To prevent the outbreak of water-related diseases, safe drinking water was provided to 417,760 people in emergency-affected areas. UNICEF Pakistan and implementing partners supported 42,322 children to access education through temporary learning centres and schools in IDP camps. Critical education supplies were provided and teachers were trained. In addition, 64,911 children and caregivers were reached with protection, psychosocial support, recreation services and life skills education through Protective Learning and Community Emergency Services (PLaCES) centres.

Prior to the June 2014 displacement, NWA had the highest rate of polio cases in the world. In addition, the displacement of people in NWA occurred during the high transmission season for polio. Given the need for urgent action, federal and provincial emergency operations centres for polio were established and polio vaccinations were given at Permanent Transit Points (PTPs) to increase coverage. In total, 213 social mobilisers were deployed, and 712,406 oral polio vaccine (OPV) doses were given at PTPs in North and South Waziristan.

Since the 2005 earthquake, UNICEF Pakistan and other United Nations agencies have worked with the Government to increase their capacity for emergency response. This heightened capacity was demonstrated during the September 2014 floods, which affected 2.5 million people, primarily in Punjab. The Government only requested technical assistance to undertake a multi-indicator rapid assessment to inform its relief effort. At the provincial level, based on a bilateral request from the Provincial Disaster Management Authority, UNICEF Pakistan provided health, nutrition and WASH assistance through relevant government departments using previously agreed work plans. This assistance included the delivery of 1.8 million water purification tablets, 11,000 hygiene packages, 500 latrine slabs, 100 waste bins, 60 water tanks, 40 hand pumps, 700 clean delivery kits, 700 newborn kits, 6,000 bed nets to families with pregnant women and children under 5, 1 million sachets of oral rehydration salts, 1.5 million sachets of maternal multiple micronutrients, and 550,000 flyers/leaflets with messages on infant and young child feeding (IYCF).

In early 2014, the Tharparker District in Sindh experienced a severe drought. Through the CMAM programme, 21,060 children and 9,235 pregnant lactating women were identified as severely malnourished and registered in the CMAM programme. Over 96.5 per cent of those registered were successfully treated and exited the programme after two to three months.

After the December 2014 attack on the Peshawar Army Public School, UNICEF Pakistan provided technical assistance to the federal and provincial Health Ministry/Department to address the mental health and psychosocial support needs of affected children and their families. This included coordination support and assistance through the development of a comprehensive strategy for both Peshawar and KP.

UNICEF Pakistan provided emergency preparedness and response support through government and implementing partners. As part of emergency preparedness, stocks worth US$ 1.3 million were prepositioned. An emergency preparedness plan for the Ebola threat was
developed. Forty-three contingency Programme Cooperation Agreements (PCAs) were
developed in 2014, and five of these were activated for the NWA IDP response.

UNICEF Pakistan received US$ 750,000 from a project funded by the Department for
International Development (DFID) for emergency preparedness. Funds were used for stock
procurement, training, and the development of disaster risk reduction (DRR) resource material
to strengthen preparedness and response capacity. In addition, an assessment of returns on
investment in DRR was undertaken. The assessment showed that there are good returns for
time and cost investments, and that current strategies are valuable in humanitarian responses.

Access constraints due to insecurity and timely availability of funding remain the major
bottlenecks impacting the ability of UNICEF Pakistan to respond to humanitarian situations.

Equity Case Study

In Pakistan, rural populations and lower income groups suffer disproportionately in terms of
rights to sanitation. For example, only 34 per cent of Pakistanis in rural areas have access to
improved sanitation facilities, compared to 72 per cent in urban areas. While 95 per cent of the
wealthiest quintile of the population has access to improved sanitation, only 5 per cent of the
poorest quintile has such access. Similar disparities exist for access to safe drinking water.

UNICEF Pakistan has focused its WASH interventions on assisting the most disadvantaged.
The emphasis of the PATS programme is on the rural poor and residents of urban informal
settlements. In 2014, the PATS programme targeted over 1.6 million beneficiaries in 23
implementation districts, selected on the basis of a low Child Well-Being Index, high risk of
polio, and poor nutrition status. PATS has a strong emphasis on behaviour change and social
mobilization to enhance demand for and investment in sanitation.

The PATS programme was monitored using the Monitoring Results for Equity System (MoRES)
approach. Under the MoRES approach, UNICEF can systematically monitor, in real time, how
large-scale programme implementation translates into results. MoRES allows for the
identification of the key bottlenecks preventing the poorest, most marginalized women and
children from gaining access to improved sanitation. In line with the MoRES approach, and
assisted by third-party field monitoring, UNICEF Pakistan accomplished the following:

- Reviewed data on the equity of access to sanitation in Pakistan to identify patterns and
trends in the disparities experienced by children and women. This focused on a causal
analysis of deprivation and exclusion, while examining the enabling environment of
WASH policies, strategies and plans. Regular programme reviews in each province
monitored child deprivation and the progress made towards addressing deprivation. In
2014, UNICEF Pakistan commissioned research into inequities in access to improved
sanitation and safe drinking water across Pakistan. The resulting report documented
disparities between provinces, rural and urban populations, and income groups.
- Monitored PATS programme inputs and outputs, where these were relevant to
addressing deprivation in access to sanitation. The 2013-2017 programme was defined
within the broader framework of the UNICEF Pakistan Medium Term Strategic Plan and
realigned with the UNICEF Strategic Plan 2014-2017, the One United Nations
This helped keep the PATS programme focused on the equity agenda.
- Carried out real-time monthly monitoring of processes and activities to track progress
towards achieving PATS outcomes and analyse bottlenecks and barriers at the local
level. Third-party field monitoring was integral to tracking progress. UNICEF Pakistan and the Government ensured quality implementation through key informant interviews, spot checks, field observations using checklists, real-time health data collection, and regular feedback mechanisms involving communities and implementing partners.

- Validated the achievement of PATS outcomes and estimated progress towards the realization of results through techniques such as:
  - In March 2014, more than 4,900 people were interviewed as part of the PATS end-line survey.
  - Pre- and post-Knowledge, Attitude and Practice (KAP) surveys showed extremely vulnerable families were prioritized as a direct result of the programme.
  - Use of participatory rural appraisal (PRA) tools. These included well-being rankings, which were used to identify the most vulnerable families in a village. These families were then provided with assistance for constructing a latrine. PATS allowed for the provision of sanitation subsidies, in a rights-based manner, to the most vulnerable families. Standard PRA tools for the PATS programme also included preparing daily routine charts of men and women in the community. This tool not only helped to sensitize communities, especially men’s awareness of women’s labour hours, but also helped to mobilize people for the construction of latrines without overburdening women with activities like water fetching for construction or preparing mud.
  - Household and school surveys.

In 2014, 1.2 million people were reached with improved access to sanitation as part of the PATS programme, which contributed to Pakistan’s Millennium Development Goal (MDG) sanitation target. Lessons learned included:

- The level of provincial government ownership was key to the scale-up and sustainability of the programme. Support for governance was improved, and capacity development increased, thereby lifting ownership.
- Quality improvement was needed for monitoring, which also needed to be simplified. Standard sector indicators will be agreed upon with sector stakeholders.
- Quality improvement was also needed for knowledge management. A WASH knowledge management strategy will be developed.

MoRES facilitated the identification of the key bottlenecks preventing the poorest, including the most marginalized women and children, from gaining access to improved sanitation in Pakistan. Monitoring the quality of processes ensured the inclusion of extremely vulnerable members of the community at all stages of the programme. The identification of the most vulnerable families at the start of the programme, and their participation in decision-making processes, maintained an equity focus in interventions. The programme subsidized the construction of demonstration latrines for the most vulnerable households, as identified with the help of the community. This not only served the intended target group in a rights-based manner, but also enabled vulnerable families to lead the pathway of change.

Summary Notes and Acronyms

Procurement services

UNICEF Pakistan extended its procurement services to the Government and to third parties, and in 2014 administered the highest volume globally for UNICEF for the third year in a row. Services included the provision of technical and institutional support, capacity building on supply
chain management, advocacy for the mobilization of funds, establishment of new memoranda of understanding, and the delivery of quality health products.

The majority of procurement projects support vaccination, in particular for the Government of Pakistan at federal and provincial levels, and mainly for the Polio Eradication Initiative. Other critical activities under the Expanded Programme for Immunization (EPI) included the provision of measles vaccines for the nationwide campaign, assisting Government to avoid stock outs for routine immunizations and assisting with the registration of new vaccines.

**Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AJK</td>
<td>Azad Kashmir</td>
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<tr>
<td>ALP</td>
<td>Alternative Learning Programmes</td>
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<td>BCP</td>
<td>Business Continuity Plan</td>
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<td>BFM</td>
<td>Basic Foundation Module</td>
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<td>BoS</td>
<td>bureaus of statistics</td>
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<td>BTC</td>
<td>Business Transaction Centre</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<td>CCC</td>
<td>Core Commitments for Children</td>
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<td>CCPAP</td>
<td>Common Country Programme Action Plan</td>
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<td>CEDAW</td>
<td>Convention to Eliminate All Forms of Discrimination Against Women</td>
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<td>CFO</td>
<td>chief field office</td>
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<td>CHX</td>
<td>chlorhexidine</td>
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<td>CIDA</td>
<td>Canadian International Development Agency</td>
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<td>CMAM</td>
<td>community-based management of acute malnutrition</td>
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<td>CMT</td>
<td>County Management Team</td>
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<td>CPD</td>
<td>Continuous Professional Development</td>
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<td>CIP-JE</td>
<td>child protection in emergencies</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>CSO</td>
<td>civil society organization</td>
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<td>DANIDA</td>
<td>Danish International Development Agency</td>
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<td>DCT</td>
<td>direct cash transfer</td>
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<tr>
<td>DFID</td>
<td>Department for International Development</td>
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<td>DPT</td>
<td>diphtheria, pertussis and tetanus</td>
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<td>DRR</td>
<td>disaster risk reduction</td>
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<td>ECICI</td>
<td>Every Child in School Initiative</td>
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<td>EMC</td>
<td>Evaluation Management Committee</td>
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<td>EMIS</td>
<td>Education Management Information System</td>
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<td>ENC</td>
<td>Essential Newborn Care</td>
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<td>ePAS</td>
<td>electronic Performance Appraisal System</td>
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<tr>
<td>EPI</td>
<td>Expanded Programme for Immunization</td>
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<tr>
<td>EPRP</td>
<td>Emergency Preparedness and Response Plan</td>
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<td>EU</td>
<td>European Union</td>
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<tr>
<td>EVM</td>
<td>Effective Vaccine Management</td>
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<td>FATA</td>
<td>Federally Administered Tribal Areas</td>
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<td>FCM</td>
<td>female community mobilizer</td>
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<td>GAIN</td>
<td>Global Alliance for Improved Nutrition</td>
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<td>GB</td>
<td>Gilgit Baltistan</td>
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<td>GPE</td>
<td>Global Partnership for Education</td>
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<tr>
<td>HACT</td>
<td>harmonized approach to cash transfers</td>
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<tr>
<td>HBB</td>
<td>Helping Babies Breathe</td>
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HPM  humanitarian performance monitoring
HQ  UNICEF Headquarters
ICT  information and communication technology
IDP  internally displaced person
IMEP  Integrated Monitoring and Evaluation Plan
ISP  internet service provider
IT  information technology
ITSS  Information Technology Solutions and Services
IYCF  infant and young child feeding
KAP  Knowledge, Attitude and Practice
KP  Khyber Pakhtunkhwa
KPI  key performance indicator
LHW  Lady Health Worker
MDG  Millennium Development Goal
MHM  Menstrual Hygiene Management
MICS  Multiple Indicator Cluster Survey
MIRA  Multi Cluster/Sector Initial Rapid Assessment
MNCH  maternal, newborn and child health
MoNHSRC  Ministry of National Health Services Regulation and Coordination
MoRES  Monitoring Results for Equity System
MOSS  Minimum Operating Security Standards
MoU  Memorandum of Understanding
NADRA  National Database and Registration Authority
NFBEC  non-formal basic education centres
NGO  non-governmental organization
NPPI  Norway-Pakistan Partnership Initiative
NWA  North Waziristan Agency
ODF  open defecation free
OIAI  Office of Internal Audit and Investigations
OPII  One Programme II
OPV  oral polio vaccine
ORE  other resources emergency
ORR  other resources regular
PAS  Performance Appraisal System
PATS  Pakistan Approach to Total Sanitation
PCA  Programme Cooperation Agreement
PCG  programme coordination group
PCV  pneumococcal conjugate vaccine
PDHS  Pakistan Demographic and Health Survey
PDMA  Provincial Disaster Risk Management Authority
PEAC  Provincial Education Assessment Commission
PEC  Punjab Examination Commission
PEI  Polio Eradication Initiative
PPD  Public Partnerships Division
PPTCT  prevention of parent-to-child transmission (of HIV)
PRA  participatory rural appraisal
PTPs  Permanent Transit Points
RAM  Results Assessment Module
Support for capacity development was undertaken through the use of KAP surveys and capacity assessments. In education, interventions focused on increasing demand for equitable education among parents, communities, local departments and civil society organizations. A KAP survey was commissioned to establish baselines and develop evidence-based strategies to address bottlenecks around enrolment and retention. Education departments and key partners were supported to implement context-specific enrolment strategies to help reach the most marginalized areas. A capacity gap assessment in Balochistan established a framework for enhancing the Government’s ability to plan, monitor and improve education access.

Provincial labour departments received technical assistance to conduct capacity assessment exercises, develop effective response strategies and strengthen child labour inspection mandates. Local government was supported to implement an innovative birth registration model using mobile phone technology.

Communications strategies included Universal Salt Iodization messages, which successfully reached Government functionaries, religious scholars, schoolteachers, salt producers and media. Their support for the use of iodized salt is now being leveraged. Engagement with religious leaders included supporting the Ulama Conference on Polio Eradication, held by the Islamic Development Bank, which resulted in the issuance of a religious decree in support of polio vaccination. UNICEF Pakistan also supported the introduction of improved WASH participatory tools for social analysis within communities and the inclusion of vulnerable groups. Communities participated in the design of WASH communications materials and behaviour change campaigns.
Capacity development strategies also included trainings of trainers (ToT). In a focus on newborn care, hands on, skills-based trainings were conducted, including HBB, ENC (facilities-based) and emergency obstetric and neonatal care. The outcomes to date include 600 community-based health workers trained in HBB and 120 trained in ENC. A ToT was also undertaken for the sanitation sector and subsequently master trainers provided training to social mobilizers, masons, and community resource persons.

Capacity building initiatives with disaster management authorities resulted in the development of policy guidelines for mainstreaming the needs of vulnerable groups in disasters. Health workers received training on community-based disaster risk management and a range of nutrition topics, including nutrition in emergencies. Federal/provincial education departments were reinforced on emergency preparedness and response, and relevant plans were updated.

**Evidence Generation, Policy Dialogue and Advocacy**

Evidence generation has contributed to a number of national strategies and action plans. The South Asia regional study, *Global Initiative on Out-of-School Children* enabled equity planning that resulted in a national plan of action targeting the enrolment of more than 5 million excluded children. Strategies to address the issue included increasing the number of classrooms, building new schools, and incentives for girls and female teachers to bolster retention. Early statistics indicate that more than 4 million children have enrolled. The key challenge will be the retention of these students.

At the provincial level, a study on child responsive budgeting enabled the Punjab Government to assess spending through a child rights lens.

To help address infant and neonatal mortality, evidence-based advocacy for the introduction of CHX for umbilical cord care led to the inclusion of CHX in essential federal/provincial drugs lists and applications by local pharmaceutical companies to register CHX to enable local production. Punjab included the newborn action plan in their sector strategy, and based on bottleneck analyses, newborn care interventions were adopted by other provinces/regions.

The Pakistan Vision 2025 was published, putting nutrition on the development agenda for the first time in Pakistan. The national nutrition policy was approved in all provinces. National CMAM guidelines were revised and endorsed.

As result of advocacy by UNICEF Pakistan and WHO with the Ministry of National Health Services Regulation and Coordination (MoNHSRC), the:

- EPI policy was revised and approved by the National Immunization Technical Advisory Group.
- National and provincial comprehensive multi-year plans for 2014-2018 were formulated.
- National Effective Vaccine Management (EVM) assessment was conducted to further inform the National EVM Improvement Plan.

Advocacy efforts contributed to:

- Promulgation of the Sindh Child Marriage Restraint Act, in which the legal age of marriage for girls was increased from 16 to 18 years.
- Endorsement of the provincial child protection mapping and assessment reports, which identified priority areas for strengthening child protection systems.
Advocacy efforts with parliamentarians assisted in the passage by the National Assembly of a unanimous resolution regarding the urgency of polio eradication and the responsibilities of members of Parliament regarding polio and routine immunization.

