

# UNICEF Annual Report 2012 for Pakistan, ROSA

## Executive Summary

The year 2012 was marked by both considerable challenges and significant successes for UNICEF's efforts aimed at improving the lives of the most disadvantaged children and women in Pakistan. Despite underfunding, UNICEF reached millions of children and mothers in response to the 2011 flood recovery, 2012 flood response and the on-going crisis in the north-west and western regions, and, wherever possible, transformed emergency responses into long-term solutions.

Humanitarian delivery was more efficient and effective, thanks to the collaboration of cluster members and partnerships with the National Disaster Management Authority (NDMA), Provincial Disaster Management Authorities (PDMAs) and the Office for the Coordination of Humanitarian Affairs (OCHA).

Following the devolution of Federal Government responsibility to provincial levels in 2011, UNICEF strengthened provincial partnerships with government counterparts and NGOs, and initiated partnerships with re-formed federal Ministries and departments that were defining their new roles. These included the Ministry for Inter-Provincial Coordination, Economic Affairs Division; the Ministry of Human Rights; the Ministry of Environment and Disaster Management; and the Ministry of Education and Technology. Procurement services on behalf of the Government almost doubled, from USD 85 million to USD 150 million.

UNICEF advocacy paid significant dividends during the year, especially with regards to the passing of legislation making primary school free and compulsory for all children (Article 25A), facilitating the Sanitation and Water for All (SWA) process towards a sector-wide approach, helping establish trust funds for education to support the Global Partnership in Education (GPE), launching Situation Analysis, attracting high-level attention to the critical malnutrition situation, and formulating Provincial sector strategies and plans.

The SitAn, however, illustrates there is still a long way to go to achieve the Millennium Development Goals (MDGs), and to reduce stark disparities in socio-economic indicators.

While Pakistan is one of three countries worldwide still reporting emerging polio cases, the number of cases dropped dramatically from 198 in 2011 to 58 in 2012. This significant achievement, while short of the target set in the Country Programme Action Plan (CPAP), is credited to the augmented national plan, dramatically increased political commitment, and UNICEF's revamping of the communication approach that included 1,100 community-level social mobilisers and a network of religious leaders and iconic champions. UNICEF continued to support the Expanded Programme on Immunization. While polio cases dropped, a measles epidemic in Sindh, however, illustrated the deterioration in the routine immunization system.

Pakistan is now one of two countries worldwide that mapped and assessed child protection systems with the support of UNICEF in 2012. Nevertheless, only one of the eight provinces/administrative areas succeeded in notifying a Gatekeeping Standard of Service, short of the CPAP target. Similarly, the persistently low rates of birth registration required UNICEF to re-orient its approach towards addressing the systemic bottlenecks and constraints in the system.

Close to 10 million people were able to access basic and improved sanitation facilities, particularly owing to the scale-up of the Pakistan Approach to Total Sanitation (PATS). UNICEF introduced a Monitoring Results for Equity Systems (MoRES) framework for analysis, assessment, monitoring and evaluation, and collaborated closely with Plan International, WaterAid and the Public Health Engineering Departments to help 4,154 villages be certified as open-defecation free.

## Country Situation as Affecting Children & Women

Pakistan progressed in several Millennium Development Goal targets and is ahead in terms of: the proportion of women holding seats in national Parliament; children with diarrhea receiving Oral Rehydration Therapy (ORT); HIV prevalence; cured cases of TB; and number of vehicles using compressed natural gas (*UNICEF Pakistan Situation Analysis 2011*). There were also improvements in school enrolment rates, including for

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girls, women in the workplace, and in reduced infant, child and maternal mortality. Notably, 92 per cent of people in Pakistan have access to potable water Pakistan (*Social and Living Standards Measurement Survey, 2010–2011*). This was achieved despite catastrophic disasters and insecurity in the country.

Nevertheless, there is much work still to be done to reach all the MDG targets. In all, 10 per cent of Pakistani children still die before reaching their 5th birthday. Almost 80 per cent of poor households do not have access to proper sanitation facilities. Malnutrition contributes to 35 per cent of under-five deaths, and more than 40 per cent of children are either moderately or severely stunted. Despite some improvement, maternal mortality is 276 per 100,000 live births. Less than half of Pakistan's children are fully immunized; in fact, immunization rates have fallen in every province except Punjab at 55 per cent (*MICS Punjab 2011*).

At the end of 2012, there was a measles epidemic in Sindh. Pakistan remains one of three countries in the world with new cases of polio emerging, although a nationwide vaccination programme reduced this number from 198 cases in 2011 to 58 in 2012. The continuation and success of the vaccination programme was also affected by the deaths of polio workers who were targeted by militants.

In all, 37 per cent of the population lives in urban areas, and rapid urbanization is putting pressure on service provision. Equitable access to quality basic social services — health, nutrition, water and sanitation, protection and education — is constrained by multiple disparities. For example, low investment in the health sector has led to gaps in access to primary health care, especially preventive health care.

The coverage of the Expanded Programme of Immunization coverage needs to be enhanced; it varies significantly between provinces/areas and districts. The Lady Health Worker Programme continues to be the backbone of the community-based health care system, but its capacity too needs to be built up with the addition of more resources.

Rapid population growth and low public investment in basic education has hindered the progress of achievement in the case of the MDG for education. Nearly half of the primary school-age children are not enrolled in school, and among eligible girls, the out-of-school proportion is closer to three-quarters. Pakistan currently has the highest proportion of out-of-school children in South Asia (*Out-of-School Children in Pakistan, Draft Report, 2012*). Fifth-year completion rates have declined in the past five years. In all, 55 per cent of adults are illiterate; among women, the rate is closer to 75 per cent.

Low birth registration, widespread child marriage and child labour, children living on the street and corporal punishment in schools and elsewhere are all related to poverty, under-employment and low levels of education. There is legislation relating to bonded labour and honour killings, and bills have been introduced to address domestic violence and corporal punishment. Nevertheless, a systemic response, leveraged by increased recognition by the government authorities and civil society of their roles and responsibilities, is required to ensure stronger compliance and enforcement.

Data from Multiple Indicator Cluster Surveys and Pakistan Social and Living Standards Measurement paint a picture of significant regional, provincial and district level variations in child well-being indicators. Provincial variations in young female literacy rates range from 6.7 per cent in Federally Administered Tribal Areas (FATA) to 76.5 per cent in Pakistan Administered Kashmir (*Op.cit. UNICEF 2011*), and while access to potable water has increased, there is great variation in the quality and type of access throughout the country (*Op.cit. UNICEF 2011*).

Among the bottlenecks and barriers affecting disadvantaged children and women are social and cultural beliefs and perceptions, which are affecting the administration of polio vaccinations in certain high-risk areas. UNICEF has been working with local mobilisers, religious leaders, media and iconic champions to dispel such misperceptions. On the supply side, UNICEF has stepped in at the Government's request to provide vaccines until 2015, by when the Government hopes to have adequate procurement and distribution capacity. In the disadvantaged districts of southern Punjab, improvements were seen in the rates of ante-natal and emergency obstetric and neo-natal service uptakes, as result of UNICEF's support to provide 24/7 service delivery.

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Multiple factors are undermining economic growth. The real GDP growth rate has averaged less than 3 per cent per annum since 2007–2008, from previous highs of 5 per cent per annum; the expected average in 2011–2012 is 3.6 per cent (*Situation Analysis 2011*). This economic growth has not been equitably distributed. The most recent poverty incidence rate (2006) is 22 per cent (*Cited in CCPD 2013–2017*). Pakistan ranks at 145th in the Human Development Index (*Common Country Programme Document, Pakistan, July 2012*). As the world's sixth most populous country, Pakistan's population at 177.1 million is growing at 2.05 per cent per annum (*Economic Survey of Pakistan 2010–2011*). Rapid demographic changes, including urbanisation and a projected youth population bulge, present new challenges to achieving equity.

The year 2012 marked three consecutive years of widespread flooding, affecting five million people in eastern Balochistan, southern Punjab, and northern and eastern Sindh. The damage to homes and livelihoods, and the economic, social and health setbacks were devastating to families that faced flooding for the second or third time in as many years.

Security issues in the north-west and western regions continue to exert a destabilising effect on Pakistan. The death toll mounted in 2012, and 163,102 families fled their homes, with a cumulative number of 760,000 internally displaced persons (IDPs) living in communities and in three camps (*KP/FATA Complex Emergency Situation Report, 4 January 2013*). The shooting of adolescent activist Malala Yousafzai, and attacks on and the deaths of polio and NGO workers, galvanised attention on the barriers faced by women and girls in accessing education and health services. Pakistan hosts the largest refugee population in the world, with 1.7 million registered Afghan refugees and another estimated 1 million unregistered refugees currently in the country (*Common Country Programme Document, Pakistan, July 2012*).

## Country Programme Analytical Overview

UNICEF Pakistan's Country Programme that concluded in 2012 focused on Maternal, Neo-natal and Child Health (including nutrition and polio); Child Protection; Water, Education and Sanitation (WES); Basic education; Social policy; Monitoring and Evaluation (M&E) and Cross-sectoral programme. Addressing barriers to children's rights is heavily coloured by the on-going humanitarian situations and militant threats, requiring strength, flexibility and innovation from the staff during relief, recovery and development activities. Increased focus and resources were allocated to address bottlenecks and barriers to reducing malnutrition levels and eradicating polio.

Following the devolution process, while UNICEF responded to new bottlenecks relating to the Lady Health Worker Programme, barriers remain in routine immunisation and birth delivery. UNICEF engaged the new Ministry of Climate Change on Water, Sanitation, Hygiene (WASH) policies, along with regional and global strategies and commitments, and renewed focus on hygiene. The Pakistan Approach to Total Sanitation reduced open defecation, a major barrier to child wellbeing.

UNICEF advocated a reduction in legal barriers to primary education, supported Child-Friendly School (CFS) implementation and translated emergency responses into long-term solutions (*see the 'Innovations' section*). To better address bottlenecks and barriers in the enabling environment, UNICEF's Child Protection programme shifted focus from small-scale delivery with NGOs and collaborations with the Federal Government to working more closely with provincial government departments whose capacities were still weak, in spite of their increased responsibilities after the devolution.

Furthermore, UNICEF focused on system studies and mapping, providing a foundation to the new Country Programme, intending to strengthen provincial CP systems such as birth registration. The identification by communities and district officials of the barriers and bottlenecks to children being in school (especially girls) and protected from exploitative labour and early marriage was a model MoRES approach.

The key elements that will continue into the new Country Programme (2013–2017) in collaboration with United Nations Population Fund (UNFPA) and United Nations Development Programme (UNDP) include on-

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going Communication for Development (C4D) focus, implementation of MoRES; Human Rights Based Approach (HRBA), especially vis-à-vis gender; strengthening of partnerships, and evidence and knowledge management for advocacy; procurement for supply-heavy programmes; and emergency preparedness and response.

The new Country Programme will also increase focus on: (1) **urban areas** in response to the on-going proportional and numerical increases of the poor urban Pakistani population; (2) **adolescents, especially adolescent girls**, responding to this demographic 'bulge', and the many issues that this age group, especially girls, face, and more so if young parents; (3) **disaster risk reduction, peace building, and resilience**, especially with respect to the impact of climate change and conflict; (4) provincial and district government **capacity development**. The first three of these strategic shifts correspond with the strategic focus areas of the Regional Management Team.

UNICEF Pakistan committed to five Strategic Priority Areas in the new "One UN" Programme (OP 2) in all provinces/territories/administrative areas. UNICEF is a respected partner at the provincial and Federal Government levels and is in a unique position to leverage the 'fresh start' proffered by devolution and the new Country Programme to influence long-term, high-level policy; for example, with several Sector-Wide Approaches (SWAPs).

## Humanitarian Assistance

For the third consecutive year, UNICEF responded to the flood situation in some parts of the country; this time, in three provinces, affecting five million people. The response was dependent on Government approval of assistance, and was limited to some extent by a delay in approval and donor fatigue. However, significant emergency preparedness enabled UNICEF to implement some quick responses. Among the achievements recorded, over 500,000 people were reached with clean water every day; 90 Community Management of Acute Malnutrition (CMAM) sites were established; and 77 per cent of the target for micronutrient supplementation was reached.

UNICEF supported over 160,000 IDP families of the KP/FATA conflict, both on and off camp. The response was underfunded, and thus most of the Core Commitments to Children (CCCs) and targets were not met. For example, water trucking reached only 37 per cent of the estimated target; measles vaccine reached 31 per cent; routine immunisation reached 48 per cent; and only 13 per cent of targeted boys and 21 per cent of targeted girls were enrolled in Outpatient Therapeutic Programmes. Nevertheless, the targets were exceeded in the case of WASH in schools, as also with Temporary Learning Centres (TLCs).

UNICEF strengthened its emergency preparedness with the Emergency Response Preparedness Plan, as well as with consultative scenario profiling; contingency Partnership Cooperation Agreement (PCAs) and Long-Term Agreement (LTAs); contingency stocks; cluster leadership; thematic response convergence; and the strategic shift to Disaster Risk Reduction (DRR) in the new Country Programme. The constraints included security risks, waning donor support and community resilience. Nevertheless, the overall capacity of UNICEF and its partners improved significantly compared with the 2010 and the prior period.

## Effective Advocacy

### *Initiating action to meet benchmarks*

UNICEF's long history of reliable technical support and advice in Pakistan, its strong credibility and trust at many levels, and its position as one of the larger United Nations Agencies, give it a potentially powerful advocacy advantage. In 2012, UNICEF leveraged this advantage for numerous important advocacy results.

UNICEF's policy dialogue for education reform, particularly via provincial parliamentary caucuses, was pivotal for the passage of the 'Right to Free and Compulsory Education' Bill. UNICEF continues to support the

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Government on this legislative commitment, including on participation in the School Education Working Group. In his November 2012 visit to Pakistan, UN Ambassador Gordon Brown also advocated for increased budgetary allocation for education and a socially cohesive curriculum.

UNICEF's upstream advocacy also resulted in the formation of four provincial steering committees focused on children's rights; the committees initiated the Mapping and Assessment of Child Protection Systems and enabled institutional strategic development of the Social Welfare Departments.

UNICEF continues evidence-based advocacy for increased Birth Registration (BR) through a series of studies, in partnership with provincial stakeholders, to examine the bottlenecks and opportunities for BR at household, community, institutional and service provision levels.

UNICEF supported the Government's first National Child's Rights Conference where the Prime Minister committed to establishing a National Commission on the Child's Rights.

UNICEF successfully advocated that nutrition issues and polio eradication remain high on federal and provincial governments' agendas through on-going sharing of parliamentary concept notes, press releases and workshops for provincial and Federal Government staff.

UNICEF collaborated with religious leaders in FATA, Khyber Pakhtunkhwa (KP) and Balochistan to develop several Islamic 'fatwas' (religious rulings) on polio eradication, providing orientation to over 700 religious influencers. This was accompanied by a mass-media campaign (*see the 'Communication for Development' section*).

UNICEF collaborated with key stakeholders for the implementation of the Pakistan Approach to Total Sanitation (PATS), focusing advocacy at the district and community levels to enable community ownership of the behavioural change process. The evaluation of PATS (Phase III), including advocacy effectiveness, is in the final stages of review prior to publication.

UNICEF's Situation Analysis and Child Well-being Index (CWI) are highly appreciated by the provincial governments. UNICEF is seeking support from provincial governments for using CWI to guarantee that an equity focus underpins the design and execution of systematic research and policy formulation.

UNICEF is a strong supporter of "One UN" advocacy efforts, especially in the case of gender and human rights, with UN Women and other agencies. In this respect, UNICEF participated in the 'One Million Signatures to End Violence Against Women Campaign' culminating with the signature of President Zardari.

UNICEF's social media audience signals a growing alternative advocacy platform. In 2012, Facebook 'Likes' increased from 5,500 to 60,507 amid significant audience growth on various social media and a substantial increase in audience engagement.

### Capacity Development

#### *Mostly met benchmarks*

As with all strategic approaches, UNICEF Pakistan implemented capacity development across humanitarian, recovery and development programming. Significant challenges remain following the decentralization of service delivery responsibilities to provincial governments.