**Partnerships**

Momentum generated by UNICEF Pakistan for SUN led to the formation of SUN networks across the United Nations, civil society and business. In cooperation with the Government and implementing partners, training in essential nutrition packages was delivered to 11,856 basic nutrition workers, as well as information management experts and senior health staff. A partnership with the Planning Commission advanced the Inter-Sectorial Nutrition Strategy and SUN processes. UNICEF Pakistan Procurement Services built partnerships with the World Bank and provincial governments for the procurement therapeutic food to support SUN.

To scale-up the initiative A Promise Renewed, UNICEF Pakistan collaborated with WHO, Save the Children, the United States Agency for International Development (USAID), Mercy Corps International and the Pakistan Pharmaceutical Manufacturing Association. Significant initiatives included: the Every Newborn Action Plan, CHX for umbilical cord care, and the Comprehensive Multi-Year National Immunization Strategic Plan. Dependence on development assistance was reduced when 22 health facilities set up within the Norway-Pakistan Partnership Initiative (NPPI), were handed over to the Sindh Health Department.

Partnerships with federal and provincial governments included a range of outcomes. A Memorandum of Understanding (MoU) with the Government of Pakistan for OPV procurement and social mobilization was established with funding from the Islamic Development Bank. Partnerships with provincial child protection commissions/authorities, and social welfare and labour departments across Pakistan accelerated efforts to strengthen child protection systems.

As GPE Coordinating Agency, UNICEF Pakistan played a key role in supporting provincial education departments to develop education sector plans. Based on the plans, governments and local partners developed and aligned budgetary allocations and operational and risk-mitigation plans. This led to the approval of US$ 100 million for GPE programme implementation in Sindh and Balochistan.

Through partnerships with academic institutions, including the University of Engineering and Technology, Peshawar, technical support on policies, strategies and other priorities was provided to the WASH-sector in KP and FATA. Provincial-level nutrition support was provided to the Department of Human Nutrition, the Agriculture University and the Health Services Academy; and national-level support was provided to the Nutrition Department of the University of Veterinary Sciences, Lahore.

Private sector partnerships led to augmented birth registration systems through mobile technology (Telenor); increased access to vocational training in Punjab (Barclays Bank); and a multi-sector approach to promoting child rights in cotton farming areas of Punjab, Sindh and Balochistan (IKEA Foundation).

**External Communication and Public Advocacy**

In line with guidance from the Global Communication and Public Advocacy Policy (2014-2017), UNICEF Pakistan shifted away from communications targeting specific audiences to communicating key messages to the general public. An interactive approach to communication
was adopted using digital, broadcast and mobile media to engage rights bearers, stakeholders and the wider public. Real life stories were developed that depicted issues, actions and the impact of UNICEF Pakistan initiatives for children and women, especially in marginalized and disadvantaged communities. Innovative techniques were used to make young people aware of their rights and to generate demand for these rights to be met. Social engagement, especially with the corporate sector, was enhanced through use of new technologies and by developing synergies to achieve common goals.

UNICEF Pakistan web and social media initiatives had over 1.6 million website hits, 187,000 Facebook fans, 18,000 Twitter followers, 6,000 Flickr views, and 8 million post views.

To share the positive impact of the work of UNICEF Pakistan with the general public and donors, 19 real life stories (of people and communities benefiting from various programme activities) were documented and disseminated through various media. Some of these stories were published by international media, including *The Huffington Post* and *The Herald Scotland*.

More than 1,000 high-resolution professional photographs were collected during the year from field locations and added to the UNICEF Pakistan digital database. These images were used for publications, social media and donor reporting and were shared with other country offices through the UNICEF ‘Weshare’ global digital repository.

For the International Children’s Day of Broadcasting, and the 25th anniversary of the Convention on the Rights of the Child (CRC), all major broadcasters in Pakistan were engaged to produce special programmes, with the participation of children, to raise awareness on child rights. These programmes were aired during the last quarter of 2014 and on Universal Children’s Day.

**South-South Cooperation and Triangular Cooperation**

In 2014, UNICEF Pakistan made use of regional conferences, forums and direct engagement with innovations teams to facilitate south-south cooperation and enhance knowledge exchange.

To strengthen birth registration systems in Pakistan, UNICEF Pakistan supported south-south initiatives to share best practices and learn from birth registration systems in other countries. In November 2014, a high-level delegation from Pakistan comprising representatives from UNICEF Pakistan and the Government, attended the Ministerial Conference on Civil Registration and Vital Statistics in Asia and the Pacific.

UNICEF Pakistan worked with innovations teams from Uganda and Kenya to develop a Short Message Service (SMS)-based platform to communicate with young people using mobile phone technology. Learning from countries already using the RapidPRO/UREport SMS system was key to the preparation of a youth communications platform, which UNICEF Pakistan plans to activate in 2015. The investment and testing of the initial UReport innovation, as well as lessons learned in Uganda, Nigeria and Liberia, were used to plan for effective implementation in Pakistan. The goal is to create a two-way platform for youth to share their opinions and perspectives on key issues that affect their lives, and to provide feedback to improve UNICEF Pakistan programmes. The platform will generate real-time, citizen-sourced data and also support coordination functions during humanitarian response efforts.

In 2014, UNICEF Pakistan learned from other South Asian UNICEF country offices, including from UNICEF Bangladesh on the WASH programme in urban slums. Best practices from
UNICEF Pakistan, such as the scale up of rural sanitation programmes and sanitation marketing, were shared through the WASH regional forum facilitated by the Regional Office for South Asia (ROSA). The forum was also used to discuss possible collaboration for reducing open defecation in the region. This led to the draft UNICEF Regional Strategy South Asia 2014-2017 to stop open defecation. Additional areas of south-south learning included crosscutting issues, such as mainstreaming gender equality, adolescence and WASH in health centres. UNICEF Pakistan is also responding to learning gained at the November 2014 ‘Stop Stunting’ conference held in New Delhi, India; and is designing a large-scale stunting prevention programme for Sindh (where 49.8 per cent of children under 5 are stunted), based on the lessons shared.

Identification Promotion of Innovation

The contracting-out delivery of Maternal, Neonatal and Child Health Services was trialled in two districts in Sindh under the NPPI. The initiative showed that barriers can be overcome and round-the-clock services can be provided in public facilities with appropriate incentives. The initiative ensured quality MNCH care and family planning services under a pay-for-performance model at 22 public facilities. The initiative also ensured the 24/7 availability of female service providers at upgraded facilities. Healthcare employees, particularly females, were provided with pick-and-drop services, security arrangements and conducive work environments. The initiative demonstrated that facilities operating 24/7 and providing services at a small mark-up costs, could operate in difficult, remote areas and improve service utilization and health outcomes (including increased health-seeking behaviour). An independent evaluation found that the contracting-out model was highly relevant to the needs of underprivileged communities in predominantly rural districts. It also recommended public-private partnerships and contracting-out mechanisms be scaled up at the provincial level. The Sindh Government is looking at options for continuing the approach.

A wide range of innovations to support polio eradication was implemented in 2014. These included:

- PolioInfo, a real-time database (see innovations section).
- Piloting the RapidPRO mobile phone-based system for monitoring service delivery. It enabled communication among decision-makers, young people, frontline workers and engagement with beneficiaries.
- Analysis indicated that male vaccination teams were not reaching a cohort of very young children. In a new approach, female community mobilizers (FCMs) were added to the COMNet polio workforce. Over 800 FCMs were trained to focus specifically on mothers and very young children.
- By identifying key influencers in priority tribal areas, 2.7 million messages were delivered in the influencers’ voices.
- A partnership with Zong enabled the mapping of migration patterns and the behaviours of displaced populations.
- A National Polio (child-health) Hotline. This was the first such service in Pakistan and offers female-to-female support with over five languages available.
- Speaking books were developed in partnership with rotary clubs. A storytelling initiative was undertaken using Lady Health Workers (LHW).
- Polio messages were printed on utility bills, reaching 2.3 million households, and enabling access to some hotspot areas.
Support to Integration and cross-sectoral linkages

The project, Promoting Child Rights in Cotton Farming Areas of Pakistan, is being implemented in Punjab, Sindh and Balochistan, in partnership with local governments, communities, families and other organizations.

The project uses a convergent approach to community, economic and human development, social protection services and legislative and policy reform. It aims to strengthen the functionality and accountability of the public administration and has engaged the health, education, sanitation and protection sectors to improve outcomes for children. The IKEA Foundation is funding the project, which will run from 2011-2017. To support sustainability, the project involved collaboration with a range of government and non-government partners, such as provincial/district government line departments, federal social protection programmes and non-governmental and community-based organizations.

Interventions were designed so that each sector supplemented investments in other sectors. For example, by bringing clean drinking water closer to houses, the project eliminates the need for girl children to fetch water; thus increasing the likelihood that girl children will attend school. In parallel, schools were supported to be more child-friendly by introducing child-friendly teaching methods and providing basic health services. Likewise, improved water and sanitation facilities at the community level will reduce the disease burden for cotton-farming communities, which was further reduced through improved access to basic health facilities. Economic opportunities are being targeted through vocational training, small loans and business development opportunities, especially for women.

Since project commencement, 417,708 children have benefited directly, and 33,469 children have benefitted indirectly. Key results include the provision of conditional cash transfers to over 15,000 families and the provision of 2,000 income-generating grants to women. Education interventions resulted in 11,318 out-of-school children enrolled in formal/non-formal schools. The project supported access to safe drinking water for 27,592 families. In addition, 50,599 households have built and are using latrines. The project has improved access and use of public primary health facilities for over 400,000 women/children and over 800,000 women/children have been reached with behaviour change communications on child rights issues.

Lessons learned/revisions include:

- Redesigning the governance/management system to better empower/supervise district government administration.
- Empowering local governments to take the lead in decision-making, monitoring, reporting and resource-mobilization.
- Integrating the project into UNICEF Pakistan multi-year work plans signed with federal/provincial governments.

Service Delivery

To inform the design of services, context and situation analyses were conducted with WASH sector stakeholders. An inequities study was used to bring the most vulnerable to the attention of WASH duty bearers and other sector stakeholders. Third-party field monitoring (TPFM) assessed over 80 per cent of WASH interventions, resulting in the redesign of the programme where areas for improvement were identified. For example, PRAs were found to be too long,
which reduced community participation. As a result of TPFM, an improved, shorter WASH-PRA was introduced.

Data analysis was used to develop a needs-based distribution list for cold chain equipment. Vaccine management data was presented at the federally based operations centre, highlighting poor performing areas for corrective action.

Partners’ core capacities were strengthened: concrete steps were taken to improve key education officials’ understanding of child-friendly schools, gender, DRR and social cohesion. The Inclusive Education Initiative, collaboratively implemented in 20 schools, produced evidence that appropriate learning conditions can increase enrolment/retention. Support for alternative learning programmes and community schools in remote locations and conflicted areas enabled 28,500 children to continue education.

To benefit out-of-school children and adolescents involved in child labour, support was provided to the National Cash Transfer Programme and skill development programmes.

Mother-child weeks were conducted in April and November. In April, 12,505,517 beneficiaries were reached: 8,240,238 children aged 2-5 years were dewormed, 728,858 children were immunized, 3,168,846 pregnant women were dewormed and 367,575 women received tetanus vaccinations.

UNICEF Pakistan supported the revision of the National Anti-retroviral Therapy Guidelines and trained physicians on the Guidelines. Technical assistance and capacity building was provided for prevention of parent-to-child transmission centres.

Polio immunization focused on high-risk union councils and underserved communities. Vaccinations were administered in households, PTPs, hujras and health camps. Significant social mobilisation for behaviour-change was undertaken, including: partnering with religious influencers, mass-media campaigns and area-specific approaches. Data on missed children was analysed to improve coverage. Although the refusal rate dropped to 0.20 per cent, clusters of refusals remain a concern.

Support to Government’s nutrition programme included the procurement/supply of micronutrients. In total, 1,904,919 children aged 6-59 months were screened, and among those, 90,286 were treated in outpatient therapeutic sites; 776,967 PLW were screened and 165,596 were referred to targeted supplementary feeding programmes.

**Human Rights-Based Approach to Cooperation**

In 2014, in the area of legislation and policy development, UNICEF Pakistan promoted adherence to international human rights standards by supporting the Ministry of Law, Justice and Human Rights to reform the Juvenile Justice System Ordinance of 2000 within the framework of relevant United Nations Standard Minimum Rules. Although the 2014 enactment of the Sindh Child Marriage Restraint Act aligns with the aspirations of the CRC and the Convention to Eliminate All Forms of Discrimination Against Women (CEDAW), many provisions remain problematic from a human rights perspective. To uphold the child’s right to health and to support polio eradication, cultural constraints were addressed through the establishment of a network of religious leaders under the auspices of the Islamic International University, funded by the Islamic Development Bank. The National Islamic Advisory Group was established to address misconceptions related to polio and other vaccines. A training on child health was held.
for influential religious scholars and chieftains from FATA. Over 50 religious decrees were issued in support of vaccination. Two previously non-supportive religious leaders shifted to a positive position. Due to insecurity in 2014, many children in South Waziristan could not be reached with vaccination campaigns. COMNet staff continued to work in these districts to facilitate self-administration of OPV by caregivers, and as a result, 1,912 children were self-vaccinated. COMNet staff and religious influencers met with militants regarding access to the remaining 66,000 inaccessible children. These negotiations assisted in gaining access to over 17,000 children under 5 in 13 previously inaccessible areas. Negotiations are on-going in an additional 37 inaccessible areas. The education and child protection sections are jointly undertaking work to build awareness and enhance the practices of duty bearers and rights holders regarding peace building through a Social Cohesion and Resilience (SCR) programme. Results to date include: over 56,000 children reached through SCR initiatives; and over 2,000 madrassa students were able to interact with the themes of social cohesion, resilience and peace building. Textbook writers trained by UNICEF Pakistan developed 14 textbooks across five subjects in three provinces for preschool through Grade 11. Work with the FATA Education Directorate has institutionalized ALP, enabling 3,000 conflict-affected children to realize their rights to education.

Gender Mainstreaming and Equality

The Government-led LHW programme provided opportunities at many levels to counter gender disparities in the delivery of health services and overcome broader social and behavioural constraints that prevent women/girls/boys from accessing services. Because it is a major employer of women in the formal sector, the LHW programme puts the Government in the unique position of facilitating social change in favour of women’s empowerment. It has also helped to overcome the gendered division of public and private space, which has been a major obstacle to women’s access to basic services, including education and employment.

The UNICEF Pakistan health sector has worked to strengthen the LHW programme and enhance the skills of LHWs. Since November 2012, one such initiative has been implemented in two underserved and deprived districts. The focus is on strengthening the provision of services along the maternal and child health continuum of care. In 2014, utilizing a US$ 71,085 budget, 18 district trainers were established, and 1,730 LHWs and 92 supervisors were trained. Health education sessions were provided to 161,696 women, and 27,000 pregnant women registered for health care and received health booklets to track newborn care and immunization. The provincial government has shown interest in taking this approach to scale after UNICEF Pakistan support is complete in 2015.

ALPs were one of the key strategies adopted by UNICEF Pakistan to reduce gender disparities and increase the access and participation of girls from remote geographic locations and deprived households. In 2014, UNICEF Pakistan partnered with the Balochistan Department of Education to support the establishment of 162 ALP classes in existing government schools, private schools and madrassas, benefiting 8,910 children. The female-friendly environment of the ALPs has provided an opportunity for marginalized girls to access learning. The child-centred methodology used for teaching and learning resulted in high attendance, retention and academic performance among the girls. The overall ALP budget is US$ 350,000 and the project will continue through the end of 2017.
Environmental Sustainability

UNICEF Pakistan strengthened the DRR capacity of federal and provincial governments by adapting WASH service delivery models to reduce the impact of climate change and disasters. Key achievements in 2014 included:

- Installation of DRR-compliant WASH facilities in 710 schools; cost approximately US$ 1.4 million.
- Installation of 487 DRR-compliant hand pumps with wastewater reuse for horticulture; cost US$ 40,000.
- Pilot installation of two solar pumps to test their practicality in a Pakistan context; cost US$ 9,000.
- Provision of more than 23,000 low cost, locally manufactured latrines to help reduce open defecation, and thereby reduce the pollution of water resources. Forty small sewerage treatment units were also installed, benefiting around 8,400 people; cost US$ 120,000.
- Promotion of water conservation and safe disposal of excreta, limiting environmental impacts. This included the promotion of community approaches to attaining and sustaining an open defecation free (ODF) environment and sustainable water sources. It also included the development and implementation of a behaviour change communication strategy for household water treatment and storage, and the reuse of wastewater for kitchen gardening.
- Mainstreaming DRR into provincial government policies in Punjab, Sindh, Balochistan and KP/FATA. These policies promote a predictable, effective, timely and coherent WASH humanitarian response in areas vulnerable to natural disasters. This will assist in orienting the activities of the provincial government to reduce disaster risk and build resilience.

UNICEF Pakistan signed a multi-year work plan for WASH with the Government Climate Change Division, and at provincial levels with local governments. Climate change was included within education policy position papers that UNICEF Pakistan prepared for Government. The recommendations of these policy briefs were prioritized for integration into relevant government plans, and led to a consensus on the inclusion of DRR, resilience and emergency preparedness within education sector priorities.

In the last quarter of 2014, UNICEF Pakistan began to assess ways of reducing its environmental footprint, including:

- Use of solar energy for lighting.
- Phasing out regular cars and replacing these with hybrid cars.
- Use of recycled paper.
- Use of high-efficiency LED lighting (bulbs).
- Reduction of printing and centralizing the location of printers.
- Use of an automatic switch-off system to ensure all lights and air conditioners are switched off outside of office hours or as timed.

Effective Leadership

Major initiatives to improve performance included:

- Business Transaction Centre (BTC) operationalized.
- Business process rationalization plan for migration to the Global Shared Services Centre presented to ROSA.
Audit of the country and field offices took place between 19 August and 11 September 2014. The audit team concluded that subject to implementation of the agreed audit recommendations, the controls and processes in UNICEF Pakistan were generally established and functioning. An audit recommendation implementation plan has been developed and all recommendations will be addressed by 30 June 2015, as agreed with the Office of Internal Audit and Investigations (OIAI).

In the beginning of the year, to track management indicators, the County Management Team (CMT) agreed on a number of key performance indicators (KPIs) that were routinely reviewed during CMT meetings. The KPIs included contribution/grants management, donor reporting, risk management, direct cash transfer status, security and human resources management. Operations and planning, monitoring, evaluation and reporting (PMER) sections led these analyses, which then formed the basis for CMT discussion on performance, decision-making and follow-up action.

Prior to CMT meetings, programme coordination group (PCG) meetings were held, followed by meetings with chiefs of field offices (CFOs). The PCG and CFO meetings enabled a focus on programmatic approaches such as MoRES, operational issues, sharing of best practice and technical expertise, and assessment of performance indicators.

Programme priorities were discussed in CMT meetings and special emphasis was placed on partnership and innovations, and on monitoring and evaluation mechanisms, which fostered an enabling environment while providing accountability at varying levels. The CMT focused on yearly targets and budget forecasting for better planning and programme management.

UNICEF Pakistan maintained its leadership roles within Delivering as One and became co-convener for Strategic-Priority Area 1, which involves 11 United Nations agencies. UNICEF Pakistan continued to co-convene the Sindh Provincial Steering Committee and established effective relationships with government and other agencies.

UNICEF Pakistan Procurement Services provided technical and institutional support on supply chain management to the Government and other partners. Effective leadership and close liaison with partners ensured the successful implementation of complex key projects and the timely supply of sensitive goods critical to programme delivery (e.g. vaccines, nutrition).

Annual and bi-annual review meetings with partners enabled overall review of the Country Programme at provincial and federal levels. These focused on progress, constraints and crosscutting issues such as gender, capacity building and the environment.

The 2013-2015 Annual Management Plan was revised in 2014, and used to monitor key management, programme and operations priorities in support of the multi-year work plans. UNICEF Pakistan continued to focus on convergence and integration in areas where multi-level deprivations were identified through the Child Well-Being Index. This was supported by assurance mechanisms and third party monitoring in areas where staff security was assessed as at risk.

The Business Continuity Plan (BCP) was updated during the year to address on-going changes in staff security and safety, and an EPRP for the Ebola threat was developed.

To address risk and develop commensurate risk mitigation measures, the CMT adopted a biannual risk assessment and conducted a risk assessment of country and field offices. A risk
and control self-assessment exercise was undertaken, a risk validation process was conducted, and a risk library was uploaded in VISION for monthly monitoring in CMT meetings.

**Financial Resources Management**

Clear steps were taken by the CMT to improve contributions management, budget control and financial procedures, bank reconciliations, accounting and liquidation of cash assistance. This was achieved through monthly monitoring of expenditure at CMT meetings. Reports were presented monthly to update leadership on present contributions, utilization, donor reports and expiring grants. Follow-up by section chiefs was then prioritized.

Clear efficiency gains were achieved through strategic resource use, cost saving and other reductions (see efficiency section).

In 2014, examples and evidence of good management practices across key indicators included:

- Receipt of a ‘satisfactory’ internal audit rating in the area of finance
- Planned resources were matched to planned results
- Good performance across key indicators:
  - At least 95 per cent of non-grant (regular resources) spent
  - 100 per cent of grants used within the original life of the grant
  - Less than 2 per cent of outstanding disbursement of cash transfers un-liquidated over nine months

Throughout 2014, UNICEF Pakistan ensured effective financial risk management and maintained accurate financial records in VISION. The bank optimization report and bank reconciliation reports were submitted on time. UNICEF Pakistan successfully met the deadlines for monthly/interim closure activities and set local dates to meet year-end closure deadlines. In addition, financial controls and procedures were monitored regularly.

In 2014, US$ 125.6 million (US$ 25.42 million non-grant, US$ 63.9 million other resources regular (ORR) and US$ 36.25 million other resources emergency (ORE)) was allocated to support the UNICEF Pakistan Country Programme, of which US$ 91.4 million (73 per cent) was utilized by the end of the year.

**Fundraising and Donor Relations**

In 2014, significant progress was made towards strengthening the relationships of UNICEF Pakistan with donors, locally and at the global level, with the support of the Public Partnerships Division (PPD) and the Private Fundraising and Partnerships Division (PFP) at UNICEF Headquarters (HQ). Multiple donor field visits and briefings were organised by UNICEF Pakistan, which, coupled with the successful use of fundraising tools such as regular donor updates, quality fundraising documents and quality reporting, resulted in a significant increase in the volume of donor support.

Through effective engagement with donors, led by top management, US$ 58.8 million in OR was mobilized in 2014 for multiple multi-year programmes. This brought the total mobilization of OR for the five year Country Programme 2013-2017 to 39 per cent of the approved country programme ceiling. In line with its multi-year work plans, UNICEF Pakistan planned to utilize US$ 175 million in 2014. By the end of the year, UNICEF Pakistan was funded at 72 per cent (US$ 125.6 million) and had utilized 73 per cent (US$ 91.4 million) of the available funds. The
remaining balances have been carried forward to 2015 in accordance with multi-year utilization plans.

UNICEF Pakistan has a resource mobilisation strategy in place and continued to maintain and enhance relationships with existing donors (for example: Canada, the Kingdom of Denmark, the European Commission (ECHO), Japan, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), the Kingdom of Sweden, USAID, and the United States Committee for UNICEF), while fostering new private sector partnerships (for example: Telenor-Pakistan). Rigorous monitoring mechanisms were put into place for donor reports and their schedules were shared with responsible staff on a quarterly and monthly basis. There are clear workflow processes for donor reporting, which detail all mandatory steps and approvals to ensure the timely and transparent flow of information. More than 97 per cent of donor reports were submitted on time and currently no reports are overdue.

Evaluation

The Evaluation Management Committee (EMC), chaired by the Representative, and including participants from other United Nations agencies, provided oversight on the performance of the UNICEF Pakistan evaluation function. Leadership by the EMC ensured the objectivity and impartiality of evaluation work, and also enabled a focus on improved quality, utilisation and strategic investment. A mandatory process across the whole cycle of evaluation was established and included the following requirements: rigorous and collaborative development of terms of reference, formal management responses, reference groups that include government, participatory involvement of stakeholders, and use of an equity lens. Evidence of the increased quality of evaluation included two evaluations marked as ‘high quality’ in HQ rankings. All evaluations had management responses and were uploaded on the HQ database. Both the EMC and CMT engaged in the development of the 2014 Integrated Monitoring and Evaluation Plan (IMEP). Senior management were further engaged through regular IMEP tracking of KPIs related to research and evaluation. Learning derived from evaluations was used to improve programme delivery. For example, within WASH, the findings and recommendations of the evaluation of the Sanitation Programme at Scale in Pakistan Phase I were discussed in a workshop with the reference group and a broader range of stakeholders; and subsequently this learning was used to redesign the 2014 programme. In addition, data and evidence from this evaluation was shared with the Government to inform sector policy and planning. Increased awareness of the significance of evidence-based policy making was achieved through a national evaluation capacity development initiative. Consistent engagement with government partners resulted in higher levels of understanding and ownership, which increased partners’ evaluation capacities. UNICEF Pakistan also led joint discussions for federal and provincial planning and development departments, civil society organizations and United Nations agencies to facilitate collective thinking and concerted action for equity-focused, high-quality evaluations across key development actors.

Efficiency Gains and Cost Savings

In January 2014, UNICEF Pakistan launched the BTC to manage the transactions of the country office and the four field offices to ensure the effective, efficient processing of transactions. Midway through 2014, UNICEF Pakistan had recorded fewer transactions than in 2013, which led to a reduction in BTC staff from 12 to 8. This resulted in approximately US$ 30,000 in salary savings. In addition, BTC staff members were able to specialise in their respective areas, which increased the speed at which transactions were prepared.
Further rationalization of processes and workflows between BTC and sections is expected in 2015. In consultation with ROSA and HQ, UNICEF Pakistan is on track to transfer transactions related to payments to the Global Shared Service Centre.

An e-banking interface using the software Systems, Applications and Products in Data-Processing was introduced in 2014. This has reduced staff and transaction time: instead of having to issue and sign manual bank transfer letters, VISION-related transactions are posted (authorized/signed electronically) directly to the bank instead. As a result, UNICEF Pakistan realised a cost savings of approximately US$ 30,000.

The bank reconciliation process was centralized at the Country Office. This resulted in savings of about US$ 20,000, gained by avoiding costs that would have otherwise been incurred for overtime payments.

Travel: Two travel agents were engaged instead of one so that quotations could be compared and the lowest fares selected. Approximately US$ 30,000 was saved.

Harmonized approach to cash transfers (HA CT): The HACT assurance plan was formulated and guided the office in the systematic monitoring of HACT assurance activities, which led to reduced risk in managing funds transferred to implementing partners. Currently only non-governmental organizations (NGOs) and civil society organizations (CSOs) are HACT compliant. In consultation with the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA), UNICEF Pakistan contracted a third party to conduct a macro-assessment towards the implementation of HACT for government partners. As part of the assurance plan, implementing partners, Government and NGOs/CSOs, will be trained in 2015.

Supply Management

In 2014, UNICEF Pakistan launched an Expression of Interest process to register new suppliers and service providers. A mapping of suppliers was undertaken to ensure sustainable capacity to respond to critical needs. This enabled:

- Identification of sufficient appropriate vendors to ensure quality/timely delivery of commodities/institutional services
- Reduction of the time frame for solicitation
- Targeting of service providers
- A better understanding of the local market potential

Karachi warehouse, which is managed by UNICEF Pakistan, was renovated and its capacity enhanced. UNICEF Pakistan entered into a Service Level Agreement with the World Food Programme (WFP) for the storage of food items. In partnership with government authorities, and with funding from GAVI Alliance, 12 warehouses for the EPI are being constructed using a US$ 2.4 million budget. The restriction on the importation of some essential drugs continued to challenge the ability of UNICEF Pakistan to respond to the needs of programmes. UNICEF Pakistan stocks, valued at US $4.71 million, were distributed from warehouses. In addition, UNICEF Pakistan distributed US$ 3.2 million worth of Ready-to-Use Therapeutic Food (RUTF) funded by USAID. In 2014, UNICEF Pakistan stocks increased due to the arrival of supplies for the NWA IDP response.

UNICEF Pakistan Procurement Services were integral to programme service delivery for EPI, polio and nutrition. The main achievements included:
• Provision of technical and institutional support to federal and provincial governments.
• Capacity building for supply-chain management.
• Establishment of new Procurement Services MoUs and additional resource mobilization to address financial gaps for government programmes.
• Implementation of the complex Islamic Development Bank project.
• Delivery of essential/strategic items for the Polio Eradication Initiative (PEI) and EPI, for both campaign and routine activities.

Security for Staff and Premises

In 2014, UNICEF Pakistan continued to carry out measures aimed at enhancing the safety and security of its staff, premises, assets and operations. These measures were undertaken in coordination with security officials from the Government and the United Nations Security Management System (UNSMS). The following specific activities were carried out:

• Recruited and maintained a team of security professionals for the Country Office in Islamabad, as well as for field offices in Lahore, Quetta and Peshawar. These teams are comprised two international safety specialists and three national security advisors. A fourth national security advisor is being recruited for the office in Karachi to replace the previous security advisor. The Country Office also recruited three national security professionals to conduct access analyses for PEI.
• Carried out security threat assessments and implemented mitigation measures for: office and residential premises, routes, programme activity sites, vehicles and other services; allowing activities to be carried out even in areas designated as high risk.
• Maintained or enhanced all office premises to be compliant with the United Nations Minimum Operating Security Standards (MOSS).
• Arranged for staff attendance at safety and security-related courses. The most significant of these was the Pakistan-specific Safe and Secure Approaches in Field Environments (SSAFE) training. Overall, 96 per cent of field office staff members have received SSAFE training, and 54 per cent of country office staff members have received the training. Remaining staff members are scheduled to undergo the training before July 2015.
• Liaised with local law enforcement officials and the military (particularly in Balochistan and KP/FATA), to obtain the most recent information on security trends and threats, especially along the Afghanistan-Pakistan border, and to coordinate access for field missions in these high-risk areas.
• Facilitated programme missions by arranging additional risk mitigation measures such as the utilization of armoured vehicles and the provision of police escorts, notably in KP/FATA and Balochistan, but also in certain high-risk districts of Punjab and Sindh provinces.
• Investigated incidents that affected programme staff and assets, including coordinating with law enforcement agencies to record and follow up on police operations. These included a case of the abduction of two national staff in Karachi, theft of property, traffic accidents, cases of harassment, and extortion threats in Islamabad.
• Managed programme criticality processes, resolved gaps where residual risks remained high after existing mitigation measures were considered, and sought the approval of higher authorities (such as the Designated Official for Security) where required.
• Built relationships and improved integration within security mechanisms and reporting chains. The data relating to polio security incidents, held by a number of agencies, was combined for the first time and accurate trend analysis undertaken. In addition, to help determine whether attacks against polio escorts were intended to target the polio
campaign or the Government, an innovative system of incident classifications was agreed to within the National Steering Committee for Polio. As a result, accurate casualty figures are now available for the first time.

**Human Resources**

An increased effort was made to invest in staff development, in order to enhance efficiency in current posts and strengthen capacity for future challenges. This capacity building helped UNICEF Pakistan to fill 55 per cent of new positions, drawing from internal staff. Training was provided on delivering effective presentations, decision-making and problem-solving, and high-impact communication skills. Staff members were encouraged to capitalize on their personal and professional strengths through personal/professional development training. A detailed session on UN Cares and implementation of 10 minimum standards on HIV in the workplace was organized. Overall, 26 staff development sessions were held, with a total of 749 attendees. Twenty staff members were sent for individual training in their respective technical areas. An additional six staff undertook stretch assignments in other UNICEF offices.

A staff mix of 12 per cent international professionals, 46 per cent national officers and 42 per cent general services staff was maintained. In total, 55 positions (national and international) were filled in 2014, including four professional level 5 and six professional level four international professional posts that have long been vacant. In addition, the new Representative arrived in October.

UNICEF Pakistan shrank in 2014 as a result of organizational restructuring and funding constraints. The organization had 327 staff at the close of 2013, compared to 302 staff in November 2014. In 2014, six positions were abolished and five new positions were created. The use of RR funds to bridge the funding gap of an OR-funded post was only approved on the condition that RR were refunded when the OR funding was received.

Attracting and retaining qualified female staff members remained an issue of high importance. In a country where women make up only 11 per cent of the workforce, a proactive approach was adopted to ensure an improved gender ratio within UNICEF Pakistan. In 2014, a slight improvement was noted as compared to 2013, with the percentage of female staff rising from 31 per cent to 34 per cent.

Performance management was a regular part of the UNICEF Pakistan culture, including regular follow-ups with supervisors/supervisees on Performance Appraisal System (PAS) deadlines, and the provision of support to staff to complete their electronic PAS (ePAS). EPAS/PAS completion was used as a CMT indicator throughout the year. Overall, 100 per cent of staff completed performance appraisals within the 2014 planning phase.