UNICEF increased the capacity of provinces to deliver integrated packages for maternal, neo-natal and child health (MNCH) through midwife training, 36 cold room installations and emergency vaccine procurement. While building routine immunization capacity remains an unmet goal, sufficient sites were certified for the introduction of the Pneumococcal Vaccine (PCV) in Punjab province.

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UNICEF trained 100 journalists from the print, electronic and online media on technical polio aspects and ethical journalism to improve the public perception of the Polio Eradication Initiative (PEI). Collaborating with WHO, UNICEF trained COMNet staff on social mobilization, C4D and M&E.

Based on national standards for professional development, UNICEF trained teachers in child-centered pedagogy and subject matter, and psycho-social support to children. It also trained school directors in school management. UNICEF technically supported the mainstreaming of Early Childhood Education (ECE) into 47,311 Punjabi government schools. UNICEF continues to strengthen School Management Committees.

UNICEF supported the Human Rights Commission of Pakistan (HRCP) in data collection for a nationwide study on child rights violations, as also the Child Protection Sub-Cluster by developing the Pakistan Child Protection in Emergencies (CPiE) Resource Kit.

UNICEF technically supported two provincial Planning and Development Departments (P&DD), particularly for MICS4. The Punjab Government is now capable of conducting Multiple Indicator Cluster Survey (MICS) independently. The Punjab and KP Governments developed expertise in *DevInfo* (data management and dissemination).

UNICEF supported the introduction of nutrition in the pre- and in-service curricula at several major health-focused tertiary institutions. UNICEF trained over 100 government and Implementing Partners' (IPs) program managers on Harmonized Packages for Nutrition in Emergencies, and over 2,000 government and IP service delivery staff on Community Management of Acute Malnutrition (CMAM) and Infant and Young Child Feeding (IYCF).

UNICEF's facilitation of the Sanitation and Water for All (SWA) process in Pakistan resulted in SWA country commitments based on a joint sector review, accelerating the progress in donors' and partners' implementation of the Accra Agenda for Action commitments vis-à-vis ownership and accountability.

UNICEF conducted national and provincial Emergency Preparedness and Response Plan (EPRP) workshops for IPs, covering Core Commitments to Children (CCC), multi-hazard risk analysis, 2011 lessons learnt, and flood scenario planning. UNICEF participated in an interagency capacity-building initiative for monsoon floods 2012, training governments' operations staff and senior managers at the province and district level in Sindh and Punjab. Every UNICEF Cluster carried out capacity development exercises for members and for government counterparts.

UNICEF provided on-the-job training for IPs on key logistics (warehousing) processes, including on the developing, sharing and monitoring of the Standard Operating Procedures (SOPs) of IPs.

### Communication for Development

#### *Mostly met benchmarks*

In 2012, every programme had C4D staff, with an overall coordinator from April until November; this staff brought about a positive difference in coherence and quality. The new country programme includes the UNDAF/OP 2 C4D-based outcome and a C4D-focused PCO Intermediate Result for every PCR. At least one C4D-related CCC indicator was reported under each thematic area in 2012 humanitarian performance reporting.

UNICEF's responsibility in the polio eradication programme is on the demand side. The COMNet approach, with about 1,600 social mobilisers, links with a full range of other communication methods and tools to reach over a hundred million people with some kind of contact, several times a year. The PEI's communication approaches are based on KAP studies and in-depth questioning of refusal cases. UNICEF oriented over 700 religious influencers and leaders on polio-related issues, harnessed mass media such as radio, and used 'out-

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of-home' media at bus stations, along highways and at other high-visibility transit points.

For the 2012 'Every Child in School' campaign, UNICEF utilised mass communications and traditional media to raise awareness and encourage school enrolment of all children. This was done through child-centred radio broadcasts with the Pakistan Broadcasting Corporation, education-themed street theatre in marginalised and remote districts, and the social media.

UNICEF focussed on Lady Health Workers' (LHWs) capacity to promote birth registration, and their motivation towards, and ownership of the importance of birth registration for every child. Multi-level gap analyses aimed at identifying underlying causes preventing birth registration, inform on-going development of national and provincial communications strategies.

UNICEF continues to tailor C4D approaches for the Infant and Young Child Feeding programme to local contexts, also communicating via LHWs at a community level through individual counselling and awareness sessions.

UNICEF designed and executed an integrated communication strategy for the launching of the PCV in Pakistan, including interpersonal communication training for health workers.

UNICEF supported Government, as well as humanitarian clusters at the national and provincial levels, with Behavioural Change and Communication (BCC) strategies, including the revision of all existing WASH and child protection IEC materials, enabling positive and measurable individual and social change.

While substantial work has been done and progress made, much remains to be achieved in the mainstreaming and evidence-based strengthening of C4D. The major areas of work centre around developing cross-sector strategic coherence, key baselines, processes, partnerships, materials; improving quality control of C4D activities, particularly with IPs; working with a fragmented media-scape, low literacy levels and limited mass media access; improving supply chain and operational support for key C4D materials; and most especially, improving monitoring and evaluation standards to assess the impact and implementation of C4D.

### Service Delivery

#### *Fully met benchmarks*

UNICEF's humanitarian and early recovery programmes in four provinces remained the largest funded programme approach, and this was mainly service delivery. Some highlights include the PLaCES (Protective Learning and Community Emergency Services) model that continued servicing over 360,000 children and over 110,000 women in emergency-affected areas in 2012. UNICEF prioritized emergency nutrition interventions based on multi-sector emergency and food security assessments, incorporating eight new districts in three provinces, and resulting in 500 CMAM sites providing life-saving nutrition management with the joint efforts of the World Food Programme (WFP), WHO and IPs. UNICEF supported the implementation of rural sanitation in flood- and polio-affected areas, resulting in improved access to sanitation facilities, establishing culturally appropriate and separate gender-adequate facilities to 7,459,551 people, including support to the provision of child-friendly water and sanitation facilities for 600,908 people.

In terms of development work, UNICEF's three-year 'Welcome to School' Initiative, supporting returnee populations in KP and FATA to provide community-driven education services, strengthened and concluded in 2012, also integrating emergency response. UNICEF provided teachers training, large amounts of school supplies and maintenance of school infrastructure, improving girls' enrolment and overall retention rates.

UNICEF also supported Pakistan Bait-ul-Mal's (PBM) Conditional Cash Transfer Programme that links cash incentives for vulnerable families with their decision to send their children to school; this will be evaluated in 2013.

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Mother and Child Weeks remained a key channel for reaching millions of people with multi-sector service delivery, by integrating messages about and services for birth registration, hand-washing, de-worming, Vitamin A supplements, and key care practices, such as exclusive breastfeeding. Service delivery for safe births was significantly strengthened in districts that piloted the CHARM 24/7 Obstetric Care initiative (see the *'Lessons Learned'* section).

The COMNet staff remained key to the Polio Eradication Initiative (PEI) service delivery, particularly with respect to refusal conversion through the micro-level planning (below Union Council level), to effectively inform decisions on deployment to the pockets of resistance. Significant access challenges stemming from insecurity hampered service delivery in FATA, necessitating a separate strategy that included the establishment of firewalls/transit points to vaccinate children moving in and out of the area.

The consolidation in 2012 of the 2011 introduction of HACT, and the use of the 7x7 assurance system (see the *'Innovations'* section) reduced risks and strengthened the accountability of partners and UNICEF in service delivery, particularly in humanitarian and early recovery delivery

### Strategic Partnerships

#### *Partially met benchmarks*

UNICEF's cooperation with the Government continued to be significantly affected by the devolution of federal powers in the 18th Amendment. The key challenges relate to institutional capacity, internal communication, fiscal devolution and limited evidence-based policy decision-making. Capacity development for strengthening the functions, responsiveness, efficiency and accountability of the Government remains a major priority for UNICEF. To help provisional governments enhance capacity and cut costs, UNICEF seeks to provide technical assistance, thereby securing an enabling environment for the accelerated and equitable achievement of the MDGs. In particular, UNICEF focused support on the development of provincial health and education sector strategies, particularly in Sindh and Balochistan. In Balochistan, UNICEF remains the Coordinating Agency of the Global Partnership for Education (GPE).

UNICEF also responded to specific requests by the Federal Government, for example, to facilitate nationwide vaccine procurement until the provincial governments assume responsibility in 2015.

UNICEF maintains a range of partnerships for the advancement of child's rights in Pakistan, including with the provincial and federal governments, Civil Society Organisations (CSO), NGOs, and academic institutions. In particular, UNICEF's partnership with the National and Provincial Disaster Management Authorities (NDMA and PDMAs) supported strengthening of child protection (CP) capacity via the establishment of Gender and Child Cells in all provinces, and capacity building of CP Coordinators in several Provincial Disaster Management Authority (PDMA) bodies.

The provincial P&DDs and Bureau of Statistics (BoSs) remain strategic partners vis-à-vis planning, collection, analysis and dissemination of statistical information on key social indicators. The year 2012 saw an increased focus on equity, especially via advocacy on CWI. The provincial P&DDs, as well as the Planning Commission and provincial Departments of Health (DoHs), now constitute UNICEF's primary government partners for nutrition. UNICEF continues to coordinate the Inter-Sectoral Steering Committee for nutrition, as also effectively contribute to the Nutrition Development Forum.

UNICEF expanded PEI partnerships with Rotary International, local NGOs, Pakistan Institute of Legislative Development and Transparency, and Sharmeen Obaid Chinoy Films to keep PEI high on the Federal Government agenda and in the international media spotlight.

UNICEF completed a Status of Water and Sanitation Sector evaluation, in consultation with provincial governments, following The Global Annual Assessment of Sanitation and Drinking Water (GLAAS), aimed at improving knowledge and analysis available to policy decision-makers.

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UNICEF signed 40 contingency Partnership Cooperation Agreements (PCAs) with partners, providing guidelines for their activation in an emergency response; 24 of the partners were engaged for the 2012 monsoon flood operations.

## Knowledge Management

### *Partially met benchmarks*

UNICEF supported the development of several information systems in collaboration with government agencies. The key successes include the Management Information System (MIS) of Balochistan BoS; Balochistan District Development Profiles and Atlases by the Balochistan P&DD; an online Knowledge Management System for PATS; the Nutrition Information System (NIS) and the Child Protection Management Information System (*See the 'Innovations' section for more on NIS and PATS, and integration with MoRES and Level 3 Monitoring*). The Sindh MICS has, however, been delayed.

The NIS, as a Level 2 monitoring tool, was complemented by UNICEF-supported nutrition baseline surveys in 11 districts of Balochistan and KP, and a Low Birth Weight Study and CMAM Coverage Survey in Sindh. There remains scope for improvements in the effective, coordinated dissemination and use of all of these studies, particularly NIS.

The CPMIS development involved all the Government departments that deliver CP services, providing the first statistical nationwide overview of CP needs and services. The initiative is being piloted in eight districts and includes modules to record data relating to juvenile justice (police, prisons and probation) and cases of abuse, violence and exploitation (police, social welfare and health/medico-legal), together with separate modules for child trafficking (Federal Investigation Agency) and institutional care (Social Welfare Department).

UNICEF continued to collaborate closely with academic and government institutions to establish reliable statistics and analysis regarding the number of and underlying causes of out-of-school-children, as a building block towards putting into practice the 'Right to Free and Compulsory Education' Bill passed in 2012. The Out-of-School Children Study is in the final stages and should be published early 2013.

Significant challenges, however, remain due to the limited information systems available to the Government that make it difficult to capture adequate baselines or to work effectively within the current monitoring systems of the government at the provincial levels, particularly within the Expanded Programme on Immunization (EPI), education and nutrition. For example, the Balochistan Education Management Information System (BEMIS) continues to lack qualified human resources for it to function. Furthermore, discrepancies remain between population-based surveys and official administrative information systems.

The PEI's Planning, Reporting, Implementation, Monitoring and Evaluation (PRIME) system enables credible and timely data transfer from the field via the COMNet staff through the use of reporting formats, refusal log book and social profiles.

While the knowledge management goals were not fully met due to the longstanding vacancies in the posts for Chief PMER and for Evaluation, and the lack of funding for the post for Social Policy, as also due to a significant involvement in emergency responses in 2012, UNICEF did make significant gains in 2012 compared to 2010–2011.

## Human Rights Based Approach to Cooperation

### *Mostly met benchmarks*

As part of the development of the second generation of the "One UN" Programme (OP 2), UNICEF initiated

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and facilitated several Human Rights Based Approach (HRBA) and Rights Based Management (RBM) workshops attended by senior UN staff from OP 2 participating agencies. The regional review of the OP 2 found that the planning document clearly represents a Human Rights Based Approach.

Within UNICEF, the Planning, Monitoring, Evaluation and Reporting (PMER) section continues to lead on Programme process Planning (PPP) training, incorporating HRBA and MoRES principles and practices. Further trainings are planned for 2013. Nevertheless, due to large staff turnover and with so much attention to emergencies in the last few years, the majority of staff in UNICEF Pakistan was not fully acquainted with the HRBA in practice, and this needs to be remedied in 2013.

UNICEF provided technical assistance to the Ministry of Human Rights (MoHR) through the United Nations Human Rights Task Force (UNHRTF) in order to achieve comprehensive, coherent and timely reporting on the Universal Periodic Review (UPR) on the Convention for the Elimination of all forms of Discrimination Against Women (CEDAW) State Report. UNICEF also supported MoHR in a similar manner to develop the Pakistan 5th Periodical Report to the Convention on the Rights of the Child (CRC) Committee.

UNICEF partners with the Boy Scouts of Pakistan, and with NGOs that implement Young Champion programmes (for enrolment of out-of-school children) and various clubs, associations and action groups for children and adolescents in and out of school. UNICEF supported 15 Pakistani children to engage in the OneMinuteJr video project, providing an opportunity for children from the low income group to create a video on social cohesion, peace and tolerance of diversity. There is a need to mobilise more young people in Pakistan, while making efforts to keep them safe from militant attacks.

All UNICEF programmes carefully balance the capacity building of duty bearers with improved service delivery to rights holders, based on capacity gap analysis and causal analysis of unfulfilled, unprotected rights. This analysis is strong in the 2011 Situation Analysis launched in 2012. Particularly noteworthy for community level participation in 2012 were: the alternative learning programme in FATA; the reduction of child labour projects on cotton plantations (IKEA); and the large scale rural sanitation programme that is based on participatory rural appraisal techniques, decision-making and actions by rights-holders, especially women and children, in all stages of programming, resulting in improved access to sanitation for 6.4 million people, including 3.4 million children

### Gender Equality

#### *Partially met benchmarks*

UNICEF is very active in the UN Gender Task Force and is a signatory to the One UN Gender Statement. The Task Force prepares and executes an annual work plan, which encompasses gender dimensions of all One UN programmes, emergency programmes and UN internal staff issues. UNICEF participated actively in the planning phase of the new One UN Programme (OP 2) Strategic Priority Area (SPA) 5 "Gender equality and social justice" and is subsequently supporting implementation of six joint outputs. The UNICEF Gender Focal Point Group was re-established, and trained, and progress is being made to identify a consultant specialist to undertake thematic gender analyses. This group will prepare the UNICEF gender work plan, harmonised with the global and regional priorities.

Despite difficulties to fund and then fill the gender advocacy post in 2012, UNICEF encouraged the integration of gender disaggregation and analysis in information tools, systems and products jointly produced with the Government, particularly the SitAn, MICS, CPMIS and NIS. A significant gender disparity in Sindh between boys and girls with severe acute malnutrition (41:59, respectively) was identified in the NIS and is being further analysed. A comprehensive gender analysis was included in the final report produced by the Human Rights Commission of Pakistan (HRCP) with UNICEF's support.

UNICEF encouraged IPs and the Government to improve staff gender ratios; however, major cultural barriers remain. In Punjab and KP, the PEI achieved a female COMNet staff proportion of 41 per cent and 43 per cent,

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respectively. In Sindh and Balochistan, however, these figures are at only 23.5 per cent and 20.0 per cent, respectively. Upstream advocacy is necessary to address persistent shortages of female service providers, particularly in education and health.