In 2014, the Human Resources Unit worked closely with the staff association to ensure staff well-being. This included: conducting a staff survey in which 78 per cent of staff members indicated their satisfaction level, improving the workplace environment by providing training on work life balance and stress counselling, arranging security and technical-training, updating job descriptions, providing feedback and coaching.

Efforts were made to ensure that adequate human capacity is available for emergencies, including by maintaining updated:

- Job descriptions for emergency positions
- Rosters for different functional areas
UNICEF Pakistan retained the lead of the One UN Human Resources (HR) Working Group. The One UN recruitment web portal played an instrumental role in finding qualified staff.

**Effective Use of Information and Communication Technology**

The Information and Communication Technology (ICT) Unit played a proactive role in providing innovative, timely, reliable and secure information technology (IT) solutions, thus increasing the effectiveness of programme delivery. The ICT Unit collaborated with programme sections to support the Government and partners to develop innovative IT solutions. One example is PolioInfo (www.poliinfo.pk), which provides real-time data and dashboards with reports and analysis tools to improve decision-making. Projects developed by the ICT Unit are described in the innovations section.

All global ICT projects released by the IT Solutions and Services (ITSS) Division were completed on time. The rollout of Microsoft Office 365, and the shift to Microsoft Outlook for email, were further steps toward cloud computing. The ICT Unit built the capacity of staff, training over 300 staff members on Outlook, Lync and Office 365. These, and additional tools such as OneDrive, Teams and Yammer, enhanced staff productivity and made collaboration easier. These developments have also reduced the footprint of locally hosted servers and the potential impact of emergencies. In addition, more staff members are working remotely due to the increased ease of internet access and the increased use of mobile devices.

The use of video conference, teleconference, Skype and Lync was promoted to increase collaboration and reduce costs. Improved video conference services were enabled through the installation of VC-Bridge.

In 2014, the UNICEF Pakistan web and social media initiatives resulted in over 1.6 million website hits, 187,000 Facebook fans, 18,000 Twitter followers, 6,000 Flickr views and 8 million post views.

The BCP and the IT Disaster Recovery Plan were revised and updated. In addition to increasing the bandwidth of existing internet service providers (ISPs), a third ISP was installed in each office, which increased resilience. For better preparedness, the Country Office relocated its IT disaster recovery site to the WHO premises, and relocated the Peshawar disaster recovery site to the United Nations High Commissioner for Refugees (UNHCR) guesthouse. UNICEF Pakistan also hosted the WFP disaster recovery site in Peshawar as part of our One UN collaboration.

**Programme Components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 1  Health & Nutrition**

**Analytical Statement of Progress:**
In the second year of implementation of the five year cooperation plan between UNICEF Pakistan and the Government (January 2013 to December 2017), the health focus remained on supporting Pakistan’s A Promise Renewed commitments to decrease child mortality rates and
make child health more equitable across the country. Although child mortality rates do show a decreasing trend, the improvement is negligible, with wide provincial, rural/urban and socio-economic disparities. Child mortality remains stagnant due to an increase in child malnutrition and morbidity status; child diarrhoea (27 per cent) and pneumonia (26 per cent) are the two major killers. Community-based services for the prevention and treatment of diarrhoea and pneumonia, including the supply component, are very weak. Demand for services is low. Neonatal mortality is high and stagnant. In addition, essential interventions for safe delivery and quality newborn care are not at sufficient scale to achieve impact. Immunization coverage has improved but very slowly and with large disparities. The EPI system is weak and lacks resources.

The 18th Amendment to the Constitution (2010, 2011) and the devolution of health and population programmes to provincial governments, continue to pose challenges and provinces are struggling to overcome these. Though a central health entity, the MoNHSRC, has been established, the MoNHSRC is still in the process of defining the division of roles and responsibilities between the federal and provincial levels. The insufficient technical capacity and high turnover of staff at both federal and provincial levels and the low level of public health sector financing (less than 1 per cent of gross domestic product) are major constraints. The private health sector is evolving (72 per cent of population in both urban and rural areas access to the private health sector) but is unregulated. Development partners are also reviewing their positions in regards to their support of the MoNHSRC/Government of Pakistan.

UNICEF Pakistan continued to support the Government to address the identified key challenges. In 2014, the interventions under Pakistan’s A Promise Renewed commitments gained momentum with the provincial departments of health, which defined health sector strategies and priorities, thereby ensuring support to accelerate declines in child and maternal mortality (89/1,000 live births and 276/100,000 live births, respectively). UNICEF Pakistan supported the Government to focus, in particular, on newborn care, considering the slowly declining trend in infant mortality (74/1,000 live births) and the stagnant neonatal mortality rate, which remains at 55/1,000 live births. The key achievements in 2014 were the roll out of the Global Newborn Action Plan at the provincial and national levels; finalization of three provincial newborn survival strategies; the scale up and strengthening of ENC; and the provision of guidance to implement provincial plans for accelerated progress towards MDG 4 and MDG 5, with support from a joint mission by WHO, UNICEF and UNFPA.

Given that Pakistan was the first country in South Asia to introduce PCV 10 and help prevent epidemics from vaccine-preventable diseases, UNICEF advocated strongly with the Government to strengthen federal EPI for effective routine immunization programming.

Technical inputs that included the perspective of children were incorporated into strategic HIV and AIDS documents. In addition, UNICEF Pakistan built the capacity of the Government to deliver HIV and AIDS services.

In response to high levels of stunting and wasting (43.7 per cent and 15.1 per cent, respectively (NNS 2011)), UNICEF Pakistan and Pakistan Nutrition Development Partners conducted strong advocacy that led the Government of Pakistan to join the global SUN movement in 2013. In 2014, UNICEF Pakistan provided technical assistance for SUN, supported the Government’s high-level representation in the global SUN meeting in Rome and participated in the International Conference on Nutrition 2 in November. In support of universal salt iodization (USI), UNICEF Pakistan continued to promote legislation, communication and advocacy at primary, secondary and tertiary levels in 2014. In addition, strong advocacy and consultations
with the Sindh Government, carried out in partnership with the Global Alliance for Improved Nutrition (GAIN), WFP, MI and WHO, led to the approval of the Salt Iodization Bill. UNICEF Pakistan reinitiated federal-level advocacy with the new Government to engage them in the legal process of approving the Salt Iodization Bill. These effective efforts generated momentum and brought major consumer groups on board. A documentary supporting USI was prepared and released on national and social media. To improve IYCF and breastfeeding practices, UNICEF supported the Government of Balochistan on the Protection and Promotion of Breastfeeding and Child Nutrition Bill 2014; similar processes are underway in AJK and GB. UNICEF Pakistan revived its partnership with the MoNHSRC and together the partners agree to a way forward on IYCF national guidelines, communications and national vitamin A guidelines.

Despite the challenges, the Pakistan polio campaigns are missing less than 2 per cent of children across the country, and the refusal rate is the lowest of any polio-endemic country, at 0.17 per cent, as of December 2014. The key social characteristics of polio cases show that 84 per cent are under 2 years of age, 92 per cent are Pashtu-speaking, 16 per cent come from chronic refusal families, 90 per cent of the cases’ parents have no formal education and 85 per cent received no doses of OPV during the routine vaccination schedule.

In 2014, mapping of and engagement with religious leaders and editors of religious publications was completed. As a result, 700 religious leaders now support polio vaccination. Media coverage in Pakistan constitutes 40 per cent of global polio coverage, with 95 per cent positive stories. In 2015, the programme will largely cohabitate with WHO at polio emergency operations centres throughout the country, where targeted high-risk union council-level plans will be implemented using special approaches to improve the quality of polio campaigns. The programme is introducing wide-scale health camps in access-compromised areas in convergence with health, WASH, and nutrition, enhancing transit strategies for reaching children on the move with trained, local social mobilizers, and employing new innovations to engage communities, IVR and the use of real-time data collection.

OUTPUT 1 Nutrition: Public duty bearers at national, provincial and district levels are making evidence-based policy and budget decisions about health and nutrition services that benefit the most disadvantaged children & women.

Analytical Statement of Progress:
UNICEF continued its upstream work with the newly elected government in 2013 both at federal and provincial/area levels, focusing on issues affecting the most vulnerable and marginalized women and children. The launch of the *Lancet* series on MNCH and nutrition provided an evidence base for strengthening programming. Special focus remained on advocacy and support for the challenges identified under the A Promise Renewed high-level meeting.

The key interventions and events supported by UNICEF Pakistan include: support to overcome some of the devolution bottlenecks in implementing interventions (capacity development, financing, human resource); the development and signing of an integrated outcome for MNCH and nutrition in two provinces (other provinces are in various stages of development); and support for costed newborn care strategies for all provinces after a thorough bottleneck analysis.

In addition, the Pakistani launch of the Global Action Plan on Pneumonia and Diarrhoea served as an advocacy point for focusing on an inclusive response to two major killers of children in Pakistani action plans.
UNICEF Pakistan continued to focus on new, tested and demonstrated good practices in MNCH care, including contracting out of innovative health financing models and voucher schemes under the NPPI (Sindh Government, UNICEF, UNFPA and WHO). As a result of continued advocacy, the Government considered integrating PPTCT services into Pakistan Institute of Medical Sciences (PIMS) hospital as a best practice model, with resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Revision of the national ART and PPTCT guidelines has been initiated.

As a convener for the global SUN Secretariat and the Government of Pakistan, UNICEF Pakistan supported the submission and acceptance of the SUN application and membership in April. UNICEF also supported the participation of Pakistan in the global SUN summit and the launching of SUN in Pakistan in December 2013. Technical assistance was also provided for the development of a SUN road map, food and nutrition policy, the South Asian Association for Regional Cooperation (SAARC) nutrition framework and Vision 2025.

Provinces disseminated inter-sectorial nutrition policy guidance notes. With the technical support of UNICEF Pakistan, the Inter-Sectorial Nutrition Strategy was developed and endorsed in Sindh, is ready for endorsement in Balochistan and KP, is drafted in GB and is under development in Punjab.

The major achievement has been planning and development department ownership of the process at the provincial level, which enhanced the participation of all relevant sectors in shaping nutrition-sensitive sectorial policies.

OUTPUT 3 Nutrition: Caregivers and children are practicing an essential set of behaviours ensuring a continuum of health and nutrition care, especially for children and mothers.

Analytical Statement of Progress:
Routine immunization faces challenges related to political commitment and budgetary allocation, as well as weak community mobilization, as indicated by measles outbreaks. It is critical that funds are leveraged and polio eradication initiatives engaged to strengthen the routine immunization system. C4D is still in the formative stage and there is a need to build the capacity of provincial and district governments in the area of C4D.

UNICEF Pakistan is supporting the Government to develop and implement a communication and social mobilization strategy for routine immunization and introduce pneumonia vaccine with the support of GAVI Alliance. UNICEF Pakistan supported a major communication campaign for routine immunization awareness and the introduction of the pneumococcal vaccine by integrating World Immunization Week with Mother and Child Week in April 2014. UNICEF Pakistan advocacy with the Government resulted in the establishment of a National Immunization Communication Technical Committee to revive C4D activities. A national knowledge, attitude, practice and behaviour study to identify bottlenecks to routine immunization access was launched in close collaboration with federal and provincial governments. The study results will inform the development of the National Immunization Communication Strategy initiated under the Government’s stewardship.

Through the UNICEF Pakistan-supported PPTCT District Model approach for selected districts and the health promotion days organized at rural health centres, 44 of the 4,037 women of reproductive age screened were found to be HIV positive and linked with HIV prevention and treatment services. The National HIV Communication Strategy was printed and launched.
UNICEF Pakistan supported the promotion of complementary feeding through various channels, including nutrition-specific interventions, as part of inter-sectorial planning, provincial inter-sectorial strategies, nutrition PC1, analysis of assessments and advocacy and capacity building.

Universal Salt Iodisation (USI) stakeholder support was strategized and support for consumer networks’ advocacy is being prepared. Advocacy for legislation continues (legislation was passed in Sindh). Flour fortification consultations were held with stakeholders and donors, and the preparation of the stakeholder matrix and proposal is under way.

All UNICEF-supported and government-led emergency nutrition interventions have strong proposed community mobilization components that emphasize the importance of behaviour change in health and nutrition education. UNICEF supports IYCF by advancing communication plans, and supporting community IYCF and mother support groups through the LHW programme.

OUTPUT 4  Health and nutrition Emergency Preparedness/DRR

**Analytical Statement of Progress:**
Pakistan continues to be at high risk for man-made and natural disasters. UNICEF has constituted a DRR task force to understand and guide UNICEF Pakistan on strategic directions for implementing DRR.

The Health and Nutrition EPRP was prepared and contingency planning discussions were held with departments of health and disaster management authorities. Inputs were provided to the Humanitarian Operational Plan and UNICEF Pakistan completed the timely preparation of contingency PCAs and the pre-positioning of supplies for either floods or earthquakes. However, medicines could not be procured due to issues with the Drug Regulatory Authority. An effective nutrition response continued for mothers and children in areas affected by conflict and flooding in KP (conflict), FATA (conflict), Sindh (2012 flood) and Balochistan (2012 flood).

The capacities of departments of health were developed, particularly at the provincial level, resulting in acceptable levels of response capability. The Department of Health (DoH) is taking the lead on nutrition cluster coordination, partner facilitation and avoiding duplications, but continues to face challenges related to nutrition implementation capacity and warehousing at the district level.

The high influx of internally displaced persons from FATA, triggered by prolonged insecurity, is adding to the alarming situation and requires additional resources if adequate quality health and nutrition services are to be provided to beneficiaries. So far departments of health have not made specific allocations for emergency preparedness and response in provincial budgets. A joint nutrition monitoring system was established and two rounds were conducted in Sindh and Balochistan. The global CMAM evaluation rated Pakistan as a best practice. A joint CMAM review with WFP and Valid International was conducted in Sindh, Balochistan and Punjab. Nutrition coverage surveys in KP and Sindh are in the final stages. UNICEF Pakistan also contributed to interagency emergency assessments and a nutrition emergency assessment in KP. Revision of the CMAM guidelines is in an advanced stage.

OUTPUT 5  By 2017, caregivers of children under 5 years continue to accept and demand polio vaccination and have access to quality vaccines that will contribute to polio eradication.
Analytical Statement of Progress:
In 2014, Pakistan recorded 303 cases of wild poliovirus in 43 affected districts (data as of 20 January 2015). Pakistan accounted for more than 85 per cent of all global polio cases in 2014 (303 of 356 total cases). Two-thirds of polio cases emanate from security-compromised areas. However, a large-scale military operation in these areas in 2014 forced people to flee their homes and move to accessible parts of the country, both potentially spreading the virus across the country and providing the opportunity to reach unprotected children. Moreover, low routine immunization coverage continues to jeopardize progress, as do on-going threats to vaccinators, which require extraordinary security measures that limit the programme’s ability to reach all children.

Despite the challenges, Pakistan is missing less than 2 per cent of children across the country in national vaccination campaigns, and the refusal rate is the lowest of any polio-endemic country at 0.17 per cent (as of December 2014). However, there are clusters of repeated refusals in several high-risk districts, which continues to challenge the programme. The key social characteristics of polio cases show that 84 per cent are under 2 years of age, 92 per cent are Pashtu-speaking, 16 per cent come from chronic refusal families, 90 per cent of the cases' parents have no formal education and 85 per cent received zero doses of OPV through the routine vaccination schedule.

In 2014, mapping of and engagement with religious leaders and editors of religious publications was completed. As a result, 700 religious leaders now support polio vaccination. Media coverage in Pakistan constitutes 40 per cent of global polio coverage, with 95 per cent positive stories. Almost 80 million people were reached in each mass media campaign prior to the immunization campaigns. Phase I of Pakistan’s first computerized National Cold Chain Inventory System, which will ensure efficient utilization of available EPI services, was completed in 53 districts.

In 2015, the programme will largely cohabitate with WHO at polio emergency operations centres throughout the country, where targeted high-risk union council-level plans will be implemented. These plans will include special approaches to improving quality, increasing access, tackling chronic refusals, and reaching high-risk groups. The programme is focusing on motivating frontline workers via supportive community perception, on-time payment and enhanced tools, including inter-personal communication. The programme is introducing large-scale health camps in access-compromised areas, in coordination with health, WASH and nutrition. Transit strategies are being enhanced to reach children on the move with trained, local social mobilizers, and new innovations are being employed to engage communities, IVR and make use of real-time data collection.

OUTPUT 6 Health: Public duty bearers at national, provincial and district levels are making evidence-based policy and budget decisions about health and nutrition services that benefit the most disadvantaged children and women.

Analytical Statement of Progress:
The Pakistan Demographic and Health Survey (PDHS) 2012-2013 highlighted that continued efforts are needed to develop/modify policies and strategies for improving Pakistan’s routine immunization coverage and addressing child mortality and stagnant (for 10-15 years) neonatal mortality rates.