UNICEF continues actively participating in the provincial parliamentarian caucuses established under the Pakistan Girls Education Initiative, increasing awareness of gender equity needs within education and financial commitment for girls' education.

UNICEF and the UN Population Fund (UNFPA), as co-leaders of the UN Adolescent Girls Task Force (AGTF), launched a call to national NGOs, youth-led organizations/networks and CSOs for proposals on preventing and ending child marriage. UNAGTF selected five proposals for implementation.

The PEI and UNICEF's nutrition interventions undertook mass-media campaigns (PEI) and community mobilization approaches (Nutrition) tailored specifically to one or the other gender, and at times separately to both genders, taking into account the common household decision-making arrangements in particular cultural contexts.

UNICEF is a member of the National Disaster Management Authority's gender and child working group, which meets regularly to review how well contingency plans and DRR work and emergency responses address the particular needs of women and children. All of UNICEF's emergency response work is appreciated as gender sensitive, across all CCC indicators.

### Environmental Sustainability

#### *Fully met benchmarks*

UNICEF's regional Disaster Risk Reduction (DRR) advisor and a senior consultant assessed the scope of UNICEF and UNICEF's partners' child-centred DRR work in Pakistan, identifying key measures that could be taken up in the One UN Programme, Cycle 2 (OP2) Strategic Priority Area (SPA) related to DRR.

As nutrition is a multi-sector challenge and malnutrition is so prevalent, the PCO worked with stakeholders at all levels to broaden the scope of analysis beyond solely nutritional indicators, to include food insecurities, agriculture, natural hazards, disaster risk and climate change. This will enable nutrition programming in the new country programme and the new One UN Programme to be adequately risk-informed, and to improve contingency planning for emergency response.

In 2012, the Joint Programme for the Environment (JPE), of which UNICEF is a primary member along with eight other UN Agencies, worked with the newly-formed Federal Ministry of Climate Change to identify priorities and finalise project implementation under the JPE. The Federal Ministry and the JPE seek to create an enabling environment for improved environmental management and development, focused on service provision and policy work. UNICEF supported the provision of different technical options for toilet construction, including safe disposal of excreta, limiting environmental hazards on children and the potential environmental consequences of interventions. It is likely that this Joint Programme will be renewed under the new One UN Programme 2013–2017.

Within the PEI and EPI programmes, there are clear guidelines drafted by the PEI Vaccine Management Committee for the safe disposal of empty vaccine vials and Vitamin A capsules. These guidelines were validated by the Vaccine Management Board, constituted of key PEI partners, including UNICEF. While the monitoring of adherence to these guidelines is the responsibility of the Vaccine Management Board, this is an area that needs more support following the implementation of a decentralised government system.

UNICEF engaged in successful advocacy to have DRR included in the Balochistan Education Sector Plan. Similar dialogue is ongoing via technical support to the Sindh and Punjab Provincial Governments in developing their Education Sector Plans. In Pakistan Administered Kashmir (PAK), UNICEF completed the last

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of the earthquake-resistant school constructions and supported development of the 'Schools and Educational Building Safety Plan of Action', as well as a series of pilot projects on school-based DRR.

Using emergency funds, 64,884 boys, girls, caregivers and other community members were educated on mine risks, using specially developed IEC materials. As an example, a "Meena" comic book was produced to be used in schools, temporary learning centers and protective spaces.

### South-South and Triangular Cooperation

#### Polio Eradication Initiative

UNICEF Pakistan sent staff to India for a more in-depth understanding of the nature of the latter's social mobilization and communication approaches, COMNet deployment, reporting lines and performance SOPs. The Chief of India's PEI visited Pakistan to provide further guidance, tailored to the progress and challenges of PEI in the Pakistani context. This has enormously benefitted the COMNet partner and PEI in Pakistan.

Collaboration between Pakistan and Afghanistan focused on supporting counterparts and partners in operations and communications, to enable access to the mobile border populations. Seventeen cross-border posts enabled the vaccination of over 1 million children in 2012. Synchronization of campaigns, promotional materials, pre-campaign meetings, regular information sharing and joint orientation sessions for law enforcement agencies also took place. A high-level delegation from Pakistan Government was accompanied to Kabul by the UNICEF and WHO Chiefs of PEI for consultations on further collaboration.

#### Government Devolution

UNICEF facilitated the participation of Federal and Provincial officials at a knowledge building and south-south experience sharing in Kathmandu on federal government systems and decentralisation of authority and responsibility. This exercise was found to be timely and helpful by the participants from Pakistan, particularly in view of decentralisation being introduced in the country since 2011.

#### Human Rights

UNICEF supported government official from Pakistan Bait-ul-Mal and Benazir Income Support Program (BISP) in attending a two-week Social Transfer Course in Chaing Mai, Thailand. This annual course is specifically designed for policy makers and practitioners dealing with social safety nets and cash transfers. UNICEF PCO support is considered to be extremely valuable in strengthening the social protection service delivery mechanisms in Pakistan and advocating for child-sensitive social protection policies and programs.

UNICEF supported Somalia, through an ESARO CP team, in reviewing the Somali draft constitution from a child rights perspective. The support was particularly appreciated as UNICEF PCO made the technical experts (from the pool of UNICEF PCO partners and associates) available for the said review on a very short notice. In addition, the Pakistani experts, besides being well versed with the interpretation of Islamic jurisprudence in the constitution, were able to share recommendations based on UNICEF-supported work on Juvenile Justice in Pakistan.

UNICEF supported the participation of Pakistan officials from local government and NADRA in a high-level meeting on the improvement of Civil Registration and vital statistics. The primary objective of the high-level meeting was to review the political, institutional and resource challenges facing member States in improving their civil registration and vital statistics systems, and to reach a consensus around the key actions needed to enhance these systems in the Asia and Pacific region. This participation is considered to be very useful towards strengthening the birth registration systems in Pakistan and for sharing and learning from regional experiences.

UNICEF has assisted the GoP/MoHR to play an active role in strengthening SAIEVAC's institutional structure and agenda, as well as the coordination of its activities at the national and provincial levels.

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## Narrative Analysis by Programme Component Results and Intermediate Results

### Pakistan – 3300

#### PC 1 - Maternal and child health care

 On-track

**PCR 3300/A0/04/101 PCR 1** Children and women, particularly vulnerable and marginalized groups, benefit from integrated basic health services of high quality by end 2012.

**Progress:** Pakistan reduced the Maternal Mortality ratio (MMR) by 50 per cent and Infant Mortality Ratio (IMR) by 30 per cent from the 1990s level, but remained off track with regards to meeting MDG 4 and 5 targets. A series of emergencies, in-security, lack of clarity of roles between the former vertical programmes and horizontal health system, sub-optimal investment in health care, shortage of female service providers, poverty and increasing cost of health care remain major barriers to progress. To create a conducive environment to accelerate progress towards Child Survival and Maternal Health targets, strong political advocacy and a consensus roadmap to address the bottlenecks that limit progress, including increasing allocation for MNCH, reducing cost burden on users of MNCH services, improving quality and continuity of services, and targeted interventions to address inequity, are necessary. The decentralization process mandated by the 18th Amendment and the provincial initiative to define sectoral plans offer an opportunity to address major gaps to enhance system performance. To use this opportunity optimally, there is a need to invest in enhancing provincial level actors' capacity.

 On-track

**IR 3300/A0/04/101/024 I.R 1.4** Pakistani Children under age 5, mothers and pregnant women have increased access to MNCH services by end-2012.

**Progress:** Milestones were set to utilize the opportunity provided by decentralization to leverage results for children by directing efforts towards assisting provincial governments to adapt evidence-based strategies, plans and budgets that address key bottlenecks related to maternal, newborn and child health services delivery. The progress towards the IR has been slow because of: (a) the persistence in the lack of clarity in the provincial versus Federal role; (b) difficulties faced by UNICEF field offices in shifting from signed 2011–2012 work plans towards upstream work; and (c) capacity gaps for upstream work, and prioritization driven by the Government's interest in the overall health sector and sector-reform agenda. However, a shift towards upstream work has been observed and the on-going sector reform initiative of provincial governments offers opportunity for influencing results for children. To accelerate progress, there is a need to invest capacity and resources away from service delivery into upstream work.

 On-track

**IR 3300/A0/04/101/025 I.R. 1.1** Nutrition 2012: The prevalence of global and acute malnutrition and micro-nutrient deficiencies among Pakistani children and women decreases by end-2012.

**Progress:** In 2012, considerable improvement was witnessed in the nutrition sector, especially at the policy level as the development of the Pakistan Integrated Nutrition Strategy (PINS) progressed satisfactorily in seven provinces/regions; operationalization in collaboration with donors and nutrition stakeholders, and government's institutional arrangements were in process; steering committees and technical working groups were formed; and focal points were under nomination. The Government Nutrition Project (referred to as PC1s) to integrate nutrition interventions into Primary Health Care (PHC) is under process in four provinces. The integration of nutrition in PHC was successfully initiated and implemented in nine food-insecure districts of Balochistan and four KPKs with the funding support of AusAid. Nutrition emergency interventions have also been integrated into the existing health services in Punjab as the Chief Minister's Initiative for the realization of MDG 4 and 5. Community-based management of malnutrition is under implementation in emergency-affected areas.

 On-track

**IR 3300/A0/04/101/026 IR 1.2** POLIO 2012: Children <5 years, especially from marginalized and high risk populations, benefit from high quality interventions for polio eradication.

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**Progress:** Polio eradication activities have shown progress this year as noted in the beginning of the report. Besides procurement of Oral Polio Vaccines (OPVs) and supporting vitamin supplements during polio Supplementary Immunization Activities (SIAs), UNICEF is working on advocacy, communication and social mobilization activities to raise awareness for the acceptance of OPV.

Parents and influential gatekeepers are being approached to create demand for OPV as a key health service for children <5 years in their communities; populations at the highest risk for polio are being made aware of the importance of OPV and the need to vaccinate their children <5 years. This is done through: Mass media campaigns prior to each vaccination drive; through national television; distribution of print material in the field and by COMNet staff in the high-risk districts; political leaders at all levels, media, and partners.

Over 1,000 COMNet staff is working at the district, union council, and area levels across Pakistan; 850 of this staff are social mobilisers responsible for community-level engagement. As a direct result of these efforts, Punjab posted the greatest reduction in vaccination refusals, down to 238, in the October 2012 campaign. Refusals were, however, up in the Quetta Block of Balochistan, with COMNet conversions at about 57 per cent, up from 35 per cent in January.

Constrained

**IR 3300/A0/04/101/028 IR 1.3 EPI 2012:** There is a 5 per cent increase in immunization coverage for children 12–23 months old by the end of 2012.

**Progress:**

The major constraints for the EPI were: a lack of clarity of roles post the 18th Amendment; variable capacities of the Provincial EPI to take over EPI management responsibility; access issues; governance gaps; recurrent emergencies; and insufficient focus on creating demand. Building capacity of provincial and district EPI managers, working to situate EPI functions within sector plans, scaling up implementation of RED approach, strengthening of the cold chain and demand creation need to be prioritized in future.

## PC 2 - Primary education

On-track

**PCR 3300/A0/04/103 PCR 3** Education systems are equipped with the capacity to provide for equitable access to pre- and primary education services, particularly for girls and vulnerable groups by end-2012.

**Progress:**

In all the four provinces and three areas (FATA), the UNICEF education programme provided support for intensive enrolment campaigns, with the main focus on girls from disadvantaged backgrounds. Focused support was provided to 7,000 public schools on Child-Friendly Schooling approaches. While demonstrating the effectiveness and need of Early Years Education (EYE), advocacy for mainstreaming EYE in the public education system was carried out. As a result of technical and financial inputs from the UNICEF education section, the Education department of Balochistan completed the Education Sector Plan in Balochistan, and the process is underway in Sindh.

Field reports/observations indicate a significant increase in student enrolment. The actual figures will, however, be verified by the National Education and Information (NEMIS) report for 2012, to be published in early 2013, and the Pakistan Economic Survey 2013.

**IR 3300/A0/04/103/005 NWFP Primary Education 2009-2012.**

Constrained

**IR 3300/A0/04/103/025 IR3.1** Increasing percentage of girls and vulnerable children, in particular in

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UNICEF-assisted schools, with improved retention and completion rates (at least 80 per cent grades by grade promotion) by end-2012.

## Progress:

With a significant number of out-of-school children in Pakistan, the UNICEF Education Programme laid a clear emphasis on advocacy campaigns, with the focus on raising the awareness of key stakeholders. The advocacy campaigns were held at various levels, including with high-level policy makers and education planners, as well as with community members and parents. Accelerated Learning Centres in KP and FATA were aimed at bringing children drop-outs aged 9–16 into mainstream education institutions. Article 25–A of the Constitution remained a central reference point in all the advocacy efforts. Furthermore, UNICEF's newly created Communication for Development Unit arranged advocacy campaigns through radio programmes, street theatres and the social media.

All the efforts have led to a significant increase in school enrolment. The Pakistan Education Statistics for 2012, to be published by National Education and Information System (NEMIS) in early 2013, and the Pakistan Economic Survey 2013, will verify the actual status of enrolment increase.



On-track

**IR 3300/A0/04/103/026 IR 3.2 Improving Quality - Improve by 10 per cent on baseline in UNICEF supported districts/ schools by end 2012**

## Progress:

Improving the quality of teaching and learning, and consequently student achievements in public schools, remains a challenge. By providing a framework for quality improvement through Child-Friendly Schooling (CFS), UNICEF worked closely with 7,000 public schools in all the programme areas. The major purpose of this initiative was to contribute to improving the quality of schooling.

UNICEF continued to promote Early Childhood Education as a foundation for student learning achievements. The CFS approach was further strengthened in 7,000 government schools, demonstrating best practices. Continuing professional development opportunities, focusing on child-friendly, interactive and inclusive pedagogy, as well as effective school-based management benefitting teachers, education supervisors and master trainers, was supported.



On-track

**IR 3300/A0/04/103/027 IR 3.3 Strengthening Systems and Policies - Strengthened Planning, budgeting and supervision in the selected districts**

## Progress:

The UNICEF Education Programme contributed significantly towards strengthening the education management system. In 2012, UNICEF encouraged the strategic planning and sector-wide approaches. Focused support was provided to the provincial education departments in Balochistan to complete the Balochistan Education Sector Plan. Technical support was also provided to the provincial education department in Sindh. UNICEF also supported School Safety Plans as a key Disaster Risk Reduction measure.

## PC 3 - Water, environment and sanitation



On-track

**PCR 3300/A0/04/102 PCR 2 Children and women pursue improved hygiene practices and benefit from improved water and sanitation services by**

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## Progress:

- 7.1 million people, including 4.4 million children, now have access to safe drinking water in emergencies. (IDPs+Moonsoon)
- 7.1 million people have access to basic and improved sanitation; of this group, 4.5 million people have been reached through scaling-up of rural sanitation, 7.16 million with hygiene messages in focus districts and flood and conflict affected areas.
- Successful formulation and approval of provincial Water and Sanitation (WatSan) policies and strategies in all the provinces.
- Successful support to increased allocation of budgets in national and provincial development plans, with separate budget lines for sanitation and water.

With the facilitation of the Sanitation and Water for All (SWA) process, a first step was taken towards a Sector Wide Approach (SWAp), promoting WatSan on the national and provincial development agenda. Effective partnerships were also developed within a sector stakeholder group to leverage additional resources.



On-track

**IR 3300/A0/04/102/028 IR 2.1 Community WASH 2012 - Children and women, especially the most vulnerable, benefit from increased and sustainable WatSan services and are enabled to adopt improved hygiene practices, including in schools and emergencies.**

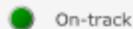
## Progress:

While WASH development activities were outweighed by the emergency intervention in 2012, development and early recovery activity could be implemented to a large extent, with the exemption of in KP/FATA and in Baluchistan due to security constraints.

**IR 3300/A0/04/102/030 IR 2.2 WASH Policy/Advocacy 2012 - Strengthened capacity of government to introduce the WASH policy, regulatory, institutional and service delivery reforms, based on continuous advocacy, enhanced coordination framework and improved governance.**

**Progress:** Support of the Water and Sanitation Policy formulation successfully served as an entry point to foster sector reforms and to leverage more resources; progress in approving policies/strategies was slow due to limited ownership and the fragile state situation.