Under the A Promise Renewed framework, UNICEF Pakistan played an important role in coordinating with the Government of Pakistan and WHO on the development and endorsement
of national, provincial and area comprehensive multi-year (2014-2018) routine immunization plans and annual work plans and the provision of final inputs to the global Every Newborn Action Plan.

Advocacy was initiated with provincial departments of health for the development of strategies for an integrated package of maternal, neonatal and child health, nutrition, WASH and education services. This remained challenging due to vertical programming, however. Nevertheless, good starts were achieved with integrated maternal, neonatal and child health and nutrition strategies in Punjab and KP, followed by Sindh and Balochistan.

In 2014, UNICEF Pakistan supported the development of newborn care strategies/action plans in all provinces/areas, drawing on the 2013 global Every Newborn Action Plan bottleneck analyses. Following the Global Chlorhexidine Working Group and ROSA mission in June 2014, a national strategy for CHX production and use to improve newborn care was drafted. The advocacy efforts of UNICEF Pakistan and development partners with the Drug Regulatory Authority of Pakistan and the Pakistan Pharmaceutical Manufacturers Association resulted in the addition of CHX on national and provincial essential drug lists and applications by three pharmaceutical companies to register CHX for local production.

In collaboration with Save the Children, advocacy for adapting the Global Action Plan on Pneumonia and Diarrhoea to the specific context in Pakistan and to provincial action plans was initiated in Punjab and KP. These efforts strengthened the response to the two major killers of children.

UNICEF, WHO and UNFPA supported the high level mission on Pakistan’s National Plan of Action for accelerating progress towards MDGs 4 and 5, and made recommendations on operationalization and implementation.

The NPPI, which demonstrated good practices in MNCH care, including innovative health financing models, was successfully completed through collaboration among UNICEF, UNFPA and WHO, and handed over to the Sindh Government. The end-of-project evaluation has been completed and disseminated.

Projects funded by the IKEA Foundation and CIDA provided an opportunity to strengthen joint programming within health and nutrition, WASH, education and child protection. PolioPlus (CIDA) provided a platform for developing integrated packages of services in the polio high risk districts/union councils.

UNICEF Pakistan renewed advocacy and technical assistance to strengthen the RED/Reach Every Union Council (REUC) approach in selected districts nationwide to increase routine immunization coverage overall and reach the most marginalized children.

UNAIDS, WHO and UNICEF supported the National AIDS Control Programme by publishing the Pakistan Country Strategy for HIV Testing and Counselling and the Pakistan HIV Communication Strategy. A three rapid test algorithm for HIV testing was also adopted in Pakistan.

OUTPUT 7 Health: Public duty bearers with strengthened capacity are delivering quality integrated health and nutrition services in communities and facilities reached by the most disadvantaged mothers and children.
Analytical Statement of Progress:
UNICEF continued to provide technical support for strengthening routine immunization at both the federal and provincial levels. Advocacy with the Government of Pakistan to allocate funds for co-financing the GAVI Alliance-supported measles campaign succeeded with the implementation of the campaign in Sindh. UNICEF supported the advocacy, communication and social mobilization campaigns during these Measles Supplementary immunization activities (SIAs). Punjab, FATA and GB SIAs are planned for the first quarter of 2015. UNICEF and development partners are continuing to advocate with the Balochistan Government to conduct the measles SIA.

Special attention was paid to enhancing the capacity of both federal and provincial EPIs for evidence based planning and budgeting. A bottom up approach was undertaken to develop comprehensive multi-year plans for 2014-2018. A national level EVM assessment was completed, and based on the results, improvement plans will be developed in 2015. A knowledge, attitude, practice and behaviour study was finalized to support the development of a national communication strategy on routine immunization.

UNICEF Pakistan is working closely with federal and provincial governments to support activities under ENAP. Particular attention has been paid to advocacy and to the provision of technical and financial support to government health departments to ensure improved newborn care. Building on the ENAP national and provincial bottleneck analysis and consultations that took place in 2013, support was provided to the provincial departments of health to build the capacities of health care providers in various aspects of newborn care, including ENC, HBB and CHX initiation for umbilical cord care.

Through the deployment of trained community midwives, departments of health across Pakistan were supported to strengthen skilled birth attendance and build their capacities.

In collaboration with the LHWs programme, support to the Mother and Child Week initiative continued in all provinces and areas in 2014 for deworming children 2-5 years, immunizing children aged 0-2 years and providing health education to pregnant women. Post devolution, the LHW programme is facing programmatic and financial challenges. A critical review of the programme at the provincial/areas levels is being discussed with departments of health for 2015.

National and provincial AIDS control programmes have 10 prevention of parent-to-child transmission (PPTCT) centres in four provinces. Capacity building of health care providers in selected districts continued to strengthen service provision and referrals for suspected HIV positive pregnant women. Overall, 100 per cent of identified HIV positive pregnant women (1,554) received PPTCT services, including antiretroviral therapy. However, these women represent only 3.28 per cent of the total estimated number of HIV positive pregnant women. An increased focus on better identifying HIV positive pregnant women is needed. The newly developed and published Pakistan Country Strategy for HIV Testing and Counselling and the three rapid test algorithms for HIV testing adopted in Pakistan will support improved identification of HIV positive pregnant women in the future.

OUTPUT 8 Health: Caregivers and children are practicing an essential set of behaviours ensuring a continuum of health and nutrition care, especially for children and mothers.
**Analytical Statement of Progress:**
Strengthening the EPI program for improved routine immunization coverage remains a challenge in terms of both supply and demand. Extended reach every district (RED) implementation during the next two years will support improved coverage for all nine antigens under the EPI programme.

Improved Communication for Development (C4D) for routine immunization will be achieved through the implementation of tailored provincial routine immunization communications strategies that will be finalized in 2015. The National Knowledge, Attitude, Practice and Behaviour Study to identify bottlenecks in access routine immunization services was finalized. The study results will inform the National Immunization Communication Strategy, which was initiated under the Government’s stewardship.

UNICEF Pakistan continued to support the Government to develop and implement a communications and social mobilization strategy that would introduce and promote the pneumococcal vaccine in Balochistan and GB (with the support of GAVI Alliance) while carrying out promotion activities in all other provinces where the pneumococcal conjugate vaccine 10 (PCV10) was launched in 2013. The National Measles SIA has been implemented in a phased manner, and was completed in Sindh, KP and AJK in 2014. UNICEF supported all provincial, area and federal governments to prepare and implement advocacy, communication and social mobilization plans to respond to the increase in demand for measles vaccines. All IEC material was designed in close coordination with the National Communication Technical Committee. UNICEF Pakistan also supported the outdoor media campaign. Support will continue for Punjab, GB and Balochistan in the first quarter of 2015.

UNICEF also supported federal and provincial departments of health to carry out communications activities during World Immunization Week and World Pneumonia Day.

The convergence of EPI and PEI is an important approach and represents an opportunity to strengthen the routine immunization system. The aim is to enable the transfer of knowledge, achievements, assets and lessons learned from PEI to EPI. Convergence efforts have already started in the area of communication (ComNet) and monitoring and reporting (standardized checklist and indicators in the cMYP 2014-2018 and the Polio National Action Plan 2014). There is an acute need to build the C4D capacity of provincial and district governments for both immunization and MNCH. In 2014, efforts were initiated to strengthen the Communication, Advocacy and Health Education Unit in the MoNHSRC and support C4D in departments of health in Sindh, KP and Balochistan.

The National HIV Communication Strategy was printed and launched in February 2014.

**OUTPUT 9** Health: Public and civil society duty bearers with strengthened capacity are reducing disaster risks, as well as planning, preparing, and effectively responding to disasters, in accordance with UNICEF Core Commitments to Children in Humanitarian Action.

**Analytical Statement of Progress:**
UNICEF Pakistan focused on the preparation of health emergency preparedness and response plans within the framework of the CCCs and shared these with provincial/area governments for their own planning and to transfer knowledge and skills. Inputs were also provided to the provincial monsoon and drought contingency plans. Timely contingency planning was ensured, including through the prepositioning of contingency stocks.
UNICEF Pakistan made timely preparations for responding to the expected NWA and Afghan refugee displacements. This enabled timely initiation of services for temporarily displaced persons from NWA both in host communities and camps. Support was provided to the Department of Health to strengthen the capacities of public health facilities to cater to the added burden of temporarily displaced persons in NWA.

UNICEF Pakistan continued to provide support to the protracted emergency camps in KP in 2014. This year, the floods affected the districts of central Punjab, displacing almost 2 million people. UNICEF Pakistan supported the Department of Health to strengthen services and the provision of certain contingency supplies to affected communities.

UNICEF Pakistan continued to develop capacities for community-based disaster risk management at the provincial level to lay the groundwork for further advocacy with provincial governments. Enhanced understanding of DRR among departments of health will lead to stronger engagement with the integration/identification of health indicators from the Disaster Risk Information Management System into district health information systems. This will in turn lead to the development of district disaster risk management plans that include specific measures and actions for children and women.

Feedback gained during the 2013 and 2014 consultations with provincial governments indicated that the integration of the Disaster Risk Information Management System into district health information systems is very challenging and will require additional time to allow for technical assistance and proper preparation. The process is very slow and challenging due to high turnover of government counterparts and the fact that DRR is not yet seen as a priority. Thus, the focus in 2014 remained on developing capacity and enhancing understanding of DRR.

In addition, inputs have been provided for the development of a UNICEF Pakistan DRR strategy, which will be finalized in the beginning of 2015.

OUTPUT 10 By 2017, public duty bearers at national, provincial and district levels are making evidence based policy and budget decisions about health and nutrition services that benefit the most disadvantaged children and women.

Analytical Statement of Progress:
The endorsement of inter-sectorial nutrition strategies by led to important momentum. The greatest achievement was the ownership of the process by the planning and development departments of the relevant provincial governments. This ownership and stewardship at the provincial level enhanced the participation of all relevant sectors in terms of shaping their sectorial policies and focusing on nutrition sensitive interventions. Inter-sectorial nutrition strategies were endorsed for KP and Balochistan (the Sindh strategy was endorsed in 2013), and the strategies for Azad Kashmir (AJK) and GB are in process. An integrated outcome (i.e. with SAM management, IYCF, multi-micronutrient supplementation) has been approved for Punjab, KP, Sindh and Balochistan.

The development of inter-sectorial nutrition strategies for AJK and GB are operational targets for 2015 and will be reported on in the mid-year review.

OUTPUT 11 Public duty bearers with strengthened capacity are delivering quality integrated health and nutrition services in communities and facilities reached by the most disadvantaged mothers and children.
Analytical Statement of Progress:
Due to issues around vitamin A supplementation, including related to importation of the product, (lack of) administration to post-partum mothers, and administration with measles vaccination, development of national vitamin A supplementation guidelines for Pakistan will be critical. The way forward has been agreed: UNICEF Pakistan has initiated technical and financial support to the MoNHSRC and a formal letter of understanding/agreement will be developed. Other micronutrient supplementation is weak or absent.

Delivery is also problem, with over-emphasis on health worker trainings as the sole activity.

OUTPUT 12 Caregivers and children are practicing an essential set of behaviours ensuring a continuum of health and nutrition care, especially for children and mothers

Analytical Statement of Progress:
UNICEF Pakistan and the MoNHSRC will work together to develop guidelines and a communications strategy for infant and young child feeding in 2015. Although provinces have worked on IEC for IYCF, this work has not been coordinated.

Although wheat flour fortification gained some momentum in 2014, UNICEF Pakistan will work closely with national fortification partners to fast track communication and advocacy efforts in 2015.

OUTPUT 13 Public and civil society duty bearers with strengthened capacity are reducing disaster risks, as well as planning, preparing, and effectively responding to disasters, in accordance with UNICEF Core Commitments to Children in Humanitarian Action.

Analytical Statement of Progress:
Timely preparation of the nutrition EPRP and strategic response plan led to effective response for mothers and children in areas affected by conflict, flood and drought in KP, FATA and Sindh.

The capacities of departments of health were developed, particularly at the provincial level, and especially for leading the nutrition cluster response, and in Punjab, for leading the implementation of emergency interventions.

In Sindh and KP, the departments of health are taking the lead in cluster coordination, partner facilitation, and avoidance of duplication, but continues to face challenges related to nutrition implementation capacity and warehousing at the district level.

The prolonged insecurity has triggered a high influx of internally displaced persons from FATA, adding to the alarming situation and requiring additional resources.

So far no health departments have made specific allocations for emergency preparedness and response in provincial budgets. However, token allocations to all outcome areas were made and the essential CMAM package is part of this.

OUTCOME 2 By 2017, most vulnerable and marginalized children and women are using safe drinking water, improved sanitation coverage and hygiene practices.
Analytical Statement of Progress:

Water and sanitation has been devolved to the provinces (the Public Health Engineering Department and local governments). For MDG-related work, there is an annual resource gap of US$ 393 million.

In Pakistan, 91 per cent of the population has access to water (96 per cent in urban areas and 72 per cent in rural areas) and 48 per cent has access to sanitation (72 per cent in urban areas and 34 per cent in rural areas). The MDG target is 64 per cent. In addition, 41 million people still defecate in the open and 22 per cent of the rural population has no access to toilets, instead using open fields/areas that expose women and children to potential dangers, including sexual harassment. In 2014, advocacy by UNICEF Pakistan and WASH sector partners on the importance of an ODF environment has resulted in improved policy, increased allocation of government funds and staff to sanitation projects and the adoption of PATS as a sector-wide approach. In 2014, UNICEF Pakistan funded programmes that reached 1.2 million people in rural areas with improved access to sanitation and 920,000 people with improved access to safe drinking water. Approximately 73,600 children were reached with access to safe WASH facilities in their learning environment and in child-friendly spaces. An additional 1.3 million people received critical WASH-related information to prevent child illness, especially diarrhoea. In urban areas, 71,000 people were reached with sanitation as part of a joint project with UN Habitat.

In December 2014, a review of the UNICEF Pakistan WASH programme and a Theory of Change workshop resulted in the definition of theories of change for both rural and urban sanitation programmes, focusing on ensuring sustainability through an improved enabling environment and improving support for supply and demand related interventions, including by involving the private sector and fostering long-term engagement with communities. The Theories of Change were developed with partners and Government and sector stakeholders and will serve as building blocks for future programming.

Under PATS, in rural areas, the sustainability of ODF status, post programme implementation remains a challenge. There is a need to develop realistic plans and costing for post-ODF activities that will contribute to the sustainability of ODF status. The programme duration of engagement with communities should be increased to a minimum of 18 months. This includes a period of 12 months of active programme implementation followed by another six months or more to allow diffusion of new social norms. In 2015, programme sustainability will be emphasized in intervention design and with new target communities at the beginning of the programme. Strengthening the enabling environment for improved WASH services is also crucial. There is a need to focus more on strengthening the role of duty bearers (government, communities and the private sector) and developing the capacity of duty bearers to provide WASH services to the community (the rights holders) using a human rights based approach.

In 2014, WASH in Schools was streamlined into the on-going rural PATS programme with concepts such as School-Led Total Sanitation, which focuses on the children as agents of change. In addition, research on Menstrual Hygiene Management (MHM) has defined a way forward in MHM implementation and identified key elements for improving the enabling environment at national and provincial levels. Further work is required in this area.

Pakistan is a country highly prone to disasters and DRR mainstreaming has been made a part of the WASH Programme. Efforts have been made to ensure that WASH rehabilitation activities in disaster prone areas consider DRR. DRR mainstreaming in community-based sanitation programmes has been tested through a pilot initiated in two villages, benefitting more than
11,000 people with PATS interventions, hardware adapted to deal with flooding, raised hand pumps, latrines, community awareness on DRR and mechanisms for early warning action, developed to bridge a gap between emergency and development. However there is a need to spend additional time and resources to improve DRR mainstreaming as part of the overall WASH programme. In 2014, UNICEF Pakistan undertook convergent programing with WASH and polio, undertaking WASH interventions in high-risk urban informal settlements. In addition, convergence with WASH and nutrition supported the development of provincial WASH and nutrition strategies, and geographical convergence of interventions in one district, Tharparker, Sindh.

OUTPUT 1 By 2017, duty bearers for water, sanitation and hygiene fully adopt pro-poor policies, strategies and planning instruments that enable equitable, sustainable and coordinated delivery of safe drinking water, improved sanitation services and hygiene practices.