## PC 4 - Child and adolescent protection



On-track

**PCR 3300/A0/04/104 PCR 4: Children's rights to protection and welfare, development and participation in decision-making processes affecting the life, as well as the ability of families to nurture and care, are addressed and fulfilled by end-2012.**

## Progress:

In 2012, children's rights to protection from abuse, exploitation and other types of violence, especially for children who are marginalized, excluded, and vulnerable, as well as for women and families living in poverty or having limited access to resources have been systematically addressed at three levels: policy and legislative frameworks have been developed and partially enacted; the institutional and administrative frameworks are being built; and the effectiveness increased through capacity strengthening.

In view of fulfilling the right of every Pakistani child to be registered at birth, a comprehensive analysis of the dysfunctions and bottlenecks of the actual system was conducted and equity-driven strategies/plans of action to overcome them are being designed.

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 On-track

**IR 3300/A0/04/104/024 IR 4.1** CP Policy laws reviewed/revised policy, legislative framework, strategies and programmes are developed, reviewed, and enacted in accordance with United Nations Convention on the Rights of the Child (UNCRC) and international standards.

**Progress:** The formal approval process of policies and laws takes time and the degree of governmental commitment varies from one province to another. With inadequate child protection arrangements in place, and the overlapping mandates of various departments working in this regard, a thorough review was necessitated of the child protection policies, laws, structures, capacities, coordination mechanisms, accountability and financial arrangements. To this end, and in the wake of the recent devolution, UNICEF supported the Government of Pakistan in undertaking five separate Child Protection Systems Mapping and Assessment (CPM&A) exercises in the provinces of Sindh, Punjab, Balochistan, Khyber Pakhtunkhwa, and Gilgit-Baltistan. All five provincial CPM&A toolkits are being reviewed, and their findings will be used to draft the provincial CPM&A reports.

Work has started on the 5th UN CRC periodical report. The steering committee has been formed and inputs from the Ministries and other stakeholders have been received. It was planned that the first draft of the report would be ready by November 2012. Progress has been made in Punjab, where the provincial government has shown interest in initiating social protection service mapping, and developing a strategy along with major stakeholders.

Building on the findings of UNICEF-supported institutional assessment of Social Welfare Development Strategies (SWDS), which pointed to the lack of departmental direction and strategy as major inhibitors for SWD responsiveness, UNICEF is supporting provincial SWDs to develop a coherent departmental strategy geared towards providing a clear mandate and operational framework for SWDs. To this end, a department-led participatory strategic planning process, with the assistance of international and national consultants and the involvement of major stakeholders, has been initiated.

The transfer of the National Commission for Child Welfare and Development (NCCWD) from the CAD/ICT to the Ministry of Human Rights (MoHR) has increased the chances of a statutory and autonomous national Commission on Child's Rights as a component of the Federal MoHR. The Commission on Child's Rights Bill 2009 needs to be reviewed in view of the realities of the post 18th Amendment situation.

 On-track

**IR 3300/A0/04/104/025 IR 4.2:** Children and their families living in poverty have access to, and use, equitable social protection programmes; Provincial and Districts child protection systems are being developed to prevent and address violence, abuse, neglect and exploitation of girls and boys.

**Progress:** To identify key areas of intervention and help streamline resources and effectively manage them, UNICEF and BISP agreed to carry out statistical regressions on the BISP data, disaggregated by age, gender and geographical location that will enable the Government of Pakistan and others to ensure better targeting of social protection of the most vulnerable and disadvantaged. This will promote well-informed programmatic decisions and endorse the development of child protection systems by exactly pin-pointing problems of inequity across social sectors.

UNICEF also supported Pakistan Bait-ul-Mal (PBM) in its child-centric conditional cash transfer program in Swat district. Although the support was specifically for Swat, UNICEF's support strengthened PBM data management and payment delivery capacities, with the introduction of innovative technologies, such as bio-metric enabled smart cards for benefit payment (introduced for the first time in Pakistan) and SMS alerts to beneficiaries upon the release of payments to their bank accounts. The project has a well-designed impact evaluation, as well as case study components to measure the impact and document the lessons learnt.

The Child Protection Management Information System (CPMIS) is designed to support improved planning and implementation of services and enhanced reporting. The CPMIS involves all government departments that deliver child protection services, integrating statistics to provide the first national overview of child protection needs and services. The initiative is being piloted in eight districts and includes modules to record data

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relating to juvenile justice (police, prisons and probation) and cases of abuse, violence and exploitation (police, social welfare and health/medico-legal), together with separate modules for child trafficking (Federal Investigation Agency) and institutional care (Social Welfare Department).

 On-track

**IR 3300/A0/04/104/026 IR 4.3:** Birth registration and certification system is rationalised in order to increase systematically the national and provincial birth registration rates.

**Progress:** In order to develop an enabling environment for the universalisation of birth registration in Pakistan, legislative and policy reforms are being undertaken in all four provinces and regions. In Punjab, for instance, an LOE has been signed with the Local Government and Community Development. In Sindh, a multi-disciplinary taskforce is notified on birth registration by the Social Welfare Department. An MoU has been signed between the Social Welfare Department and NADRA in FATA, and in Khyber Pakhtunkhwa, a Working Group on BR has been established under the Steering Committee on Child Protection. These partnerships will ensure not just provincial ownership of birth registration initiatives, but also that laws, procedures, and protocols are harmonized at all levels. The aim is to ensure that a visible increase in birth registration consequently follows the enactment of the required legislative and policy reforms.

A national communication strategy on birth registration has been developed and provincial communication plans are now being chalked out. For the purpose of evidence-based planning and message development, multi-level gap analysis studies were planned for Balochistan, Sindh and KP. While the Balochistan study has been completed, the Sindh study is underway and the KP study is to start soon. On the basis of the national communication strategy, concept notes have been developed on different key interventions, while activities pertaining to material development have been initiated.

An integrated indicator and monitoring framework has been developed, based on the Monitoring Results for Equity System (MoRES) approach. This will be used for positioning birth registration interventions with federal and provincial counterparts.

In parallel with the system strengthening initiatives, NADRA and local governments are being assisted through technical support, capacity development and resources provision. Capacity assessment, gap analysis and costing study for universal birth registration in Pakistan are to be initiated.

## PC 5 - Planning, monitoring and evaluation

 On-track

**PCR 3300/A0/04/105 PCR 5** Evidence-based policy advocacy influences equitable planning and budgeting for improved results for children, adolescents, and women, especially the most vulnerable, by end-2012.

### **Progress:**

The provincial governments have increased capacities as a result of joint efforts through the implementation of MICS. Continuous advocacy and capacity building has resulted in strengthened support to quality analysis of the data for policy formulation, development planning and sectoral strategies. In 2012, following in the footsteps of Balochistan, Punjab and Sindh, the governments of KP and GB have included MICS in their Annual Development Plans (2012–13), in an indication of their interest and political to use quality data for development planning and other areas. Various governments are using MICS data as appreciated by UNICEF. The government of Balochistan used MICS data for district profiles, Atlases and preparation of Comprehensive Development Strategy (2013–19). Punjab has also started using latest MICS data for the preparation of the Punjab Economic Report and the upcoming Annual Development Plan.

To improve the quality of interventions geared towards improving the lives of children and women, a Third Party Monitoring mechanism is under scrutiny and being strengthened through effective planning on outsourcing and finalisation of qualified firms. Technical support is being provided to programmes to improve the monitoring frameworks in all the PCAs/SSFAs. This is contributing to informing the programmes on key

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results for women and children as a direct outcome of the monitoring of inputs at the field level. With the introduction of the MORES framework, which is being planned for next year, an equity focus will help address and monitor bottlenecks in a more systematic way and the Third Party Monitoring mechanism too may be viewed in a similar capacity.

Effective communication, coordination and support from Planning, Monitoring, Evaluation and Reporting (PMER) has enabled timely reporting and reviews for the year. The Mid-Year Review (MYR) also revealed significant results for children through programme interventions and provided critical information to the Country Management Team (CMT) to aid decision-making. Efforts continue for strengthening regular reporting (CCC in humanitarian situations), work plan development, monitoring (internal and through LTAs for TPM) and evaluations (a full-time specialist has been recruited and will join early next year).

 On-track

**IR 3300/A0/04/105/017 IR 5.1** Evidence and Advocacy from social policy analysis, health and socio-economic research and programme evaluation are effectively used to strengthen programme effectiveness, including policy, legislation, strategies and budgets by end-2012.

**Progress:** While working to strengthen efforts at the policy, advocacy and implementation level, PMER has not been able to recruit dedicated human resources for Social Policy work due to the lack of funds. Nevertheless, efforts have continued to inform decision-making, based on evidence and research. Situation Analysis (national and provincial) for 2011 was completed and launched in December 2012. Provincial reports have been launched in the provinces in collaboration with the respective P&D departments and the Planning Commission. The MICS research is complete and available for use for evidence-based policy advocacy and equitable planning in Balochistan and Punjab. The data is already being used for various purposes; however, advocacy on the use of data/information for policy purposes needs strengthening. The Government of Balochistan used MICS and SitAn findings for its development strategy and the Government of Punjab has also started using these findings for its Socio-Economic Report.

 On-track

**IR 3300/A0/04/105/018 IR 5.2** Planning, Monitoring and Reporting mechanisms effectively support achievement of all UNICEF Programmes.

**Progress:**

The efforts of qualified staff and continuous capacity building have facilitated a timely reporting mechanism that has supported the UNICEF PCO through effective communication and coordination. Regular situation reports on KP/FATA, the monsoon floods of 2011 and the monsoon floods of 2012 have enabled close monitoring of core commitments to children, as also provided real time information for key decision-making by the senior management. The information is also used for resource mobilisation and to bridge the funding gap, especially for the KP/FATA emergency and monsoon floods of 2012.

Information management and dissemination has been instrumental in keeping track of the humanitarian situations and progress on the interventions initiated to address the key issues of the well-being of children and women in affected areas. Timely donor reports have enabled the country office to be on-track in terms of the Key Performance Indicators matrix in relation to reporting. At the year-end, 101 donor reports were submitted with a track record of 90 per cent timely submission, while 43 situation reports were accounted for in the three humanitarian crises.

The mid-year review revealed successful results in the target areas for all the programmes. Discussions around lessons learnt provided an insight into ongoing efforts to continue work for the well-being of children, despite challenges and security issues. To strengthen emergency response and ensure effective programming for children that address minimum standards of children's wellbeing, all the EPRPs now have a CCC monitoring framework. Specific LTAs are developed and ready to be signed (with support from PMER) to facilitate Emergency Rapid Assessments and Field Monitoring.

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## PC 6 - Cross-sectoral costs

 On-track

**PCR 3300/A0/04/106 PCR 6** Effective and efficient programme management and operational support from 2009 through to 2012.

**Progress:** Effective and efficient programme management and Operations support has been an ongoing focus for the UNICEF Country Programme. Efforts have been made to ensure good governance and policy adherence at all levels. HACT processes have enabled better results in terms of programme implementation and partnership management, under which operations have been active. For transparency and accountability, various committees such as UPSA, CRC and PSP have been actively engaged in fair and equitable decisions. The introduction of VISION has been critical in bringing harmony into the system of programme planning, implementation and grant management. Some operational issues remain in the system, but most have been addressed. Overall, the progress has been closer to achievement of all major targets.

 On-track

**IR 3300/A0/04/106/025 IR 6.1** Effective and efficient Governance and Systems, including advocacy and communication, to enhance and support programme results in 2012.

**Progress:** In 2012, the Advocacy and Communication section continued to communicate UNICEF's country programme activities and humanitarian emergency interventions — the complex emergency in KP/FATA, floods emergencies of 2011 and 2012 and the school reconstruction programme in areas affected by the 2005 earthquake — to key audiences in Pakistan and globally.

Frequent interaction with national and international print and broadcast media and regular audience engagement through the social media maximised outreach to policy makers, donors and key audiences within and beyond Pakistan. UNICEF was frequently mentioned by the national print and broadcast media in relation to its partnership with the Government of Pakistan for immunization and polio eradication, initiatives for increasing enrolment in schools, provision of safe drinking water and sanitation facilities and for technical, financial and capacity building of various social sector activities. Human interest stories and other communication materials produced by the Advocacy and Communication section were shared with donors, local media, the UNICEF Private Fundraising and Partnership Division and the Division of Communication in NYHQ for onward dissemination to UNICEF National Committees, international media and other key audiences.

 On-track

**IR 3300/A0/04/106/026 IR 6.2** Effective and efficient management and stewardship of financial resources in 2012.

**Progress:** UNICEF Financial Management Systems have continued to be strong and efficient in terms of stewardship and accountability. All major remittance, transactions and balance sheets have been maintained with accuracy. Major liquidations have been supported promptly and all payments have been processed within two working days, hence ensuring smooth operation of business.

 On-track

**IR 3300/A0/04/106/027 IR 6.3** Effective and efficient management of human resource capacity in 2012.

**Progress:** HR has been instrumental in ensuring that human resources are adequately provided to keep the pace of programme implementation consistent with the plans. Appropriate trainings and capacity building opportunities are provided to enhance the productivity and quality of deliverables. Efforts continue to adhere to policies and practices of performance management.

**PCR 3300/A0/04/800 PCR 7** Support Costs (Support Budget)

**IR 3300/A0/04/800/001 IR 7.1** Effective & efficient Governance and Systems

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**IR 3300/A0/04/800/002** IR 7.2 Effective & efficient management and stewardship of Financial resources

**IR 3300/A0/04/800/003** IR 7.3 Effective & efficient management of human resource capacity

**IR 3300/A0/04/800/888** IR 7.4 HR

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## Effective Governance Structure

Through Annual Management Plans (AMPs), office objectives and priorities are discussed with staff, finalized by the Country Management Team (CMT), approved by the Representative and disseminated. Each office has its own AMP. Programme milestones, derived from PCRs and IRs, and Key Performance Indicators (KPIs) are included. Given the emergency context, the Office invests considerable time in humanitarian performance targets, strategies, response plans and appeals, incorporating CCCs and Sphere standards.

Oversight structures include weekly programme and operations meetings; concerns, including on KPIs, arising from these meetings are raised at weekly all-office video-conferences. The CMT meets monthly to review KPIs, solve issues and track expectations. The Chiefs of Field Offices meet monthly to discuss field operations. Programme Chiefs, PMER specialists/officers and the Chiefs of Field Offices meet monthly, for cross-cutting discussions, including C4D; adolescents; DRR; partnerships; and harmonised planning with government. Full scale review meetings for programmes and offices, with counterparts, are held at least twice a year. This is in addition to review meetings for One UN Programmes and Sector Partnerships. Oversight is carried out through a rigorously applied Harmonized Approach to Cash Transfers (HACT) and assurance system, with leadership from five assurance specialists. The ERM analysis and plan is updated and disseminated.

The CMT took several major initiatives in 2012 to improve operations and programme management performance and addressed areas of weaknesses identified in earlier annual and audit reports; as a result, all audit recommendations for all offices were closed in December 2012. The Country Office (CO) retains a satisfactory rating in governance and in all other areas. Assessments of government partners took place in late 2012 and will be finalized in early 2013; the next step will be to introduce the full HACT package.

The first half of the year there was a struggle to get timely, accurate reports on key performance indicators from the new global software systems. However, by the end of the year, the new reports were available and regularly used to monitor performance, accelerate actions in problem areas, and ensure compliance with deadlines.

A major concern in Pakistan is risk mitigation for programme implementation and for the daily lives of staff. There was an overall reduction in security incidents, but a 50 per cent increase in terrorist attacks, abductions and assassinations. UNICEF staff was exposed to increased volatility in their daily work and life environment, and was more likely to be caught in the wrong place at the wrong time. Several staff members were robbed at gunpoint and one was shot. The office had three international and five national security officers in 2012, in addition to its using DSS services. Stringent SOPs are in place for radio contact, security clearances, security assessments, escorts, etc. Despite this, incidents such as the close proximity to the bomb blasts in Peshawar and Quetta (with damage to the Peshawar guesthouse), having friends or relatives fall victim to terrorists or kidnappers, and the constant barrage of news about terrorist activities, placed high stress on many staff. Frequent attention was paid to this, including through the use of the services of two professional stress counselors, and through management interventions.