Analytical Statement of Progress:
Support to equity-focused policy formulation and sector strategy development continued to serve as an entry point for fostering on-going sector reforms following the 18th Amendment to the Constitution. The Punjab Government approved Pakistan’s first major rural sanitation project document at the provincial level, allocating an equivalent of US$ 4 million to sanitation. The Sindh Sanitation Strategy was approved and disseminated. The Government approved the FATA Drinking Water Policy and plans for the development of Balochistan’s WASH Strategic Master Plan have been finalized. Out of 21 total policies, strategies and action plans required for the WASH sector at national and provincial levels, six have been approved and the remaining 15 are in different stages of development and approval. Newly developed policies and strategies focused on the inclusion of water and sanitation as a human right and the equity perspective, especially in relation to women and children. District-level analysis of inequities in WASH was completed in 2014. Allocations for WASH are visible through the dedicated water and sanitation programmes and projects with allocated public sector budgets at national and provincial levels. Provincial governments have increased budget allocations and shown willingness to work towards separate budget lines for water and sanitation. UNICEF facilitated Pakistan’s participation in the Sanitation and Water for All high level meeting held in Washington, D.C. in February 2014 and supported the Government of Pakistan to prepare the Sanitation and Water for All commitment for 2014-2016.

OUTPUT 2 By 2017, institutional duty bearers have strengthened capacity to deliver sustainable safe drinking water, improved sanitation services and hygiene practices with a focus on the most disadvantaged children

Analytical Statement of Progress:
Although improving, limited capacity among governmental counterparts and implementing partners hampers the country’s ability to further scale-up programming. The Punjab Government has started to implement an equity-focused PATS programme with government development funds; and Balochistan, Sindh and KP have demonstrated a commitment to developing their capacities to implement PATS programmes in 2014. UNICEF continued to demonstrate the use of appropriate innovative technologies and social solutions for adaptation by the government and other WASH sector partners through pilot projects. For example, PPP models and equity-focused PATS model villages were established in four major provinces for the same purpose. In addition to these service provider demonstrations, UNICEF Pakistan continued to reach out to communities affected by insecurity in KP and FATA.
The major constraints to the attainment of safe water indicators include funding, the accessibility of work areas and limited implementation capacity among partners.

OUTPUT 3 By 2017, families living in the most disadvantaged communities understand and practice safe behaviour regarding safe drinking water, improved sanitation and hygiene practices.

Analytical Statement of Progress:
Equity-focused PATS programmes led by communities and schoolchildren were implemented and reached 1.3 million people with ODF living environments in 2014. In addition, 920,000 people gained an improved water source in 2014. Selected provincial governments, in particular Punjab, Balochistan and Sindh increasingly used their government systems for implementation and accountability, while UNICEF Pakistan remained a capacity development partner. UNICEF Pakistan facilitated a sector-wide programme review based on the Theory of Change, using a participatory approach that reviewed fundamental programmatic assumptions and steps in both the rural and urban context. More than 80 people participated from the Government, NGOs, the private sector, the donor community and academia. Programmes rolled out for urban informal settlements in KP and Sindh, led by schoolchildren and communities, focused on polio-WASH convergence. The Government led regular programme reviews in all four provinces (Punjab, Sindh, Balochistan and KP/FATA). UNICEF Pakistan facilitated clarity around the Government’s roles and responsibilities and strengthened institutional arrangements. The major constraints were the relatively short duration of programme implementation (one year), poor private sector engagement and insufficient attention to building/strengthening WASH governance structures at the community level to sustain behavioural change. In addition, implementation constraints included limited accessibility to some areas due to security issues and the limited implementation capacity of partners. Another challenge was lack of ownership and knowledge regarding responsibilities for the O/M of WASH facilities. The programme should draw upon and benefit from existing community structures/organizations (such as CSOs) and local community/support organizations, which are active in addressing a range of communal issues and can also ensure the sustainability and scale up of the programme. There is also limited availability of low cost sanitation solutions and various options need to be offered, in terms of design/qualities, services and skills development for supply facilitation. Regarding design options, these could focus on:
- Appropriate latrines entailing medium/higher cost latrine designs and options
- Very low cost latrines for the very poor whose capacity to afford higher cost latrines is constrained. Sanitation financing is also identified as a supply facilitation element, required both in terms of providing micro financing and bank credit for sanitation vendors/marts, as well as enabling people in communities to construct their latrines.

OUTPUT 4 By 2017, duty bearers at national, provincial and district levels for water and sanitation have strengthened capacity and act to assess, mitigate and sanitation effects of and respond to man-made and natural disasters.

Analytical Statement of Progress:
Efforts were made to mainstream DRR in the UNICEF Pakistan WASH programme, disaster response and policy reforms in all provinces. Continued emergency response to displacements caused by insecurity in KP/FATA and the fragile law and order situation in Balochistan hampered implementation of development programmes. WASH hardware interventions, such as hand pumps and demonstration latrines were constructed in DRR-compliant ways and risk mapping was included in standard social mobilization efforts for community-based programmes. However, DRR mainstreaming is still a major challenge. Additional training and support were
undertaken as part of WASH cluster and sector coordination. Every province designed and implemented DRR activities based on their PDMA strategy. KP and FATA conducted a WASH in emergencies training for 42 people, including government officials and local organizations. Efforts to enhance WASH preparedness to respond in the event of a humanitarian emergency were undertaken and included the development of contingency partnerships for supplies and implementation, risk mapping in selected districts, district partner profiles and others. Populations affected by the emergency in the northwest continued to receive humanitarian assistance.

OUTCOME 3 By 2017, Pakistan's most disadvantaged children, especially girls and minority groups, are participating in structured early learning and completing ten years of quality education.

Analytical Statement of Progress:
Despite strong legislative and political commitments to education at federal, provincial and area levels, achieving the target of improved access and better quality education still appears to be an ambitious goal. According to the Education for All (EFA) status report published in 2014, 6.7 million primary school-aged children are still out of school in Pakistan. The status of learning outcomes in schools is also far from satisfactory. Improving the quality of learning outcomes is one of the biggest challenges in public sector schools, where more than 60 per cent of children are currently enrolled. The intertwined challenge of equitable access and quality learning presents a complex challenge that will require a robust and multi-faceted inter-sectorial response.

Building on the Government of Pakistan's commitment to accelerate progress towards the MDGs by increasing gross domestic product growth from 2 to 4 per cent over four years and developing a national plan of action for reducing the number of out-of-school children and improving learning, UNICEF and development partners continued with intensive advocacy for greater resource allocation for education. A look at the federal budget share shows that education has benefitted from a 15 per cent increase, which is a 2 per cent share of the federal budget, and 7 per cent of the federal share is allocated to primary education. However, the situation varies among provinces. Sindh and KP increased education spending by 23 per cent each. That said, the share of allocation for KP saw the biggest increase in the proportion of total education budget going to primary education: an increase of 18 per cent, from nearly 29 per cent in 2012-2013 to nearly 47 per cent in 2013-2014, adding US$ 216 million to the primary education budget. For Sindh the proportion of the total budget allocated for primary education marginally decreased from 40.5 per cent in 2012-2013 to 39 per cent in 2013-2014. In real terms, the allocation amount increased by 19 per cent, however, adding US$ 83 million for primary education. For both Punjab and Balochistan, the proportion of budget allocated for primary education remained largely unchanged (Punjab: from 42 per cent in 2012-2013 to 42.55 per cent in 2013-2014; and Balochistan: from 22 per cent in 2012-2013 to 22.4 per cent in 2013-2014). That said, an emerging trend observed in budget allocations in 2013-2014 is the increased allocation for secondary education in Balochistan and Sindh. Balochistan increased the total budget for secondary education from 29 per cent in 2012-2013 to 40 per cent in 2013-2014, while Sindh increased from 26 per cent in 2012-2013 to 29 per cent in 2013-2014. In value terms, this was the largest increase in Sindh, with a change of 38 per cent for secondary education, indicating attention to adolescent groups.

Furthermore, following Pakistan's admission into the GPE and an additional funding allocation for Sindh and Balochistan, in June 2014, Pakistan committed to making its data systems more robust so as to provide informed planning, monitoring and reporting. That said, the preliminary
draft report of the National Education Management Information System indicates that much still has to be done in terms of improving planning, monitoring and reporting. Pakistan's adjusted net enrolment ratio stands at 72 per cent; the survival rate to Grade 5 is 67.1 per cent; and the gender parity index dropped from 0.9 to 0.85. In addition, the learning achievement scores for Grade 5 children who can read the story in Urdu dropped from 50 per cent in 2013 to 46 per cent in 2014. As the above data are based on the overall federal or provincial averages, they mask the realities among districts and even within districts. Pakistan still has to deal with major issues related to data and reporting, as the numbers of out-of-school children aged 5 to 16 remains unconfirmed.

As Co-coordinating Agency for the provinces of Balochistan and Sindh and an active member of the National Education Development Partner's Group led by USAID and DFID, UNICEF Pakistan supports donor alignment and harmonization through thematic groups and joint sector reviews. Although initial efforts have been made to use the inter-provincial secretaries and ministerial meetings to serve as a platform for improved coordination among provinces, much remains to be done in terms of monitoring, reporting and development of standards across the country.

**OUTPUT 1**
Research, policies, plans and alternative pathways create an enabling environment for early learning and ten years of education for the most disadvantaged children

**Analytical Statement of Progress:**
The UNICEF Pakistan upstream work at the federal, provincial and area levels supported the education sector to improve the Government's capacity to deliver on equitable education access and quality learning for the most marginalized. This was accomplished by generating knowledge through studies and evaluations on education disparities and capacity gaps; and improving inter-provincial coordination, educational planning, monitoring, reporting and harmonization.

As a GPE Coordinating Agency, UNICEF Pakistan supported conducive environments in Sindh and Balochistan that enabled education officials to develop and take ownership of education sector plans, budgetary allocations and operational and risk mitigation plans. This work supported the development of application packages for the GPE Programme Implementation Grant, which led to the approval of US$ 100 million for Pakistan (US$ 66 million for Sindh and US$ 34 million for Balochistan). Pakistan's membership with the GPE and the subsequent engagement of key actors, including the provincial governments, development partners and local education groups, contributed to a change in dynamics. Development partners have started aligning their resources, which has resulted in a shared commitment for education sector plan implementation. Recently, the Danish International Development Agency (DANIDA) made a substantial resource commitment to support the Pakistan Country Programme and additional resources are expected from the EU for activities aligned with the GPE, as well as to strengthen governance and quality learning in the Balochistan education sector, which has normally been considered province ignored by donors.

Generating evidence for advocacy and effective education planning and management remained a priority. Surveys of out-of-school-children in Gilgit-Baltistan and Pakistan Administered Kashmir were initiated to gather data on out-of-school children that will influence policy, planning and practice over a longer period of time. Similarly, an ALP draft report was prepared that will support federal and provincial governments to plan and implement appropriate ALP interventions for the most marginalized groups of out-of-school children and adolescents.
UNICEF Pakistan supported the strengthening of data systems in Balochistan in order to influence education sector reform initiatives around planning, monitoring and reporting. These efforts have spurred progress towards the establishment of a comprehensive database for effective education planning and management in Balochistan. Because effective implementation of plans and policies in education has always been complex challenge in Pakistan, a mechanism for supporting provincial governments to implement education sector plans and the National Plan of Action has been put into place. This will take a more robust form in 2015.

**OUTPUT 2** Public duty bearers for education at provincial and district levels, with strengthened capacity, are delivering child friendly schooling to the most disadvantaged children.

**Analytical Statement of Progress:**
UNICEF Pakistan continues to see capacity development as a long-term approach and thus has engaged with key government departments, institutes and stakeholders at national and provincial levels to strengthen their capacity to use the child-friendly education framework to improve the quality of teaching and learning; strengthen data management systems; provide opportunities of access, retention and completion to the most marginalized children; and review curricula for conflict and gender-sensitive content and text. Comprehensive capacity needs assessments and plans were instrumental in engaging various units of education departments in improving quality education indicators. These efforts supported the Government to update data frameworks for compiling, tracking and monitoring data on student profiles and school-based indicators, thereby institutionalizing the Balochistan Education Management Information System (EMIS) framework with new indicators related to enrolment, retention and completion. However, lack of uniformity in education-related data is a huge challenge and capacity support needs to be continued to improve the understating and functioning of the Balochistan EMIS for district level education managers. The technical support being provided to the Provincial Education Assessment Commission (PEAC) and the Punjab Examination Commission (PEC) will subsequently strengthen assessment frameworks and approaches to measuring student learning outcomes and competencies at the provincial level.

Technical engagement with teacher training institutes helped the institutes design need-based in-service Continuous Professional Development (CPD) programs, including school-based mentoring packages that supported teachers/head teachers and managers through improved pedagogic skills, teaching methodologies and leadership. In addition, technical engagement with writers/developers led to increased capacity of stakeholders. Out of the 50 textbook writers, reviewers and teacher trainers trained last year, 17 were actively involved in writing and reviewing 14 textbook titles for Katchi (pre-primary) to Grade 11 and developing four training manuals for teachers incorporating themes on SCR, active learning and gender. However, the frequent transfers, low incentives, promotion policies, change in teacher job descriptions, long distances and limited resources for monitoring school level progress posed a challenge to the CPD framework.

Besides the institutional capacity development, there was considerable progress made in the provision of learning opportunities, especially for out-of-school children, through the USAID-supported Every Child in School Initiative (ECISI) campaigns, the IKEA Foundation, the SCR programmes, and partnership with UNHCR for refugee children. More than 100,000 children aged 5-17 from diverse backgrounds (including children from madrassas) in conflict prone and affected areas were reached through sports and recreational and other activities. More than 2,000 madrassa students were provided with platforms for interacting with the central theme of education as a means of social cohesion, resilience and peace building. However, given the challenging security and socio-economic environment in some districts, retention and
mainstreaming of these students was a key challenge. UNICEF Pakistan will continue to engage with provincial and district governments to strengthen mechanisms for monitoring and tracking the progress of students and ALP learners.

OUTPUT 3 Parents and other duty bearers understand the importance of early learning opportunities and continued education, and support their children, especially girls, to enroll, attend and succeed in their education.

Analytical Statement of Progress:
UNICEF supported education departments and key partners at provincial and district levels to increase the demand for education. Awareness raising among parents and wider communities fostered acceptance on the importance of education for both girls and boys and generated support for education departments to develop and conduct enrolment campaigns in Balochistan, Sindh, KP, Punjab, and FATA. This support enabled education departments to enrol out-of-school children (particularly girls) and support their retention.

The highest political leadership in Punjab, KP and Balochistan and the concerned Members of the National Assembly in FATA took keen interest in the enrolment drives that led to the massive mobilization of households, communities, education officers and CSOs. Key messages were disseminated through radio broadcasts, which mobilized key stakeholders, including religious leaders, parents, members of parent-teacher school management committees and education department officials.

In robust enrolment campaigns across the country, provincial governments claimed to have enrolled 5 million children in Punjab, KP, FATA and Balochistan in 2014 alone. The 2013 National Plan of Action (NPA) to accelerate progress towards the education MDGs had a project enrolment increase of 1.6 million children. The reported 2014 figures alone surpass the NPA targets, which were seen as ambitious because of the challenges related to data collection and reporting. Furthermore, these are only enrolment figures and do not capture the retention throughout the academic year.

OUTPUT 4 By 2017, children's right to education achieved through improved disaster risk management, emergency preparedness and response mechanisms in education.

Analytical Statement of Progress:
Following endorsement of the School Safety Plan of Action thanks to the continued advocacy and technical assistance of UNICEF Pakistan, provincial governments were supported to implement the Plans. Overall, 480 schools in Balochistan and 100 schools in Sindh started the implementation of the School Safety Plans of Actions. This will serve as a demonstration for government counterparts, enabling others to scale up and replicate the initiative in public schools, and thereby ensuring the resilience of schools and communities and the safety of children and teachers.

Provincial-level multi-hazard EPRPs were developed and updated for Sindh, Balochistan, KP/FATA and Punjab. While EPRP and School Safety Plans are a significant achievement, provincial and district authorities need to fully understand and be capable of supporting implementation. Capacity building opportunities on the School Safety Plan of Action and DRR were offered to 845 education officials (100 in Punjab, 45 in Balochistan and 700 KPK). However, EPRPs need to be aligned with provincial and district-based government contingency plans, particularly in the context of the floods in Punjab and Sindh.
Under the capacity building initiative, a teacher-training module on DRR for training at non-formal basic education centres (NFBECS) was developed in Punjab. Efforts were also made to integrate DRR into the Basic Foundation Module (BFM-II) for training teachers in formal schools in Punjab. These materials will be used and further refined to respond to emerging needs. Support was provided for hiring and training 257 teachers, including 130 female teachers, in IDP camp schools and host communities. Overall, 8,800 children, 300 teachers and 400 PTC members and NGO staff were trained on emergency preparedness in Jalozai IDP camp.

Only 35 per cent of the children affected by the emergencies in KP and FATA, or 42,322 children out of 121,000 total children, were reached in 2014, due to the low level of funding mobilized to respond to education in emergencies. Increased advocacy by UNICEF Pakistan with development partners led to the mobilization of an additional US$ 2.1 million from USAID for the NWA displacement and US$ 2.5 million for DRR. On-going support is being provided for the continuation of the education of more than 13,000 displaced children, including 6,500 girls, in Jalozai, Togh Sarai, and New and Durrani camps. Support was also provided for the continuation of education of more than 2,700 children, including 35 per cent girls, in host communities in in FATA and KP.

The role of UNICEF Pakistan as the Cluster Lead Agency with Save the Children produced significant results in terms of assessments, response and preparedness. Various assessments were supported in 2014, such as the in-depth assessment of displaced children’s educational needs, which formed the basis for leading and developing the Strategic Response Plan for Education 2014. In addition, a Multi Cluster/Sector Initial Rapid Assessment (MIRA) was carried out in the flood-affected areas of Punjab and the IDP hosted areas of KP, particularly in Bannu where NWA IDPs are located. This assessment will lead and guide systemic and coordinated response under the education cluster, where there is an existing gap caseload of over 87,000 children in need of support. In addition, internally displaced persons in Bara will also need support in hosting areas and areas of return.

OUTCOME 4 By 2017, children's rights to protection from violence, abuse, exploitation and neglect are being addressed through system reform and strengthening of child protection systems at national and provincial levels

Analytical Statement of Progress:
Progress made in 2014 contributed to a strengthened protective environment for children across the provinces and administrative areas of Pakistan. Support to, and partnerships with, government and non-governmental partners primarily focused on strengthening the protective environment for children across the four priority areas of: policy and legislative reform; institutional capacity strengthening; social and cultural behaviour change; and emergency preparedness and response.

Contributions made towards the establishment and revision of appropriate legislative frameworks showed some progress towards the alignment of child-related laws and policies to the CRC and other relevant international standards. Following decentralization in 2011, significant focus has been placed on strengthening provincial legislative frameworks to protect children. In 2014 the Child Marriage Restraint Act was passed in Sindh to raise the age of marriage of girls from 16 to 18. Despite this achievement, some caveats in the legislation remain, particularly with regard to the absence of nullification provisions for marriages involving children. Further, following the passing of the Child Protection Act in 2013, the Government of GB assigned a budget to establish child protection structures in this area. Additional child protection policy reviews and legislative enactments/reforms are in process in the provinces and
throughout the country. Examples include the Child Protection Act (Sindh, Balochistan and Punjab (via revision of Punjab Destitute and Neglected Children’s Act); the Prohibition of Employment of Children Act (Punjab and Balochistan); and the Child Marriage Restraint Act (Punjab and KP).

The service delivery capacity of child protection institutions in Pakistan continues to be fragmented, inadequate and often poorly coordinated and harmonized across the provinces. This is caused by incomplete and often contradictory legislative frameworks at federal and provincial levels, the manner in which decentralization has been enacted, and limited technical and financial resources to effectively deliver child protection services. Following decentralization in 2011, the responsibility for child protection legislation and services rests at provincial or area levels. This has resulted in a staggered approach dependent on the local situation, political will and human and financial resources to implement change, with some provinces further ahead than others in developing or amending legislation and strengthening administrative structures to deliver services. A Child Protection Commission is functional in KP, and plans are in place to establish relevant authorities in GB and Sindh. In selected districts across KP, Punjab, Sindh and Balochistan, a number of child protection service delivery models in the form of district child protection units for registering and referring children in need of protection to appropriate services have been established, as have pilots for birth registration, vocational training and social protection (including conditional cash transfers and community development funds). At the provincial level, curricula, rules and guidelines relating to Minimum Standards for Children in Alternative Care, Standard By-Laws on Birth Registration and SOPs for child protection units have been drafted and are at various stages of endorsement. Though some surveys (MICS, Pakistan Social and Living Measurement, PDHS, etc.) provide information on certain child protection-related indicators, routine administrative information on child protection is not available. To counter this, selected districts are currently piloting the Child Protection Management Information System in a range of government departments; however, issues around coordination and the quality of data collected have been highlighted. Implementation of the Child Protection Management Information System is constrained due to internal and Government staff rotation, low technical capacity and coordination challenges among a host of government departments.

In 2014, in order to promote change in social and cultural practices to strengthen the protective environment for children, focus has been placed on developing the End Violence Against Children Campaign, as well as on strengthening partnerships with government departments, polio health workers and Telenor (telecommunications) for scaling up a range of birth registration models. Furthermore, progress has been made in this period towards the implementation of CPIE and disaster management policies, primarily through institutional capacity building assistance delivered in KP and at the national level, as supported through UNICEF advocacy and technical assistance to the NDMA and PDMA/FDMA Gender and Child Cells.

Despite overall progress, the situation across all results areas in Pakistan remains constrained, notably due to high levels of rotation among government counterparts, low prioritization of child protection issues, the fragmented legislative environment and limited human technical and financial resources.

**OUTPUT 1** By 2017, strengthened enabling policy legislative and budgetary environment at national and provincial level for the protection of children and women in accordance with international norms and standards related to child protection
Analytical Statement of Progress:
Efforts to strengthen the policy, legislative and budgetary environment in 2014 focused primarily on the provision of support to generate evidence to inform government programming and policies, as well as to develop and/or enact required primary and subsidiary legislation. Progress was made in the legislative review, drafting, vetting and enactment processes of a number of child protection-related laws, including the Child Protection Act (Sindh, Balochistan and Punjab); the Prohibition of Employment of Children Act (Punjab and Balochistan); and the Child Marriage Restraint Act (Punjab and KP). Frequent rotation of government staff and limited human and financial resource capacity were some of the specific constraints encountered when addressing these issues. Furthermore, the majority of institutional bodies responsible for the delivery of child protective services, often within the context of a newly-created or reformed legislative framework, require extensive support to implement their mandates. To this end, efforts to map and assess provincial child protection systems, generate evidence and knowledge and develop strategies and action plans are on-going. An evaluation of PLaCES was completed and a child-responsive budgeting exercise was carried out in Punjab to enable the Government to analyse planning and programming budgets from a child-centred perspective. In addition, two major studies are underway in KP and Karachi on the situation of adolescents in urban areas, with the aim of generating evidence to inform potential policy responses regarding the emerging challenge of urbanization in Pakistan and its impact on children. Action plans and costing for provincial social welfare department strategies and child protection systems mapping and assessments are underway. Despite progress, significant barriers remain, notably in the areas of weak child protection structures, functions and capacities; an absence of consistent and reliable data collection on child protection issues; coordination and collaboration challenges between various child protection agencies, including around formal and informal child protection mechanisms; lack of prioritization and commitment from the public sector; and lack of internal and external funding commitment. Of critical importance, a number of federal and provincial child-related legislative provisions remain contradictory and incompatible with the CRC. Efforts to ensure that each relevant law is fully aligned with the CRC will entail further technical support as required, supported by the continued generation of pertinent evidence to inform tailored advocacy initiatives.

OUTPUT 2 By 2017, institutional capacity to implement child protection legislation, policies and standards to protect children and women from abuse exploitation and violence is strengthened.

Analytical Statement of Progress:
The service delivery capacity of child protection institutions in Pakistan continues to be generally weak, fragmented and inadequate. Commonly, the issue is exacerbated by substantial gaps in existing legislative frameworks at the federal and provincial levels, and by a lack of technical and financial resources. Significant focus is currently being placed on the development of standards and guidelines to implement effective child protection systems. In 2014, SOPs for district-level child protection units were developed and are in the process of being approved. This initiative constituted a considerable step towards improving the functionality of these units and their capacity to register and refer children in need of protection from violence, neglect, abuse and exploitation. Minimum Standards for Children in Alternative Care are at various stages of endorsement at the provincial level, as are Standard By-Laws on Birth Registration in Punjab and Sindh. Further implementation of the Child Protection Management Information System is constrained due to staff rotation at UNICEF Pakistan and among partners, low technical capacity and complex coordination issues between a range of government departments. To bridge the institutional capacity gap, with UNICEF support, federal, provincial and district governments initiated several small-scale social service models, reaching tens of thousands of children and their families through the delivery of vocational skills, livelihood
support through micro-grants, linkages with social protection pathways, conditional cash transfers and birth registration. An emphasis was placed on technical design and innovation, such as reforming training curricula, strengthening the targeting ability of existing programmes and introducing innovative models to augment birth registration. In order to fully operationalize public child protection systems, continued advocacy efforts and technical support are required, particularly to increase budgetary allocations and prioritize child protection systems in government development planning, both of which remain major challenges.

OUTPUT 3 By 2017, duty bearers and rights holders have the knowledge and capacity to participate in, promote and adopt changes in social and cultural practices that protect vulnerable children and women.

Analytical Statement of Progress:
In 2014, special focus was placed on launching the End Violence Against Children Campaign and strengthening partnerships and strategies for effective and targeted communication initiatives. These initiatives aimed to promote change in social and cultural practices in order to protect vulnerable children and women. The End Violence Against Children Campaign will take place nationwide and targets duty bearers and rights holders at a range of levels. Outreach media includes television, radio, print and community/service provider-level campaigns. Efforts to establish long-term change in social and cultural approaches and practices to birth registration are on-going. In 2014, a range of partnerships were built or strengthened with this goal in mind, including with: COMNet polio staff for promoting birth registration messages in targeted districts; Telenor, the National Database and Registration Authority (NADRA) and local governments for mobile birth registration; NADRA and local governments to promote a civil registration management system; and the Ministry of Interior for hospital-based birth registration. While provinces have yet to develop discrete C4D strategies, the focus in 2014 was to continue to promote the integration of C4D into existing and emerging strategies, leading to strengthened institutionalization and prioritization of this approach within government planning and implementation. In 2014, this resulted in the integration of C4D principles into the communication initiatives carried out by the Women’s Development Department Sindh on early marriage and the Educational Toolkit for Child Rights in Cotton Farming Areas (Balochistan, Sindh and Punjab).

OUTPUT 4 By 2017, public Child Protection Systems are better able to prepare for, prevent and respond to child protection risks and violations in emergencies, in accordance with UNICEF Core Commitments for Children in Humanitarian Action

Analytical Statement of Progress:
Some progress was made during this period to strengthen the policies and institutional capacities of provincial and area governments to prepare for, prevent and respond to child protection concerns in emergencies. The concept of child protection in emergencies (CPIE) is now integrated into the sector plans of the social welfare departments in Balochistan, Sindh and KP and the disaster management authorities of Balochistan and Punjab; and is under review in KP and FATA. CPIE has been integrated into the Gender and Child Cell Strategy in Balochistan and accompanying SOPs have been developed. Both tools are currently pending approval. In order to strengthen structures and institutional capacity to prepare for and respond to emergencies, the KP Provincial Disaster Management Authority (PDMA) finalized the Minimum Standards for Protective Spaces for Children and a Training Manual on CPIE for public system/government officers. In addition, the CPIE curriculum for the National Institute of Disaster Management was finalized in 2014 and SoPs on separated, unaccompanied and missing children in emergencies were approved in Punjab and drafted in Sindh. Progress has
not been uniform across provinces and the process of finalizing and approving policies and
guidelines has been highly impacted by regular turnover of government officials and limited
human and financial resource capacity. CPIE service delivery took place in KP, where 55,603
children and 15,139 women safely accessed protective services. Funding constraints and social
and cultural norms in the complex emergency-affected areas of KP, where girls’ access to
public space is restricted, impacted service-delivery efforts and gender parity in outreach.

OUTCOME 5 High quality research and evaluation provides evidence to influence policies,
budgets, programmes and programme adjustments, in favour of the most disadvantaged
children and women in Pakistan.

Analytical Statement of Progress:
Based on quality evidence and recommendations elicited from strategic studies, surveys and
evaluations, the situation of women and children was regularly tracked to inform strategic
adjustments in policies and programmes. Focusing on equity through MoRES and the
evaluation function, the major strategies pursued were building partnerships and strengthening
the capacities of key partners, especially the Government. UNICEF spearheaded the National
Evaluation Capacity Development forum to create a niche for UNICEF Pakistan and OPII
partners to promote evidence-based decision-making and policy formulation. In line with the
UNICEF Strategy 2014-2017, MICS was taken forward with strong government leadership.
Proactive advocacy, coupled with capacity building of federal and provincial staff in the planning
and development departments and BoS, gave impetus to provincial MICS in Punjab and Sindh,
which are near completion and had maximum support from the respective provincial
governments. In line with the same strategy, planning for MICS in GB and KP was initiated and
will be taken further in 2015.

For the utilisation of data and evidence, UNICEF Pakistan is working closely with BoS in all
provinces and adapting DevInfo into national and province wide databases. SindhInfo and
KPIInfo are developed and PakInfo is updated but quality assurance and capacity building
support is required for standardisation, maintenance and effective utilisation of these resources.
Under Delivering as One and OPII, UNICEF Pakistan leadership, which was actively supported
by the PMER programme, played a significant role in building and strengthening coordination
and management mechanisms within the United Nations system and with the Government both
at federal and provincial levels. UNICEF co-chaired (with UN Women) the Programme
Management Team and led the Planning, Monitoring and Evaluation Group, while pro-actively
participating in five strategic priority areas, and also convening the strategic priority area one
under the OPII Operational Plan. At the provincial level, UNICEF Pakistan led the Provincial
Steering Committee (PSC) in Sindh and actively engaged other United Nations agencies and
government line departments in planning, monitoring and reporting on results.

In 2014, effective management, coordination, quality assurance and technical support enhanced
the UNICEF Pakistan accountability for results to partners, including the Government, donors
and beneficiaries. The PMER team ensured the timely submission of mandatory annual and
donor reports. It also ensured that multi-year/annual work plans, and planning and reporting
within RAM are aligned with OPII/CCPD results frameworks and operational plans, as well as
with the new UNICEF Strategic Plan 2014-2017. Capacity building of UNICEF and partner staff,
regular technical guidance, setting up clear coordination and workflow mechanisms and active
engagement with ROSA and HQ were crucial and ensured that key performance deliverables
would be met. To further enhance the quality of results monitoring and reporting, further
capacity building on results-based management and MoRES is planned for 2015.
In 2014, UNICEF Pakistan humanitarian programming was primarily focused on the internal displacement crisis in KP and FATA. In addition to the chronic caseload of nearly 1 million internally displaced persons, there was an influx of nearly 1 million more persons from NWA in mid-year. Effective emergency preparedness enabled adequate response to this humanitarian situation. UNICEF Pakistan contributed significantly to the coordination and management, capacity building, quality assurance and technical assistance for HPM, and reporting for effective and efficient management of humanitarian programming. Tools, standards and regular capacity building of UNICEF, partner and third party staff contributed to enhancing the quality of HPM and improving information management for stronger and more accurate reporting of results. Further strengthening of monitoring and reporting mechanisms will continue through scale up of monitoring and reporting tools, based on innovative technologies that were piloted in 2014, including the Partnership Management Information System, TrackIt and RapidPro.

OUTPUT 1 By 2017, UNICEF programmes and institutional duty bearers have stronger capacity for equity focused policy, research and evaluation related to children and women

Analytical Statement of Progress:
In 2014, efforts were made to build this foundation by enhancing the awareness of key stakeholders on the concept of equity-focused evaluation and research with regard to better accountability and transparency. It proved to be an uphill task, which required regular and steady involvement with a range of stakeholders. Various activities were undertaken to achieve better awareness among government partners and CSOs. The first-ever conclave on national evaluation capacity development was organized in Islamabad in 2014 and involved all ROSA offices, the United Nations and civil society partners in Pakistan. PMER’s advocacy with government counterparts resulted in the Government of Pakistan taking the lead role and co-hosting the conclave. The Minister for Planning, Development and Reform and other senior policy makers joined to lead the discussions. Their participation helped to strengthen the overall ownership of the evaluation function among government partners. Subsequently, UNICEF was asked to provide technical support on strengthening the evaluation function, especially at the provincial level. By leading joint discussions among the public sector, civil society and United Nations agencies from Pakistan and the region, UNICEF attempted to contribute to collective thinking, concerted action and south-south collaboration. The technical support that UNICEF Pakistan provided to the Government of Punjab contributed to the enhanced quality of the latter’s evaluation work, which was appreciated by all key stakeholders. In addition, Punjab’s Directorate General of Monitoring and Evaluation adapted the practice of developing a management response for each evaluation.

For UNICEF Pakistan, 2014 brought the dividends of our rigours work on quality assurance through compliance with workflow processes and United Nations Evaluation Group (UNEG) quality standards. Two UNICEF Pakistan evaluations were rated as high quality by HQ. However, compliance with standards was not simply a goal; it was a path towards independent and reliable findings and recommendations for continuous improvement and learning for programmes. Compliance with quality standards for research reports remains a challenge, however, as does the need to make better and more effective use of the evidence and learning in the coming years.