## Strategic Risk Management

The Enterprise Risk Assessment Plan and Risk Assessment Action Plan were updated in November 2012 and they guide the Country Management Team and relevant staff on actions required to reduce risk. The Enterprise Risk Management (ERM) Library has been updated and shared with the Risk Management Focal Point in the Comptroller's office.

The Business Continuity Plan was updated and assessed as adequate by the auditors, including under the One UN programme, including contingencies for critical ICT services in the event of an emergency.

The Cluster contingency plans and UNICEF EPRPs continue to be valuable tools. Their systematic update by the PCO with provincial inputs enhanced the quality and speed of this year's flood response.

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The PCO has been in a constant state of readiness for emergencies from a human resource standpoint also, with three full time Emergency Officers (two in Islamabad, one in Peshawar) and an assistant to organize and coordinate the responses required; a system of emergency specialist/focal points for all programmes and offices; and Cluster Coordinators and information management specialists in four out of five offices.

Security risks were assessed on a near-daily basis and actions taken as required to keep staff, premises and equipment safe, while assuring programme continuity. The Lahore office was moved to more secure premises in early 2012 and construction work on the new, more secure Islamabad office is expected in early 2013. The Harmonized Approach to Cash Transfers remains a key risk management mechanism. All NGO partners are assessed by external professional auditors for financial, supply and programmatic risk. Risk mitigation plans are prepared for the implementing partner. The cash transfer modality is decided upon based on the risk level. Regular spot checks are conducted to verify financial transactions, programmatic progress and check compliance with the risk mitigation plan. Scheduled or special audits of partners are conducted based on the assessed level of risk. By mid-2012, all NGO IPs had been assessed and rated.

Scheduled audits for 67 NGOs with active PCAs have been conducted. In each office, there is a PCA review committee chaired by Operations that reviews each proposed PCA independently and provides its observations and recommendations.

There is also an assurance committee in each office chaired by PMER that coordinates spot checks for all IPs and conducts micro assessments for IPs where annual funding is less than USD 100,000. Quarterly assurance plans are prepared for all NGO IPs' reports, and these are submitted periodically to the PCO.

During the year, the government partners also agreed to comply with HACT. Orientation sessions are being held with all government partners. More details can be found in the 'Management of Financial and Other Assets' section.

A Partnership Specialist post was also created and filled to coordinate HACT assurance activities for all offices, maintain the VISION vendor database, and track all PCAs and MoUs. The assurance system was mapped out, gaps were filled, and the resulting seven-by-seven system for monitoring and assurance was widely disseminated to reduce fragmentation of information.

### Evaluation

In 2012, the 2011–2012 IMEP was reviewed with all programme sections, revised accordingly and endorsed by the CMT. The IMEP was regularly monitored through updating a tracking sheet in consultation with the programme sections. Forty-four studies, surveys and evaluations were planned in the 2012 IMEP and an additional 12 were added to the IMEP during the year. Out of those 56 items, 12 were completed or are in the final stages of completion; of the 12, eight are uploaded with this 2012 COAR. An additional four items from the 2011 IMEP, for which publication was not finalised at the time of the 2011 COAR, have also been uploaded with this 2012 COAR.

In order to increase evaluation capacity within UNICEF, and supplement the limited government evaluation capacity, the PCO approved a new position of Research and Evaluation Specialist within the PMER section. The newly recruited staff member begins January 1, 2013. In addition, there are several reputable academic research institutions, private firms and freelance individual consultants in the country with expertise in quality research and evaluations. These institutions and individual consultants are engaged for key assessments, studies and evaluations. For example, the Situation Analysis was conducted through Lahore University of Management Sciences (LUMS), Pakistan.

The Regional Evaluation Advisor (REA) visited the country office recently, meeting with programme sections and management to assess the in-country capacity for quality evaluations. The Regional Advisor prepared a concept note on strengthening in-country evaluation capacities.

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Based on orientation provided recently by the REA, PMER has been providing support to programmes on evaluations and especially the management response for timely action and follow up. PMER is also heavily engaged in supporting planning for evaluations and especially development of Terms of References (ToRs). The PCO intends to send the new Research and Evaluation Specialist to a forthcoming "Evaluation Conclave" to be held in Kathmandu in late February 2013. This will allow the PCO to gain exposure to a range of topical development evaluation issues and provide an opportunity to engage with evaluation professionals from across the region.

### Effective Use of Information and Communication Technology

The PCO undertook several ICT4D initiatives in 2012, supporting programme sections to develop ToRs for system development, including the NIS, the Vendor & Partnership Management System and the Polio Digital Mapping Project. Computer labs were setup in 97 schools in KP and FATA. The ICT Unit also assisted programme sections to procure ICT hardware and software for implementing partners.

The ICT Unit also undertook an internal staff satisfaction survey. Ninety per cent of staff users were Satisfied or Highly Satisfied in most areas of the ICT service delivery.

UNICEF actively took part in the Inter-Agency IT Working Group and Emergency Telecom Cluster in Pakistan to provide common security communication and internet access in flood-affected areas and develop a common UN directory, piloting digital VHF radio with WFP.

The ICT Unit ensured hardware and applications remained up to date as per the globally prescribed standards. All global projects released in 2012 were completed *on time*, including VISION, Windows Server 2008 Hyper-V virtualization, MS WSUS, Migration of ADDC, File&Print and Lotus Domino Servers to Windows Server 2008 R2 operating system.

In collaboration with other Super Users, the ICT unit significantly supported the roll-out of VISION, especially for HR, Finance, Asset Management, Approva modules and issue resolution through 'Service Manager'.

To improve Internet connectivity resilience and redundancy, UNICEF Pakistan deployed secondary ISPs with automatic fail-over and higher bandwidth in all offices, as well as Riverbed Steelhead WAN accelerators in Islamabad and Peshawar, and installed a second Open Systems High Availability Security Gateway in Islamabad. The systems are tuned to provide faster access to corporate applications, including VISION SAP and Performance Management.

The ICT Unit supported staff in accessing network drives, email, Intranet and VISION remotely via tools such as CiscoVPN, Citrix and Inter-Notes. All critical and essential staff has been provided with Internet access from home and in the field. The PCO also set up its own BlackBerry Enterprise Express Server through which it is providing access to Lotus Notes email for 40-plus users.

The successful set up of Emergency Operation Centres / Data Recovery Sites in the Lahore and Quetta provincial offices means all offices now have a secondary site linked to the main office through VPN and are equipped with a Domino cluster, secondary ADDC, File server and emergency communications equipment - VHF radio, BGAN, Thuraya Satphone.

The use of remote collaboration tools like audio/video conference, WebEx, Elluminate and Skype has continuously increased in 2012, reducing travel costs and increasing efficiency. On average, ICT provided support to 25 sessions per month.

ICT equipment has been replaced as per the hardware replacement plan and global ICT budget instructions, ensuring the ICT infrastructures at both back-end and user-end remain up to date. The damaged and obsolete equipment is disposed of through the Property Survey Board after deletion of data.

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## Fund-raising and Donor Relations

In mobilizing resources for the regular Country Programme and three concurrent emergency responses, the PCO engaged in the following good management practices in its financial resources and stewardship activities in 2012:

1. The PCO had a dedicated Reports team that ensured that donor reports meet quality standards and were submitted in a timely manner. In 2012, 90 per cent of donor reports were submitted on or before the deadline, and all reports had a feedback form attached to gauge donor satisfaction. Due to the new software system (VISION), financial reporting was very challenging until June; however, most donors were considerate and understanding about the situation.
2. The PCO mobilized 45.5 per cent of the Other Resource (OR) ceiling in the Country Programme Document (CPD). This brings the total mobilization of OR funds in the 2011-2012 period to 86 per cent of the approved CPD ceiling.
3. Faced with response to the 2011 and 2012 floods, as well as the displacement crisis in KP and FATA, resource mobilization for emergencies was a large part of the PCO fundraising in order to meet the emergency needs, although no official appeal was launched. A total of 73 per cent of the Monsoon Humanitarian Operational Plan for the 2012 floods was met, 14 per cent of the 2011 Early Recovery Framework, 70 per cent of the Humanitarian Operation Plan and Early Recovery Action Framework for the KP and FATA displacement, and 53 per cent of the overall Humanitarian Action for Children (HAC) appeal was met, which included humanitarian and early recovery activities for children and women affected by the 2011 and 2012 floods and conflict in KP and FATA.
4. In 2012, USD 156.4 million was allocated to the Country Programme of which 87.4 per cent was expended, while unspent commitments stood at 12.6 per cent on 31 December 2012. One reason for the expenditure level being lower than in 2011 was that few transactions and payments were made in the first quarter due to implementation of, and problems with, new global software.
5. The PCO Resource Mobilization Specialist, Contribution Management Officer and Reports team, as well as each programme section, routinely monitored the use of funds and adherence to donor conditions. Each month, the CMT reviewed the funding status in order to ensure timely utilization of grants.

The PCO focused its Resource Mobilization Strategy on maintaining and enhancing relationships with existing donors, as well as expanding the donor base with new government, National Committee and private sector partners. The PCO engaged specifically with emerging donors in order to expand their support to the vulnerable children of Pakistan, including donors in the Gulf Area. The PCO also continued its relationship building with the private sector; created 'bespoke' community engagement initiatives; established the baseline for a Corporate Social Responsibility (CSR) programme development approach; is developing a framework for collaborative corporate engagement, including groundwork towards an Innovation Lab; and positioned the Child Rights and Business Principles to engage with the private sector in a competing donor environment.

## Management of Financial and Other Assets

In 2012, the PCO senior management worked to improve budget management and control. Grant owners were assigned and the CMT managed contributions and reviewed monthly the status of fund allocation, commitments and expenditure. Cases of low expenditure required justification from the grant owner. Despite the initial challenge of transitioning to VISION, the PCO reached 86 per cent expenditure on total allocation and remaining funds will be re-phased to 2013. The OR/ORE (Emergencies) grant, valid for 2013, has been re-phased to the new country programme cycle to meet the initial payment for beginning of 2013.

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## **Resource Management Status**

*As at 31 December 2012*

PMER presented grant status reports with expiry dates at monthly CMT meetings to enhance grant managers' ability to ensure 100 per cent utilization of funds before grant expiration.

The PCO organized training on HACT for Government partners (approximately 357 participants) to enable smooth implementation of the HACT modality. The HACT orientation sessions were organized for all field offices (Islamabad, Karachi, Lahore, Multan, Peshawar and Quetta). The sessions were jointly conducted by HACT participating agencies i.e., UNICEF, UNFPA and the UN Development Program (UNDP). An Assurance Framework was developed as part of the HACT conversion to ensure appropriate and timely monitoring and compliance of partners to SOPs.

The PCO disbursed Direct Cash Transfers (DCT) of USD 41 million in 2012 and the total outstanding DCT balance is USD 22.2 million. The status of the PCO's outstanding DCT balance was given special attention in CMT and Programme Review meetings. The PCO cleared all the down payments against DCT and verified the liquidation document on time. Refunds have also been recorded and have verified the liquidation in HACT Manager. The PCO reviewed the outstanding DCT and cleared the open items owing to the exchange rate difference. There is no outstanding balance for more than nine months DCT. The PCO regularly monitored key management performance indicators to cover issues related to DCT, contribution management and donor reporting.

The PCO ensured effective financial risk management, maintaining accurate financial records in VISION, implementing a new chart of accounts, vendor master, and GL balances. The PCO submitted the bank optimization report on time.

The PCO cleared all the open items such as cash and bank, vendor balance, bank open items, vendor open items, customer master and open items. The PCO also monitored financial controls and procedures, bank reconciliations, accounting and liquidation of DCT.

An agreement was signed with Standard Chartered Bank (SCB) to implement the e-banking for all the vendors, suppliers and staff with an SCB account, centralizing payments from Islamabad.

## **Supply Management**

The Supply Plan was prepared at the beginning of the year with all programmes, sections and offices, and revised based on emergency preparedness planning. The total value of supply for 2012 against 381 sales orders was approximately USD 28.05 million, including local and off-shore procurement and direct ordering. The total value of service contracts (Institutional Contracts) for 2012 against 312 service requisitions was approximately USD 24.8 million.

The Country Office signed over 100 Long Term Agreements (LTAs) in 2012. Procurement was timely for most goods, quality of local products has sufficiently improved, and stronger assurance measures were initiated at the beginning of the year.

The volume of Procurement Services for 2012 was approximately USD 154.8 million (as per 26 November 2012). The PCO Procurement Services (PS), in close collaboration with the UNICEF Supply Division and the Federal Government, managed to ensure no vaccine shortage for scheduled Polio Immunization Campaigns. The PS also supported the Government at the Federal level to avoid countrywide stock-out of Routine Immunizations (RI) in the second quarter of 2012 and is currently extending its support through PS to avoid another stock-out situation of RI during the fourth quarter.

The PS provided guidance and support to several provinces on procurement processes for vaccines in line with the requests received, as the provinces will eventually be responsible for the procurement of vaccines as

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part of the devolution of federal powers in line with the 18th Amendment. The interim support provided to the Government/EPI on customs clearance and delivery of high volume and value vaccines for the third and fourth quarters in 2011 was no longer required as of the first quarter 2012 and was therefore terminated and all responsibilities reversed back to the Federal Government.

In the fourth quarter of 2012, the Federal Government introduced the launch of PCV-10, which is a new antigen procured and delivered under the PS mechanism. Lastly, PS worked in collaboration with programmes and the Federal Government on a new project proposal for PEI for 2013–15, which is in progress and would be a continuation of the current projects.

The capacity of government warehousing fluctuates and IPs do not generally have any warehousing capacity, given the structures in the areas of interventions. Hence, the PCO outsourced warehousing services to a private company which provided one cold room and two warehouses for UNICEF supplies in 2012. The value of, mainly humanitarian, stock remaining in UNICEF warehouses at the end of the year was USD 2,236,520.

Supply/Logistics Management Capacity Assessments were done for over 70 IPs handling supplies, particularly large volume emergency supplies. Capacity gaps were identified, and on-site training on proper warehouse systems and procedures was provided, including the necessary documents for each process to enable IPs to adapt and integrate them into their processes. Most of the IPs monitored and assisted in 2011 had improved their logistics processes and amalgamated them into their SOPs. The PCO remained involved in the custom clearance, logistics and in-land transportation of supplies to end-users, end-user monitoring and weekly reporting.

### Human Resources

HR participated in the preparation and on-going revision of the EPRP. Eighty-one emergency and regular positions (including 13 international positions), as at November 2012, were filled through TAs and FT contracts. Additionally, four Standby Partner staff and nine SSA contract staff filled emergency HR needs.

Maintaining a gender balance remains challenging for cultural reasons, particularly during heightened security and emergency contexts. Nevertheless, the PCO shared recruitment notices with a wide audience of relevant institutions to counter these obstacles, and the gender ratio moved six percentage point with 34 per cent of staff now female.

In preparation for the new Country Programme, 33 positions were abolished and 39 new positions created. Staff made redundant were given timely notice and supported with career planning and interview training. Preparation of contract and entitlement renewals was hampered by funding constraints.

The HR unit received HQ commendation in the transition to VISION. Major data cleansing from SAP system was necessary. In all, 271 staff members were trained and all HR VISION issues were resolved.

The Learning and Development Plan, developed in consultation with staff, was fully operational in 2012. Major global learning priorities were incorporated, as well as VISION and Webex sessions that reduced stress on staff working with these new systems.

HQ trainers trained 25 staff members in Programme Process Planning (PPP). These staff members were selected transparently with gender and geographical balance and trained a further 117 staff members.

Performance management compliant with the Performance Appraisal System (PAS) helped orient staff performance. Individual sessions with staff were critical to ensure the new system was understood. 270 FTs and 113 TAs were able to implement this positive change in their work planning.

Training of Trainers for Prevention of Sexual Harassment at the Workplace, coordinated by UNICEF, had 33

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participants from 10 UN Agencies. The participants are now training and conducting awareness sessions for all staff.

HR continued leading the Human Resources Working Group for One UN. Most of the positions on the UN Recruitment web-portal receive 1,000 to 3,000 applications on average. According to an international independent survey, the United Nations is one of the top employers in Pakistan.

The 2011 Global Staff Survey follow-up centred around work-life balance, staff safety and security and career development. Major examples of resulting improvements include a flexi-work policy, career guidance/stagnation orientation sessions, strengthened gender group, Stress Counsellor availability and Special Leave Without Pay administration where applicable.

## Efficiency Gains and Cost Savings

Below are the highlights with respect to efficiency and costs savings in 2012:

### **(i) Relationship building / Networking events with MOFA and MOI:**

Under the OMT, the General Administration Working Group (GAWG) invested substantial resources in relation with the Ministry of Foreign Affairs (MoFA) and the Ministry of Interior (MoI). In particular, UNICEF hired a TA staff to deal specifically with visa and other protocol matters, enabling timely processing of 256 entry visas, 156 visa extensions, 39 MoFA Cards and 110 Non-Objection Certificates to sensitive areas of the country. The PCO is planning to organize a function with MoFA, MoI and the Immigration Office to further strengthen and enhance communication and relations.

### **(ii) UN Vehicle Database:**

The PCO launched the Vehicle Management System software, which contains all fleet information from acquisition to disposal. Relevant staff received training on how to utilize this system.

### **(iii) Office Move to Diplomatic Enclave**

Due to the prevailing security situation, the Islamabad office is being moved within the Diplomatic Enclave. Preparatory construction to provide enhanced security, additional capacity and other general renovations is in the final stages.

### **(iv) Seven Level Assurance Process**

The unique Seven Level Assurance Process initiated by PCO in 2011 has been fully operational in 2012. The Seven Level Assurance Process helped identify irregularities in some PCAs and provided useful information for timely decisions by the CMT. *See the 'Innovations' section for further details.*

### **(v) Service Center**

In order to achieve efficiency in processing transactions in VISION, limit the number of errors, maintain increased oversight and reduce the burden on program staff from transaction processing to focus more on program implementation and monitoring, the PCO is exploring the possibility of establishing a VISION Service Centre for the main transactions: Travel, Payment, Sales Order, and Contracts. This pilot project is in progress. A comprehensive workflow review to be conducted, including a review of roles.

### **(vi) Clearance of conflicts of segregation of duties in VISION**

When Approva became operational in May 2012, the system found 593 conflicts of segregation in VISION role assignments in PCO. The office undertook a full review of the VISION role map and by the end of the year managed to reduce the number of conflicts to 40.

### **(vii) Cost-effective social media publicity**

The number of Facebook 'Likes' on the UNICEF Pakistani Facebook page increased during the year thanks to a series of small online advertisements costing a total of USD 258.

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## Changes in AMP & CPMP

As one of eight Delivering as One (DaO) pilot countries, UNICEF Pakistan has the opportunity to work in an integrated manner with all 19 UN resident agencies to streamline results. Despite the unique challenges of the scale and dynamic context of Pakistan, the PCO continues into 2013 a strong commitment to DaO as it has since inception.

The new Country Programme focuses programmatic activities under four major areas, each with four organisational units based on respective IRs: (1) MNCH, (2) Education, (3) WASH, (4) CP. PMER and the three Cross-Sectoral units (Advocacy and Communications; Resource Mobilization; and Emergency and DRR) will continue to support the programmatic areas.

The 2013 AMP seeks to address certain obstinate challenges, particularly vis-à-vis Polio eradication and reducing malnutrition to below emergency levels. Despite the substantial effort of the PEI, Pakistan's number of reported cases has increased from the year 2010 to the year 2012 and the Government's commitment is limited in practice. At the end of 2012, the PCO planned a complete restructure of the Polio section and this is currently before ROSA for validation.

The 2013 AMP also takes account of the on-going commitments of UNICEF to the Cluster system. Cognizant that the Cluster approach has increased transparency and coordination, the PCO continues leading two Clusters, co-leading one Cluster and leading one Sub-Cluster, providing substantial human resources at the provincial and national levels. Nevertheless, early clarification of roles, reporting lines, budgets and staff commitment to cluster work is needed. Challenges to fundraising for cluster efforts need to be overcome. The PCO's ability to scale up cluster support in new emergencies remains less than ideal. Some progress has been made (for example, the PLaCES initiative) towards joint programming, but much more internal inter-sectoral coordination, particularly at the planning stage, is necessary to avoid duplication and gaps, and harness the overall effectiveness of the Cluster approach.

The 2013 AMP also seeks to improve programme integration overall. There is substantial awareness within the PCO about the limitations of the tendency to "silo" programming. Progress has been made in joint programming amongst Education, WASH and MNCH, providing a key example of what cross-fertilisation can achieve moving forward into the new Country Programme. The organisational practicalities restrict complete integration; however, the IR-based organisational structure of the new Country Programme demonstrates a commitment, at a minimum, to programme component convergence where possible.

The Review of the One UN Programme I (OP 1) found that the joint programmes had over-ambitious scope and targets, weak synergies across and within the programmes, and significant funding gaps which led to under achievement. These programmes had heavy structures and processes that led to high transaction costs and delays in implementation. Based on these lessons learned, the OP 2 will adopt a management structure that is flexible, risk-sensitive, cost-effective and evidence-based. It will be focused on joint programming rather than joint programmes, adopting lighter processes, enabling innovation and integrated approaches. Furthermore, OP 2 will support the Governmental devolution process and provincial/area specificities.

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## Summary Notes and Acronyms

AGTF	Adolescent Girls' Task Force
ALPC	Accelerated Learning Programme Centre
ANC	Ante-natal care
BEMIS	Balochistan Education Management Information System
BHUs	Basic Health Units
BoS	Bureau of Statistics (of provincial governments)
BR	Birth Registration
CCC	Core Commitments to Children
CEDAW	Convention for the Elimination of all forms of Discrimination Against Women
CHARM	Chief Minister's Initiative for the Attainment and Realisation of MDGs
CMAM	Community Management of Acute Malnutrition
CMT	Country Management Team
COAR	Country Office Annual Report
CP	Child Protection
CPAP	Country Programme Action Plan
CPiE	Child Protection in Emergencies
CPMIS	Child Protection Management Information System
CRC	Convention on the Rights of the Child
CSO	Civil Society Organisation
CSR	Corporate Social Responsibility
CWI	Child Well-being Index
DCT	Direct Cash Transfer
DoH	Department of Health
DRR	Disaster Risk Reduction
ECE	Early Childhood Education
EmONC	Emergency Obstetric and Neo-natal Care
EPI	Expanded Programme on Immunization
EPRP	Emergency Preparedness and Response Plan
ERM	Enterprise Risk Management
FATA	Federally Administered Tribal Areas
FPC	Federal Planning Commission
GDP	Gross Domestic Product
GIZ	German International Cooperation
GPE	Global Partnership in Education
GS	General Service (Staff)
HAC	Humanitarian Action for Children
HACT	Harmonized Approach to Cash Transfers
HPM	Humanitarian Performance Monitoring
HRBA	Human Rights Based Approach
HRCP	Human Rights Commission of Pakistan
IMEP	Internal Monitoring and Evaluation Plan
IP	Implementing Partner
IR	Intermediate Result
IYCF	Infant and Young Child Feeding
KP	Khyber Pakhtunkhwa
L3	Level 3 (monitoring for results of equity systems)
LTA	Long Term Agreement
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MENA	Middle East and North Africa Regional Office
MICS	Multiple Indicator Cluster Survey
MNCH	Maternal, Neo-natal and Child Health
MoHR	Ministry of Human Rights

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MoRES	Monitoring Results for Equity Systems
NDMA	National Disaster Management Authority
NIRM	National Institute of Rural Management
NIS	Nutrition Information System
NO	National Officer
OOSC	Out of school children
OPII or OP 2	Second cycle of the One UN Programme
OR	Other Resource (Funding term)
ORE	Other Resource Emergencies (Funding term)
PAK	Pakistan Administered Kashmir
PAS	Performance Appraisal System
PATS	Pakistan Approach to Total Sanitation
PBA	Programme Budget Allocation
PCA	Partnership Cooperation Agreement
PCO	Pakistan Country Office
PCV	Pneumococcal Vaccine
P&DD	Planning and Development Department (of provincial governments)
PDMA	Provincial Disaster Management Authority
PEI	Polio Eradication Initiative
PLaCES	Protective Learning and Community Emergency Services
PMER	Planning, Monitoring, Evaluation and Reporting
PNC	Post-natal care
PPP	Programme Process Planning
PRIME	Planning, Reporting, Implementation, Monitoring and Evaluation
PSLM	Pakistan Social and Living Standards Measurement
RBP/M	Rights Based Planning and Management
REA	Regional Evaluation Advisor
RI	Routine Immunization
ROSA	Regional Office for South Asia
RRP	Regional Response Plan
SBA	Skilled Birth Attendant
SCB	Standard Chartered Bank
SIA	Supplementary Immunization Activities
SitAn	Situation Analysis
SOPs	Standard Operating Procedures
ToR	Terms of Reference
UNDP	United Nations Development Programme
UNHRTF	United Nations Human Rights Task Force
UNFPA	United Nations Population Fund
UPR	Universal Periodic Review
WFP	World Food Programme
WHO	World Health Organisation
WSI	Welcome to School Initiative

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## Evaluations

	<b>Title</b>	<b>Sequence Number</b>	<b>Type of Report</b>
1	Pakistan Pediatric AIDS Situation Analysis: Assessment of Children with AIDS registered at five Pediatric AIDS treatment centers in Pakistan	2012/003	Study
2	Patterns, Meanings and Contexts of Adolescent Male to Male Sexual Experience in Pakistan: Results of a Qualitative Study in Five Cities aimed at Improving Sexual Health and Social Protection Programming	2009/125	Study
3	State of Children in Pakistan	2012/001	Review
4	Sanitation and Water for All (SWA) Status Sector Report	2012/002	Study
5	Sindh Polio Communications Baseline High Risk Group Study	2010/284	Study
6	Qualitative Refusal Study in High Risk Polio Districts of Balochistan and Khyber Pakhtunkhwa	2010/584	Survey
7	Sindh Sentinel Sites Polio KAP Baseline Study - Phase 1 and Phase 2	2012/009	Study
8	Why are they more different than equal?: Child Social Exclusion in Pakistan	2012/005	Study
9	Situation Analysis Pakistan 2011	2012/006	SitAn
10	District Development Profiles and Atlases of Balochistan Province	2012/007	Review
11	Evidence-Based Polio Communication: Top Line Findings of 2012 Knowledge, Attitudes and Practices (KAP) Survey	2012/289	Survey

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## Publications

	Title
1	Polio Eradication Social Mobilization Toolkit
2	National Highway and Motorway Police Polio Leaflets
3	Shakil Afridi Polio Posters
4	Shakil Afridi Polio Leaflets
5	Polio Flyers
6	Polio True Stories (DVD)
7	Polio School Campaign Materials
8	Polio Booklet on Religious Edicts
9	Flyer for Emergency Floods / Polio Communication
10	UNICEF Pakistan Desk Calendar
11	UNICEF Pakistan Wall Planner 2012
12	UNICEF Pakistani Annual Report 2011 (External)
13	Video and Text Stories with Photographs on global UNICEF website
14	Pneumococcal Vaccine 10 Poster
15	Pneumococcal Vaccine 10 Banner
16	Pneumococcal Vaccine 10 Billboard
17	Pneumococcal Vaccine 10 Folder
18	Pneumococcal Vaccine 10 Leaflet
19	Pneumococcal Vaccine 10 Standee Banners
20	Pneumococcal Vaccine 10 Plaque of Recognition
21	Pneumococcal Vaccine 10 Ballpoint Pen
22	Pneumococcal Vaccine 10 / EPI TVC Scripts (MISC-234.INP)
23	Educational Cards - Child Protection in Emergencies
24	Birth Registration Training Toolkit
25	Meena Cartoon & Jingle on Birth Registration
26	Meena Comic on Mine Risk Education
27	Meena Comic on Birth Registration
28	Pakistan Approach to Total Sanitation (Final Evaluation Phase 3)
29	Health & Hygiene Study on WASH in Schools
30	Sanitation and Water for All (SWA) 2012 Sector Status Report
31	Pakistan Approach to Total Sanitation: Thematic Issue Paper (5)

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## Lessons Learned

	<b>Title</b>	<b>Document Type/Category</b>
1	Translating Emergency Response into Long-Term Strategic Commitments: 24/7 EmONC CHARM Initiative in Southern Punjab	Lesson Learned
2	Monitoring an Equity Approach in Nutrition, Birth Registration and Sanitation	Innovation
3	Mainstreaming children from Temporary Learning Centres into Government Primary Schools in Sindh, Pakistan	Innovation
4	7x7 Assurance and Monitoring to Manage Risk	Innovation
5	Creative approaches to access hard-to-reach populations for Polio vaccination	Lesson Learned
6	Scaling-Up the Pakistan Approach to Total Sanitation (PATS) in flood and Polio affected areas of Pakistan	Lesson Learned
7	Accelerated Learning Programmes in an Extremely Hostile Context: Community, government and religious engagement	Innovation

## Lessons Learned / Innovation

### Translating Emergency Response into Long-Term Strategic Commitments: 24/7 EmONC CHARM Initiative in Southern Punjab

<b>Document Type/Category</b>	<b>MTSP Focus Area or Cross-Cutting Strategy</b>	<b>Related Links</b>
Lesson Learned	FA1 - Young Child Survival and Development	
<b>Contact Person</b>	<b>Language</b>	<b>Emergency Related</b>
Dr Hem Sharma, hsharma@unicef.org and Dr Tahir Manzoor, tmanzoor@unicef.org	English	Yes

#### Abstract

UNICEF worked closely with UNFPA, the Punjab Provincial Government health authorities and a private mobile telecommunications company, to develop emergency obstetric and neo-natal care services seven days a week, around the clock (dubbed the CHARM initiative) in under-served districts in Punjab in response to 2010 and 2011 floods. What began as an emergency response, was transformed in 2012 into a sustainable and integrated improvement to ante-natal, obstetric and neo-natal services in these same districts. The post-emergency recovery period showed that 24/7 services in the poorest areas of the country were affordable and feasible for the public health services and significantly decreased the number of maternal and neo-natal deaths. The lesson learnt in 2012 was on using evidence from innovations during emergencies to transition emergency responses into sector wide planning, public budgeting and public services.

#### Innovation or Lesson Learned

The first major lesson learnt was that emergency contexts can provide a critical 'window of opportunity' to demonstrate feasibility, increase demand and harness government and public will towards improving the situation of the most vulnerable women and children. Demonstrable reduction of bottlenecks within many determinants (enabling environment, supply, demand and quality of use) during an emergency and using emergency funds, was transformed through painstaking evidence building and advocacy, sustained government ownership and investment, leading to mainstreaming an improved system through a period of

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recovery. Furthermore, investment case analysis and advocacy led to the inclusion of the innovation into sector planning and long term development budgeting, paving the way for scale up to more health units in more districts.

Secondly, the contribution from the private sector was important in ensuring that referrals were successful and supervision was effective on a 24/7 basis. The cost-benefit analysis showed that minor interventions undertaken with dedication can lead to exponential performance improvement. Rather than creating new vertical structures, strengthening of the existing systems and filling the gaps is the key to success of the CHARM Program. Extending the CHARM model to other districts of densely populated Punjab would be a major leap towards achievement of MDGs 4 and 5. This was made possible through the tripartite partnership developed from the onset of the emergency, between Provincial Government, UNICEF and IPs.

Secondly, involving district-based IPs as well as relevant district-level education officials enabled ownership of this process at a local, service delivery level.

### Potential Application

The model of engagement undertaken by UNICEF, UNFPA and the private sector, with respect to supporting a government initiative in a technical and financial way, harnessing the momentum of an emergency response, targeting critical supply bottlenecks with low-cost interventions, and subsequently making the investment case to advocate for long-term government commitment, has potential within different types and areas of emergency response.