OUTPUT 2 By 2017, capacity and systems of government and other partners strengthened to collect, analyse, manage and disseminate reliable data (disaggregated by sex, age and area) for evidence based planning, resource allocation and results-based monitoring.
Analytical Statement of Progress:
UNICEF Pakistan worked closely with key internal and external stakeholders, especially the provincial planning departments and bureaus of statistics (BoS), to generate evidence and use that evidence to influence child and women-centred development policies and programmes. The UNICEF Pakistan strategic focus remained on building national/provincial capacity and carrying out strong advocacy with the Government to prioritize and lead the MICS. As a result, provincial planning departments and BoS demonstrated strong ownership and leadership and maximum resource allocations were made for MICS implementation in Sindh and Punjab provinces. MICS activities in these two provinces gained significant momentum: MICS field operations and data processing was completed and reports of key findings will be launched in January 2015. The effective management, coordination and timely technical support from ROSA and HQ were critical to quality assurance of both MICS, in line with global MICS-Round 5 protocols.

Strong Government ownership significantly strengthened the capacities of Punjab and Sindh BoS to undertake the maximum workload for carrying out the MICS. For the first time, for both Sindh and Punjab MICS, data processing was done within BoS offices, which ensured quality data and scrupulous field monitoring systems was deployed for both surveys. In Punjab, an innovative real-time monitoring tool using smart phones - the Online Monitoring Mechanism (OMM) system - was developed and became crucial to providing timely information and course correction. This system is being managed and maintained by BoS Punjab. The monitoring system will be replicated for KP and Gilgit-Baltistan (GB) MICS.

Continued advocacy with the Government of KP resulted in the Government commitment to fund nearly 80 per cent of the MICS in KP, for which a PC-1 document is under preparation. Advocacy efforts to conduct the first ever MICS with the GB Government continued using a similar approach. The GB MICS plan is currently being reviewed. For capacity strengthening, UNICEF Pakistan supported BoS Punjab to conduct MICS planning and DevInfo trainings in KP and GB, which will facilitate MICS planning and implementation in these regions in 2015.

To strengthen the use of data in Government development planning and programming, with the support of UNICEF Pakistan, BoS Sindh and KP customised DevInfo to develop SindhInfo and KPInfo databases. PakInfo, developed by Punjab BoS, has been updated with latest data updates for progress reporting on the MDGs and the emerging 2015 agenda. The latter includes 71 sources and 40 time periods including the latest MICS, PSLM and PDHS. To enhance the use of these databases, UNICEF Pakistan is working closely with the provincial BoS and capacity building initiatives are planned for 2015.

OUTPUT 3  Throughout 2013 - 2017, UNICEF and OPII programme management and coordination teams receive technical support in research, analysis, evaluation, planning, quality assurance, risk mitigation, monitoring, and reporting.

Analytical Statement of Progress:
2014 was a robust programme implementation year that was closely synchronised with OPII, under Delivering as One. Under OPII, UNICEF Pakistan fostered active engagement for effective coordination and coherence across United Nations agencies on the United Nations contribution to the development goals agreed to with the Government. Specifically, numerous OPII management and coordination meetings were held with UNICEF PMER leadership on the technical aspects of OPII implementation.

The OPII partnership was weak in Sindh during the first half of 2014, due to changes in the Sindh Government staff in the provincial planning and development departments, which
required a settling-in period. As convenor of PSC Sindh, the enhanced engagement between UNICEF Pakistan and the Government in the second half of the year resulted in a successful OPII PSC meeting in December 2014. The meeting was co-chaired by the Additional Chief Secretary, Planning and Development Department, Sindh.

Effective management, coordination, quality assurance and technical support was crucial in improving UNICEF Pakistan accountability for results to partners, including the Government, donors and beneficiaries. Specifically, the programme ensured timely submission of annual reports, donor reports, multi-year work plans and Results Assessment Module (RAM) planning and reporting, in line with the OPII/ cCPD results framework and operational plans, as well as with the UNICEF Strategic Plan 2014-2017.

Using the MoRES framework, UNICEF Pakistan prioritized improvements in monitoring and reporting mechanisms for tracking progress towards results and the timely identification of bottlenecks and barriers. With timely technical support from ROSA, national and provincial MoRES workshops were held and participants, including UNICEF, NGO and partner staff, prioritized bottlenecks. In Punjab and Sindh, two districts each have been selected to pilot MoRES application. In 2015, with the support of ROSA, UNICEF Pakistan will mainstream the MoRES application.

Building the capacity of staff through PPP trainings, reporting and fund management trainings helped to improve the timeliness and quality of donor and annual reports. Results-based management trainings are planned for next year to further strengthen quality, however. Similarly, the TPFM mechanism currently in place is being revamped/strengthened to effectively provide regular high quality usable and credible data and information for improving programme implementation through timely course correction. This will also enhance data verification and ensure accuracy of information in different reporting deliverables.

**OUTPUT 4** Throughout 2013-2017, UNICEF programmes and their counterparts and partners benefit from reliable, valid and complete information on needs, responses and gaps as per the Core Commitments for Children for disaster risk management, emergency preparedness and response performance.

**Analytical Statement of Progress:**

Overall, there has been an increase in the sources of data and information available to assess humanitarian needs, responses and gaps, in line with the Core Commitments for Children (CCC). There was a temporary constraint with regards to the profiles of disaster prone districts as UNICEF Pakistan planned to link the development of district profiles with MICS. The MICS in Sindh and Punjab are expected to be completed in the first quarter of 2015, at which time progress on district profiles will continue.

At the provincial level, PMER has continued to be heavily engaged in the preparation of emergency preparedness and response plans (EPRPs), and in strengthening humanitarian performance monitoring (HPM), working closely with internal and external staff. This supported the UNICEF Pakistan team to complete EPRPs in all provinces. PMER also remained engaged in updating, reviewing and monitoring CCC monitoring frameworks, given the emerging humanitarian needs on the ground, which were highlighted through various HCT/cluster-led assessments. PMER provided technical and equipment support to conduct various rapid assessments to identify these needs in humanitarian situations. In addition, PMER contributed significantly by collating and providing information for the EWEA portal. EWEA has been
consolidated at the national level and uploaded onto the UNICEF intranet. As a result, the information on emergency preparedness is readily available.

For humanitarian response to complex emergencies, especially the displacement situations in KP and FATA, mechanisms are in place for HPM and situation reporting, in line with guidance from the Office of Emergency Programmes. Monitoring and information flow mechanisms are in place and the data and information generated has been instrumental in strengthening results-based performance and enabling the timely identification of bottlenecks, barriers and course correction. This data also informs management decisions at the UNICEF County Team and Humanitarian Country Team levels. In addition, it feeds into country office reporting (donor reporting and reporting for the Humanitarian Action for Children, Consolidated Emergency Report and Country Office Annual Report), advocacy and resource mobilization initiatives. Extensive capacity building interventions were executed, including HPM trainings of UNICEF, Government and NGO partner staff in KP and Balochistan. This enhanced progress tracking under the CCC framework, which resulted in timely and accurate data management and reporting from field to country office levels. However, re-validating/monitoring through third parties and UNICEF staff needs to be further strengthened, especially in terms of establishing a quick and strong feedback loop to inform UNICEF humanitarian programming in a timely and quality manner. This will be focused and the work has been initiated using innovative technology-based solutions, including TrackIt, RapidPro and PMIS, which were piloted in 2014 and will be rolled out in 2015.

OUTCOME 6 Cross-Sectoral activities in support of UNICEF Pakistan Country Programme

Analytical Statement of Progress:
Throughout 2014, operations fully supported the office in its pursuit of efficiency and effectiveness in the management of resources where related performance indicators showed steady high rates of achievement (i.e. in human resources, administration, finance, supply, ICT, procurement services and assurance). This was achieved through timely and systematic planning, implementation, monitoring and review of priorities set at the beginning of the year.

A major operations milestone in 2014 was the establishment of the BTC to manage the transactions of the four offices. Since all office payments are actually centralised within a unit based in Islamabad, the switch to the Global Shared Services Centre is expected to be smooth. In line with the above, further rationalization and streamlining of processes and workflows between BTC and sections is expected in 2015.

The operations section continues to support the HACT implementation process where a HACT Micro Assessment and Assurance Plan was formulated, to guide the office in the systematic monitoring of HACT assurance activities and thereby lead to reduced risk in managing funds transferred to implementing partners. Under the leadership of operations, and in consultation with UNDP and UNFPA, UNICEF Pakistan contracted a third-party to conduct a macro-assessment towards the implementation of HACT for government implementing partners by June 2015.

As the main custodian of audits (audit focal point), operations facilitated an audit of the UNICEF Pakistan Country Office in Islamabad and field offices between 19 August and 11 September 2014. The audit team concluded that subject to implementation of the agreed audit recommendations, the controls and processes of UNICEF Pakistan were generally established and functioning. As agreed with OIAI, all recommendations should be addressed by 30 June 2015.
Analytical Statement of Progress:
In 2014, the Advocacy and Communication Section continued to communicate UNICEF Pakistan country programme activities and humanitarian emergency interventions — the complex emergency in KP/FATA, the flood emergencies of 2011 and 2012 and the NWZA IDP emergency — to key audiences in Pakistan and globally. Frequent interaction with national and international print and broadcast media and regular audience engagement through social media maximised outreach to policy makers, donors and key publics within and beyond Pakistan. UNICEF was frequently mentioned by national print and broadcast media in relation to its partnership with the Government of Pakistan on immunization, polio eradication, school enrolment, provision of safe drinking water and sanitation facilities, as well as for technical, financial and capacity building support to various social sector activities. Human interest stories and other communication materials produced by the Advocacy and Communication Section were shared with donors, local media, PFP and the HQ Division of Communication, for onward dissemination to UNICEF National Committees, international media and other key audiences.

OUTPUT 2 Operations, information technology, supply, logistics and administration.

Analytical Statement of Progress:
UNICEF Pakistan ensured effective financial risk management and maintained accurate financial records in VISION. The bank optimization report and bank reconciliation reports were submitted on time. UNICEF Pakistan successfully met the deadlines for the monthly/interim closure activities and set local dates to meet the year-end closing deadlines. In addition, financial controls and procedures were monitored regularly. Centralised business transaction processing was made more efficient through the BTC by streamlining standard operating procedures (SOPs) and related work processes. During the period, administrative support was provided to lease renewal negotiations for the main and field office premises. In 2014, as part of management of the cross-sector budget, budget planning, monitoring and reviews were efficiently carried out.

The Supply Section ensured that at least 85 per cent of supplies were delivered within the targeted arrival date. An emergency preparedness plan was put into place for immediate response to 100,000 caseloads at any given time. Systems and SOPs – for example, having local long-term agreements for most commonly procured items – were put into place for timely intervention and response. UNICEF Pakistan also improved assets management in the warehouses and reduced variation in the inventory count to below 0.3 per cent of the value of stocks. Procedures were streamlined to ensure priority to the PEI.

All global IT projects released by ITSS were completed on time. The rollout of Microsoft Office 365, and the shift to Microsoft Outlook for email, were further steps toward cloud computing. The ICT Unit built the capacity of staff, training over 300 staff members on Outlook, Lync and Office 365. These, and additional tools such as OneDrive, Teams and Yammer, enhanced staff productivity and made collaboration easier. These developments have also reduced the footprint of locally hosted servers and the potential impact of emergencies. In addition, more staff members are working remotely due to the increased ease of internet access and the increased use of mobile devices. The BCP and the IT Disaster Recovery Plan were reviewed and updated. In addition to increasing the bandwidth of existing ISPs, a third ISP was installed in each office through VSAT.
OUTPUT 3 Effective & efficient management of human resource capacity.

Analytical Statement of Progress:
An increased effort was made to invest in staff development, in order to enhance efficiency in current posts and strengthen capacity for future challenges. This capacity building helped UNICEF Pakistan to fill 55 per cent of new positions, drawing from internal staff. Training was provided on delivering effective presentations, decision-making and problem-solving, high-impact communication skills, PPP and P2D. A detailed session on UN Cares and implementation of 10 minimum standards on HIV in the workplace was organized. Overall, 26 staff development sessions were held, with a total of 749 attendees. Twenty staff members were sent for individual training in their respective technical areas. An additional six staff undertook stretch assignments in other UNICEF offices. A staff mix of 12 per cent international professionals, 46 per cent national officers and 42 per cent general services staff was maintained. UNICEF Pakistan shrank in 2014 as a result of organizational restructuring and funding constraints. The current staff strength is 309.

Attracting and retaining qualified female staff members remained an issue of high importance. In a country where women make up only 11 per cent of the workforce, a proactive approach was adopted to ensure an improved gender ratio within UNICEF Pakistan.

Performance management was a regular part of the UNICEF Pakistan culture, including regular follow-ups with supervisors/supervisees on Performance Appraisal System (PAS) deadlines, and the provision of support to staff to complete their electronic PAS (ePAS). EPAS/PAS completion was used as a CMT indicator throughout the year. Overall, 100 per cent of staff completed performance appraisals within the 2014 planning phase.

In 2014, the Human Resources Unit worked closely with the staff association to ensure staff well-being. This included: conducting a staff survey in which 78 per cent of staff members indicated their satisfaction level, improving the workplace environment by providing training on work life balance and stress counselling, arranging security and technical-training, updating job descriptions, providing feedback and coaching.

Efforts were made to ensure that adequate human capacity is available for emergencies, including by maintaining updated:

- Job descriptions for emergency positions
- Rosters for different functional areas
- Lists of national and international staff who previously worked in emergencies

UNICEF Pakistan retained the lead of the One UN HR Working Group. The One UN recruitment web portal, developed by the Working Group, has become an important tool for attracting quality staff to the United Nations. Finding qualified staff remained a challenge, particularly due to the security threats in KP/FATA and Baluchistan. The One UN recruitment web portal played an instrumental role in overcoming such challenges.

OUTCOME 7 Institutional budget - Management

OUTPUT 1 Financial Resources & Stewardship

Analytical Statement of Progress:
UNICEF Pakistan managed the timely uploading of the interim and year-end closure in SharePoint, within UNICEF systems. The County Office managed 95 per cent of payments and direct cash transfer (DCT) liquidation processed within two working days of receipt.

UNICEF Pakistan completed 72 bank reconciliations and remittances within the deadline set by HQ.

**OUTPUT 2** Guesthouse related expenditures.

**Analytical Statement of Progress:**
Two guesthouses were maintained throughout the year

**OUTPUT 3** Human Capacity

**Analytical Statement of Progress:**
Training and capacity building were carried out according to plan and vacant positions were filled for the timely and smooth operation of UNICEF programmes. Eleven trainings were conducted against the target of 24. More than 50 per cent of trainings were not conducted due to funding constraints.

Out of 149 vacant positions UNICEF Pakistan was able to fill 107 within a three-month period. Forty-two positions were frozen due to funding shortages and a directive from HQ. UNICEF Pakistan was also able to complete 92 per cent of performance appraisals.

### Document Centre

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Video documentary on UNICEF-Pakistan interventions in FATA
Radio messages (in local languages) to mobilize/inform displaced communities about educational facilities
Radio messages for enrolment of Out of School Children in KP and FATA
Early Childhood Education posters
Enrolment Reporting Form
Enrolment Handbook
Universal Primary Education banners (Formal schools)
Universal Primary Education Leaflets
Universal Primary Education banners
Pakistan Girls’ Education Initiative Info leaflet
Pakistan Girls’ Education Initiative Newsletter
Disaster Risk Reduction Posters
Teacher’s Guide
Kassim & Adam (Urdu Version)
Asma’s Story (Urdu Version)
Going somewhere (Urdu Version)
You’re too little (Urdu Version)
Posters on travel restrictions
Leaflets on travel restrictions
Polio Eradication Calendar for 2015
Counselling cards
Expanded Programme for Immunization Pictorial Booklets
Fatwa Booklets on Immunization
Leaflets for National Immunization Days and Special National Immunization Days
Posters for National Immunization Days and Special National Immunization Days
Assessment of Mother Child Week in Punjab
Sehat Ki Dastak (flip chart)
Iodine Deficiency Disorders Information, Education, Communications for Balochistan
Global Breast-feeding Week Information, Education, Communications Material for for Balochistan
Global Breastfeeding Week Information, Education, Communication Materiel for KP & FATA
Global Breastfeeding Week Information Education Communications for Sindh in local languages (Sindhi and Urdu).
Essential Newborn Care Reference manual
Continuum of Care Green-book
End of year assessment report - Community Empowerment through Community Action Process, Rajanpur district Punjab
Mother and Child Week information, education & communication material
Shagufta’s Story: The Life and Work of a Skilled Birth Attendant, Pakistan 2014
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