### Issue

Delivery of emergency obstetric and neo-natal care services (EmONC) in Southern Punjab prior to the 2010 floods was extremely low. For a Basic Health Unit with a catchment area of 35-40 thousand population, average baseline monthly service coverage in a was 25 ante-natal care (ANC) visits, zero to one deliveries and one to two post-natal care visits. The reasons for this low performance included a fragmented service delivery approach with a horizontal district health system often competing with implementation arms of 10 national vertical programmes; lack of accountability for processes and results at district level; severe shortage of female service providers, especially Skilled Birth Attendants (SBAs); ineffective supervision and performance monitoring of health care providers; insufficient equipment and supplies; short and unreliable clinic hours or services; irregular human resource placement in Basic Health Units (BHUs) and socio-cultural and transport barriers to access services offered by BHUs.

Significant political will was generated following the 2010 and 2011 floods that included willingness to acknowledge the poor status of women's and children's health in Southern Punjab and the system problems mentioned above. Furthermore, the devolution of federal powers to provincial governments provided a unique opportunity to examine provincial programmatic and fiscal deficits and to implement proven solutions.

### Strategy and Implementation

UNICEF and UNFPA along with a private telecommunications company provided technical and financial support to the Department of Health Punjab's 'Chief Minister's Initiative for the Attainment and Realisation of MDGs' (CHARM) to ensure basic obstetric and neo-natal care services, including referrals to 24/7 delivery care, in seven flood affected districts. Among these, 52 BHUs in the five most under-served flood-affected districts of Southern Punjab were supported by UNICEF. The recommendations of the district specific bottleneck analysis and investment cases, done in southern Punjab with the assistance of UNICEF, were highly instrumental in planning the inputs required for the project.

UNICEF focused support on the supply-side, providing 80,000 PKR (approx. USD820) per BHU per month to provide or supplement:

- Human resource capacity
- Fuel for ambulances and other vehicles
- Minor repairs and refurbishment of BHUs;
- Midwifery kits and equipment

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- Monthly review meetings.

A key element was the agile yet robust setup for monitoring and reporting. Each facility was monitored at least fortnightly by a district health official or the district monitors hired specifically for the CHARM Program. UNICEF officers also conducted monthly visits of the health facilities. Every monitor filled a detailed checklist for each facility visited and emailed or faxed it to the provincial office on the day of the visit. A brief monitoring report was also submitted by text messaging (e-monitoring through mobile phones), whereby key indicators were monitored and reported to the central database instantaneously. Immediate action was taken on identified problems.

### Progress and Results

The most obvious success of CHARM was the increased demand response, particularly timing and continuity of service uptake, as a result of an increased and reliable supply capacity. From the baselines mentioned above, average monthly BHU service coverage increased substantially to 194 ANC visits, 40 deliveries and 78 PNC visits, far exceeding not only the baselines, but the provincial averages. See summary of figures below on average monthly BHU obstetric and neo-natal service in five under-served and flood-affected districts of Southern Punjab:

#### Ante-Natal Care Visits per BHU per month

Baseline – 25

Provincial Average – 43

CHARM Average – 194

#### Deliveries per BHU per month

Baseline – 1

Provincial Average – 6

CHARM Average – 40

#### Post-Natal Care Visits per BHU per month

Baseline – 2

Provincial Average – 9

CHARM Average – 78

Source: DoH Punjab

Changes in social and cultural practices and beliefs through the CHARM program are not yet well-documented, however recent sociological research on ANC in rural Punjab (Mumtaz and Salway, 2007, <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-9566.2007.00519.x/pdf>) provides salient insight to the underlying latent demand for these services.

UNICEF's advocacy throughout the CHARM initiative clearly contributed to improving the enabling environment, particularly policy and budgetary allocation. The Provincial Government's publicly-stated commitment to CHARM translated into the Integrated Program for Reproductive Health Primary Health Care and Nutrition Planning Commission 1 for 2012 – 2015. The Draft Health Strategy of Punjab commits to scaling up 24/7 EmONC and integrated services province wide, thus including 30% of BHUs in 20 additional districts that currently have poor health indicators. The Draft PC-1 integrates three formerly vertical programmes – Nutrition, MNCH and LHWs with incorporation of UNICEF and WHO's Essential New-born Care Package. The Lahore Declaration of Commitment included assisting infant breathing, misoprostol and eclampsia management at all levels. The World Bank and DfID have subsequently committed to fund integrated service delivery as part of the health sector support.

In addition to reducing bottlenecks and barriers to ANC and EmONC services, the CHARM program provided a platform to successfully mainstream CMAM and IYCF into the public sector health system, initially by NGOs and eventually taken over by the Provincial Government.

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Arguably as a result of the reduced bottlenecks and barriers through the CHARM program, the 2011 MICS draft report showed that, despite the devastation of the 2010 and 2011 floods, there was some reduction in under-five mortality and stunting and increase in use of ORT, treatment of pneumonia, ANC, SBA and PNC since the previous MICS in 2007-8.

## Next Steps

On-going or planned next steps include:

- Sustain advocacy and provision of technical assistance to achieve full functional integration of services.
- Link support to the on-going provincial Health Sector reform agenda and sector strategy development process to ensure province wide scale-up.
- Assist in District-specific strategic analysis
- Strengthen the capacity of primary health care staff involved in service delivery of nutrition interventions, to improve health and nutrition of adolescent girls, pregnant adolescents and women, newborn children and infants.
- Develop a framework for Information Management/Gap analysis.
- Lastly, an in-depth understanding of how convergence/linkage or integration of the 24/7 initiative, community based MNCH and CMAM is done in these districts and how the other initiatives are contributing to increase in facility performance would be essential for appropriate design of the integrated MNCH project that the DoH is designing. UNICEF should prioritize supporting the DoH to commission a small scale review and documentation.

## Monitoring an Equity Approach in Nutrition, Birth Registration and Sanitation

Document Type/Category	MTSP Focus Area or Cross-Cutting Strategy	Related Links
Innovation	FA1 - Young Child Survival and Development; FA4 - Child Protection	
Contact Person	Language	Emergency Related
Pashmina Naz Ali, Pnali@unicef.org; Karen Allen, kallen@unicef.org	English	Yes

## Abstract

The introduction of MoRES in Pakistan has taken place alongside on-going response to multiple emergencies and a Delivering as One UN Programme, requiring an agile and flexible approach. The office started by applying MoRES to three critical issues: sanitation, birth registration and stunting. Around 43 million people in Pakistan still defecate in the open, and the large-scale Pakistan Approach to Total Sanitation (PATS) attempting to reverse this trend integrated a monthly monitoring mechanism based on an equity approach substantiated by a determinants analysis. Only slightly more than a quarter of children in Pakistan are registered at birth, however there was very limited evidence to reveal the underlying bottlenecks. UNICEF undertook a series of studies and research utilising the determinant framework that are being used in consultation and strategy building with government and other stakeholders. Several nutrition surveys in the last three years highlighted emergency levels of malnutrition, and a subsequent overall food insecurity within the country. A national MoRES determinant analysis was undertaken, focusing on three results areas: reducing stunting; complementary feeding; and increasing use of micro-nutrient supplementation – as tracer interventions to begin monitoring an equity-focused strategy for reducing levels of malnutrition in Pakistan.

## Innovation or Lesson Learned

The lessons learned, and innovative elements, in the Pakistan experience of introducing MoRES Level 3 Monitoring are i) application within an emergency situation, with humanitarian funds and linking to humanitarian performance monitoring and ii) diverse adaptations within a complex environment, ranging from service delivery at community level with NGO partners (sanitation and CMAM) to development of IEC

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materials and approaches (all three programmes) to research and analysis to inform policies, strategies, budgets and build systems (all three programmes). Each of the major issues addressed – malnutrition, open defecation and UBR – are at varying stages of progress, varying levels of government partnership (Federal, Provincial and District government), and with varying amounts of evidence from which to draw on for bottleneck analyses and monitoring. All three diverse approaches are appropriate and relevant for the challenges and the context and are providing timely, relevant information to improve programme implementation and deliver results for the poorest children. What has not worked well is documentation and sharing of the approaches for peer review, although a visit by regional advisers and a colleague from the Nepal office in late 2012 gave valuable feedback.

### Potential Application

MoRES monitoring as applied within the WASH programme will support further scaling up of PATS. It also has the potential to transition from NGO reporting to governmental monitoring and reporting; the government M&E framework has recently been developed in several provinces. An issue to be considered is the capacity of government counterparts at district level.

In the case of birth registration, the MoRES analysis can be instrumental in the development of provincial strategies, by giving logical structure to consultations with key counterparts. One challenge is to take different stakeholders through the analysis to get their inputs and buy in for system reform by federal, provincial, and district governments. Another challenge is the behaviour change and social dimension, which is still quite limited in application.

In the case of nutrition, potential exists to integrate MoRES into the recently developed L2 Monitoring Nutrition Information System (NIS). The NIS reports quantitative data on the progress of children admitted to a programme for the management of acute malnutrition. There is potential to expand this community-level data collection to include more comprehensive and qualitative information that assesses the effectiveness of the various programmatic elements (not just physical recovery or service delivery but coverage levels, impact of IYCF and behavioural and attitudinal changes) and informs L3 monitoring of changes in bottlenecks and barriers. Furthermore, an expanded NIS has the potential to support and service the provincial governments' increased reporting obligations related to the World Bank-managed Multi-Donor Trust Fund arrangements for the implementation of the Government-owned nutrition programme.

The Office needs to engage partners at national and provincial levels, both NGOs and government, to engage in multi-sector analysis with partners and joint commitment to reduce bottlenecks. Whether this approach begins provincially or nationally depends on the dynamic of each sector area. Whichever analysis is undertaken first, this should act as a 'model' to introduce MoRES to government and NGO partners and sufficient resources and time should be given to developing a consultation format/agenda which enables this.

There is an opportunity to apply MoRES analysis with implementing partners and communities to strengthen communication for development and behaviour change. In terms of linkages with humanitarian performance monitoring, there is an opportunity to use the Nutrition Information System as well as the CCC indicator situation reporting in a way that links to MoRES, and to document it as such. There is potential to ask NGO partners to use MoRES in PCAs and reporting. Other networks/modalities such as the lady health workers, polio social mobilizers and third party monitoring may also be used to monitor elimination of bottlenecks and progress.

### Issue

To address very high levels of malnutrition, very low levels of birth registration, and very high levels of practice of open defecation, three UNICEF programme components each took an innovative approach to analysing determinants, targeting the worst affected population groups, addressing the issues and monitoring implementation and outcomes. Rather than being deterred by a large scale, on-going complex emergency in the northwest, terrorism throughout the country, and large scale flooding in the central and southern areas of the country, the UNICEF sanitation and nutrition programmes were able to integrate

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monitoring of an equity approach within emergency and recovery response. Simultaneously, the Child Protection programme was shifting from decades of implementing small scale projects to system gap analysis in a newly de-centralised, federal system of government, in order to develop capacity for public services meeting the needs and fulfilling the rights of the poorest.

Monitoring for results of equity systems (MoRES) needed to be agile and flexible in Pakistan, considering the large scale on-going emergency situations, the mandate to work within a One UN (Delivering as one UN) Programme and the introduction in 2011-2012 of a de-centralised, federal system of government. Thus all three programme components in UNICEF developed a customised way to monitor results of applying an equity approach.

The WASH programme includes an emergency sanitation programme that uses the Pakistan Approach to Total Sanitation (PATS), in partnership with Government, WaterAid and Plan International. PATS, a customised version of the Common Approach to Total Sanitation (CATS), focuses on elimination of open defecation in flood- and conflict-affected areas in a country where still 43 million people defecate in the open because they have no access to safe sanitation and lack education and information about hygiene and disease prevention.

Only slightly more than a quarter of Pakistani children are registered at birth, hence UNICEF has made this one of its strategic priorities. There was very little evidence and no analysis of the determinants/bottlenecks of the low birth registration rates at national and provincial levels pointing out to the low effectiveness of the process and system functionality. Therefore, UNICEF Child Protection Programme prioritized support to policy and decision makers in producing evidence and policy options towards ensuring that all children from all families, regardless of income, education, ethnicity or residential area, have their births registered.

The flood affected nutrition surveys of 2010, the National Nutrition Survey of 2011, and various smaller scale nutrition assessments and surveys in emergency affected areas have identified levels of malnutrition beyond the emergency threshold, even at the national average. To address this, UNICEF and partners are implementing emergency community management of acute malnutrition (CMAM) in four provinces of Pakistan, reaching 1.2 million children in 2012 with life-saving support. In addition, millions of children and women are reached every year with other nutrition interventions such as Vitamin A and micro-nutrient sachet distribution, salt iodisation, information, education and communication on hygiene, complementary feeding practices, and antenatal and postnatal care of mother and baby. Furthermore, UNICEF led provincial and national consultation and analysis of determinants (immediate, underlying and root causes), leading to the development of the Pakistan Integrated Nutrition Strategy, and provincial adaptations. There is a simultaneous three pronged approach: building provincial government capacity for preventing and treating malnutrition; direct intervention through government and NGOs for emergency management (CMAM); and partnerships for food security, health environment and healthy behaviour.

### **Strategy and Implementation**

Building on long term advocacy and consultations with government counterparts and NGOs, UNICEF had achieved consensus on a Pakistan Approach to Total Sanitation in 2010. Using emergency funds for flood relief, UNICEF, with Plan International, was able to implement this on a large scale in very poor villages with high morbidity and mortality from water borne and sanitation related diseases, which were also severely flood affected. In cooperation with WaterAid, a monthly monitoring and reporting system was developed and is being applied, in approximately 4,000 participating villages, enabling real time humanitarian performance monitoring simultaneously with monitoring the results of an equity approach. The monitoring system includes quality of implementation processes as well as output results. This guides field level adjustments and larger management decisions on a monthly basis, triggering corrective action where and when progress is insufficient due to one or more bottlenecks. The monthly monitoring is supported by KAP surveys that collect data for a set of indicators and results with baseline, mid-term, and target values to assess achievement of equity outcomes. The WASH programme also conducted a macro level bottleneck analysis using the "Sanitation and Water for All" (SWA) preparatory process for a 2012 meeting resulting in a comprehensive Joint Sector Review 2012. Results were embedded into the WASH components of the new Country Programme.

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Registration information and Multiple Indicator Cluster Surveys both showed extremely low levels of birth registration in Pakistan, especially in certain provinces. However, there was a lacunae of determinant data and analysis. In order to address this gap, UNICEF initiated a series of studies, in partnership with government counterparts, to support structural reforms to the birth registration system in Pakistan. These included multi-level gap analyses in Balochistan, Sindh and Khyber Pakhtunkhwa provinces, where the issue of low birth registration is most acute, as well as a case study in Punjab province to understand why they have been able to achieve a higher rate of birth registration (positive deviant analysis). In addition, two studies were undertaken on the feasibility of using mobile phone technology to facilitate birth registration, and on costing to assist in the preparation of a budget to enable universalization of birth registration for under-five children in Pakistan. All of these studies were designed using the MoRES framework for analyzing bottlenecks in outcome determinants. The results from the analytical studies were summarized in a matrix which includes determinants, indicators (at Level 3), means of verification for indicators, an assessment scale as well as periodicity of collection of information per each determinant. These are to be used for consultation and strategy building with provincial stakeholders, in order to move forward with improved systems that enable birth registration for all citizens, regardless of education and income levels.

Building on the survey data and the causality analysis done in 2011, the Nutrition programme undertook a MoRES determinant analysis at the national level, focusing on three results areas: reducing stunting; complementary feeding; and increasing use of micro-nutrient supplementation – as tracer interventions to begin monitoring an equity-focused strategy for reducing levels of malnutrition in Pakistan. Meanwhile, implementing partners of the CMAM programme are collecting and reporting monthly data on screening, treatment and IEC through a nutrition information system, while government reports on other nutrition interventions.

### Progress and Results

Progress for sanitation includes an overall improvement in monitoring and knowledge management and cooperation between UNICEF and the implementing partners. The MoRES based monitoring system uses harmonized reporting matrices for the rural sanitation programme; the monthly reporting is now regular and of good quality, providing information that can be analysed and acted upon quickly. Results include around 4,000 communities (with 7 million people) committed to being open defecation free.

Progress for birth registration includes the finalisation of the studies and MoRES bottleneck analysis, providing an excellent platform for a major programmatic shift from small scale services to structural changes for an enabling environment, including a Birth Registration System accessible and affordable to the poorest families. A strengthened communication for development strategy on birth registration benefited from the analysis of determinants of social norms and social and cultural practices and beliefs.

The key progress for Nutrition has been linking each MNCH IR with one or more of the SRA tracers that enable the application of MoRES monitoring. This embeds MoRES into the very monitoring structure of the new Country Programme to ensure Level 3 monitoring goes beyond the limits of Level 2 and Level 4 monitoring to show progress towards IRs and identify early on how and when adjustments are needed. Progress yet to be made includes that indicators and baselines for bottlenecks have not yet been established, Federal Government has yet to fully endorse this arrangement and further work is needed to ensure this fully aligns with the inter-sectoral government strategy on nutrition. Major constraints in the enabling environment around stunting – starting with the denial and misconceptions around malnutrition – make addressing political and social bottlenecks one of the priorities of the programme. Supply and demand bottlenecks at the community level, while important, are routinely taken up by the nutrition humanitarian programme.

### Next Steps

The application of MoRES must fit within the complex environment (flood response, conflict response, development in a newly de-centralised federal system with weak capacity, high security risk) described above and by necessity must be adaptable, flexible, with strong linkages to existing monitoring mechanisms, including the humanitarian performance monitoring, and within the One UN Programme

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commitments.

The results framework and planning structure for the 2013-2017 common country programme (with UNDP and UNFPA) is structured according to the enabling environment, demand and supply of goods and services and emergency response. Aligning MoRES to the results framework therefore naturally entails linkages to all intermediate results. However to minimize reporting requirements and provide space to test MoRES, it is recommended that the office 'hook' MoRES application to three IRs from WASH, Child Protection and Nutrition sectors:

- IR 1.2 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),
- IR 2.2 By 2017 strengthened institutional capacity to implement child protection legislation, policies and standards to protect children and women from abuse, exploitation and violence
- IR 4.2 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. To take advantage of knowledge sharing and peer review within Pakistan, the office plans to establish a task force to plan, monitor and document progress in application of MoRES, and to introduce this approach within One UN monitoring and reporting committees.

As has already been done by WASH in each province, the determinant framework could be used in the design and implementation of work plans and annual reviews with partners.

MoRES can also be combined with mapping of 'most at risk districts' by disaggregating the child wellbeing index into its component, sector specific indicators, adding the disaster risk indicator and using the results to guide resilience programming.

Identification of additional priority districts to apply level three monitoring, and identification of communities for convergent programming and monitoring, needs to be determined carefully. For example, WASH, Nutrition and polio, could focus together on communities that are rated low on CWI, most at risk in terms of natural hazards, very low on use of improved sanitation, high in malnutrition and with verified polio cases. A strong argument needs to be made in funding proposals, (beyond humanitarian funding that naturally is for disaster affected areas).

The purpose of L3M within districts would be to model bottleneck elimination strategies that could influence policy dialogue, leverage funds or be scaled up for replication elsewhere - in other words, plan, implement, evaluate, advocate with evidence. Another purpose may be to target low performing districts on the Child Wellbeing Index as part of the equity approach to accelerate progress towards MDGs and narrow the gap between lower and well performing districts.

Cross country exchange with Nepal on nutrition and Bangladesh on WASH and nutrition is planned in 2013. ROSA will investigate timing for a South Asia consultation to share practices with each other and among countries initiating MoRES in 2013.

## Mainstreaming children from Temporary Learning Centres into Government Primary Schools in Sindh, Pakistan

Document Type/Category	MTSP Focus Area or Cross-Cutting Strategy	Related Links
Innovation	FA2 - Basic Education and Gender Equality; Advocacy, Capacity Development, Partnership	
Contact Person	Language	Emergency Related
Shahla R. Din – sdin@unicef.org	English	Yes

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## Abstract

During the 2010, 2011 and 2012 floods in the province of Sindh, Pakistan, UNICEF established Temporary Learning Centres (TLCs) to respond to the learning needs of flood-affected children. Many of the children enrolled in TLCs were "First Timers", who had never been to school in their life. As a result of UNICEF's advocacy, the Education and Literacy Department of the Government of Sindh agreed to mainstream all TLC children into the formal school system, particularly following the 2011 floods. This innovation, especially in view of the severe shortage of functional schools in Sindh, and the significant number of out-of-school children, provided an opportunity during and after emergency situations to demonstrate that it was indeed possible to mainstream and institutionalize TLCs within a public school system. It also proved to be an innovative way to ensure that boys and girls did not lose a safe and protective learning environment once the period of acute emergency was over.

## Innovation or Lesson Learned

In Pakistan, TLCs were used after the 2005 earthquake and in refugee and IDP camps in the northwest. But before the mega 2010 floods, TLCs were little known and were not viewed by government or people in other provinces or areas of the country as a humanitarian priority. After they were used on a large scale in 2010, they were in demand by affected people and UNICEF and Save the Children (co-cluster leads) ensured that they were routinely included in PDMA contingency planning and in appeals. However, the concept and strategy of using TLCs to enrol out of school children and keep them in school, involved another level of advocacy with the Department of Education.

The major innovative element consisted of leveraging the 'opportunity' of an emergency response to mainstream flood-affected children from TLCs into the government school system, most especially 'First Timers' who had never previously been enrolled in school, and particularly girls. This was made possible through the tripartite partnership developed from the onset of the emergency, between the Provincial Government, UNICEF and NGOs within the Humanitarian Cluster. UNICEF also leveraged its long standing credibility as an education development partner. Secondly, involving district-based NGOs as well as relevant district-level education officials encouraged ownership of this process at a local, service delivery level.

A challenge is that when the NGOs withdraw and the Government takes over, quality of teaching, infrastructure and learning materials may deteriorate due to the well documented challenges with the underfunded public education system.

## Potential Application

The TLC model is used in UNICEF emergency response throughout the world. Within the standard TLC implementation, additional steps could be integrated into the model to maximise the potential for mainstreaming of children into established educational institutions (government or otherwise). The Sindh case, where the potential was recognised from the onset of emergency response, can act as a case study in relationship development and policy advocacy to achieve long term development goals through transitions from emergency interventions.

## Issue

Floods and monsoon rains in 2010, 2011 and 2012 affected millions of people and severely disrupted education services.

The 2010 floods disrupted the education of 1.8 million children whose schools were partially or fully damaged or used for IDP shelters. After the 2011 floods, more than 400,000 of those without a place to go to school. Finally with the monsoon floods of 2012, 500,000 children had their schooling disrupted once again due to damaged infrastructure and schools being used as temporary IDP shelters.

In addition to these children were the millions who had never previously attended or dropped out of school prior to the floods. According to the Pakistan Standard of Living Measurement Survey (2009), 46% of primary-school aged children were not enrolled in school prior to the floods. After the 2011 floods, 40% of the children attending TLCs were 'First Timers' who had never been to school in their life. At the TLCs

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installed after the 2012 floods, 33% of TLC children are 'First Timers'.

In response to this enormous need, UNICEF worked in collaboration with the Sindh Provincial Government and NGO partners to setup Temporary Learning Centres (TLCs) that provided a securing learning environment for flood-affected children. In response to the 2010 floods, 4,250 TLCs reached 294,000 children; after 2011 floods, 2,120 TLCs reached 101,970 children and for the 2012 monsoon rains, 27,575 children of whom 33% are First Timers, are currently being reached through 425 TLCs.

### Strategy and Implementation

UNICEF's strategy for TLCs was based on a tripartite partnership with the Government of Sindh (Education & Literacy Department and District Education Officers), NGOs, and UNICEF. The Education & Literacy Department played a lead role with the deployment of Government male and female teachers, distribution of textbooks and monitoring of quality at all TLCs. NGOs mobilized communities for the enrolment of children, set up TLCs and trained TLC para-teachers and Government teachers on classroom management skills. UNICEF provided school supplies, technical support and quality assurance. UNICEF was also the co-lead of the Sindh Education Cluster Coordination Group.

After reaching out to almost 400,000 children with over 6,000 TLCs (2010 and 2011 floods responses combined), continuity and retention of TLC children into the formal Government education system, under a sustainable arrangement, were evident as major challenges. In addition, TLCs were seen as a short term method for humanitarian situations, under the aegis of the Provincial Disaster Management Authority rather than the Department of Education. Therefore, UNICEF staff began an advocacy campaign to mainstream TLC children within the regular Government schools. A series of field visits, discussions on data in humanitarian reports and consultative meetings with Provincial Government officials, including the Education Secretary and the Minister, resulted in the Education and Literacy Department of the Government of Sindh agreeing to mainstream all TLC children into the formal school system.

In order to execute this, a series of technical and planning meetings were held with District-level officials and NGOs running the TLCs, to work out the modalities. District-Specific Action Plans were jointly developed by Government, NGO partners and UNICEF.

The Provincial Government and IPs implemented these District-Specific Action Plans to enable TLC children to be enrolled into nearby Government schools between March and April 2012. Where such schools did not exist, or were badly damaged by flooding, TLCs were permitted to move from the displacement site, to the community site. In Sindh, as the academic year ends in March and the new academic year starts in April, the mainstreaming process was also linked with general enrolment drives to enrol more children in schools, including TLC children. UNICEF and the RSU monitored and supported the process of merging TLCs within the Education System.

### Progress and Results

218,000 children who had been enrolled in TLCs after the 2010 floods were brought into the government school system through enrolment drives. Following the 2011 floods, with the experience of 2010 to draw upon, 95,432 flood-affected TLC children (43% girls), inclusive of First Timers, were mainstreamed/enrolled in 2,090 Government Primary schools in ten districts of Sindh. General Register numbers were also allotted to all children. Physical verification of TLCs and "recipient schools" was jointly conducted by District Education Departments and IPs, to ensure they had the physical capacity to handle an increased student-load, and ensuring that the coding with the Sindh Education Management Information System for damaged schools were transferred to the TLCs.

Other innovative methods need to be employed, along with accelerated and accredited learning to deal not only with the missed academic years due to the emergency but providing catch up programmes for second chance opportunities for out of school children.

### Next Steps

The tripartite relationship developed between UNICEF, Provincial Government (including District level) and

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NGOs to enable mainstreaming of TLC children into government schooling provides an entry-point for multi-sector interventions such as hygiene education, water and sanitation facilities, health and child protection initiatives.

UNICEF is a lead partner in a new Sector Wide Approach to education in Sindh, and plans to leverage this role for funding to strengthen the public school system, reducing drop outs (including of children who moved from TLCs) and improving learning outcomes.

Alongside the TLC mainstreaming initiative, other complementary concerns include the need to systematically strengthen non-formal education, particularly as being part of the Alternative Pathways of Learning. This is also part of the Education Sector Plan for Sindh currently being developed under the Global Partnership for Education initiative.

Additionally, efforts are on-going to update Emergency Preparedness Response Plans, integrate Disaster Risk Reduction into Schools and complete School Safety Plans.

## 7x7 Assurance and Monitoring to Manage Risk

Document Type/Category	MTSP Focus Area or Cross-Cutting Strategy	Related Links
Innovation	FA1, FA2, FA3, FA4, FA5, Service Delivery, Partnership	
Contact Person	Language	Emergency Related
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### Abstract

To improve effectiveness, accountability and generally reduce and manage risk in programme implementation, UNICEF Pakistan introduced three innovations in 2011, which were fully operational in 2012: i) filling gaps and maximising monitoring information through seven by seven assurance and programme monitoring; ii) use of assurance specialists and assurance teams; iii) use of a partnership officer and partnership database. Several of these initiatives derive from or are related to global systems such as enterprise risk management (ERM), HACT, IPSAS, PCA Guidelines, and others evolved from experiences with fraud and ineffective programme delivery. The three innovations have made a significant difference for the office business environment, for programme delivery, and likely for effectiveness and impact.

### Innovation or Lesson Learned

Pakistan Country Office believes it may be the first country office to systematically map out the various sources of financial and supply assurance and programmatic monitoring information and to analyse the inefficient overlaps, the existing and potential synergies and whether there are still information gaps. This mapping allowed inefficiencies to be eliminated, and programme specialists to greatly increase their knowledge and understanding about implementation progress, delays, results and constraints and thus improve their decisions and actions. Operations and supply specialists have also gained crucial and timely information to enhance their performance.

The Partnerships Officer role is also rare in UNICEF, but the function of 'bridging the divide' between operational and programmatic engagement with all partners has proved very valuable. The Partnership Officer supports the Chief of Field Operations, the Chiefs of Field Offices, the Chief of Operations and the Deputy Representative with ready access to information in the database; knowledge about partnership implementation value and scope across five offices, and knowledge about problems and constraints, both internal and external. This officer is the "go-to" person for information on who is doing what, where with

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how much money across seven programmes and five offices. Delays in reviewing, improving and approving PCAs have been minimised, and quality of reviews and therefore of PCAs has improved.

Absorbing, sharing and acting on information are common challenges when the quantity of information is large. Managing this information for better results is an area for improvement. It is important to continuously and pro-actively identify ways in which to better harmonize assurance and programme monitoring activities (collection, analysis and dissemination of information) within UNICEF Pakistan and between UNICEF Pakistan and IPs, contractors, other UN Agencies and the Government at both provincial and federal levels.

### **Potential Application**

The integration of different types and sources of data that is collected, and its analysis and dissemination for immediate and longer term actions, has potential application in other areas of programming and operations. For example, implementation through cash and supply transfers to government partners is not yet within the information monitoring and management system. Many of UNICEF's government, NGO and even UN partners could benefit from the three innovations described here.

Other UNICEF country offices may find benefit in undertaking a similar 'mapping' exercise of their assurance and monitoring information sources, and to consider the value of dedicated staff whose role is to bridge the informational gap between assurance and programme monitoring and identify opportunities to share knowledge that enables corrective action where necessary.

### **Issue**

Over the past few years, in an effort to improve both fiscal and programmatic transparency and effectiveness throughout UN operations, a number of frameworks and tools have been introduced to enable UN agencies to strengthen financial assurance and programmatic monitoring of implementing partners, for example, ERM, HACT, Global PCA Guidelines, IPSAS, expanded use of third party monitoring and certification contracts, external audits, bespoke information systems developed in conjunction with partner governments, and various methods of rapid assessment and real-time evaluations. In addition, a wealth of information is gained during field visits by UN, government and IP staff. The challenge faced by the Pakistan office was that information from various sources for different programme and financial purposes was not mapped, linked or synergized, and in some cases there were overlaps, in other cases, there were gaps. Without systematic design, documentation and triangulation, information was of limited value. Another challenge was that programme technical specialists lacked training and experience in financial and business practice assurance methods, and were in any case fully occupied with programme design and implementation. This problem became most apparent with the introduction of HACT and IPSAS. Furthermore, over time working with partners and counterparts, they tended to lose objectivity and independence. A third challenge was that the large scale of the UNICEF Pakistan programme, in terms of money, supplies, geographic scope, number and types of partners and number and types of implementing agreements necessitated a full time coordinator who could also assure adherence to rules, regulations and good practices.

To address these challenges, three innovations were introduced by UNICEF Pakistan in 2011, and made fully operational in 2012: i) 7 by 7 assurance and programme monitoring; ii) assurance specialists and teams; and iii) a partnership officer and database.

### **Strategy and Implementation**

To harness the joint value of the various sources of financial assurance and programme monitoring information, reduce inefficiency and duplication, and ensure there are no critical information gaps, UNICEF Pakistan established the "7 x 7" programme monitoring and financial assurance map, whereby there are seven sources of programme data, and seven sources of supply and financial monitoring data, which are regularly collected, compared, analysed and acted upon by programme and operations, cognizant managers, specialists and officers. These same sources of data are also drawn upon for programme and operations review meetings, and for reports to Provincial and Country Management Team meetings and Programme Coordination Group meetings.

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The seven programme monitoring sources include:

1. Implementing party monitoring: NGOs and contractors report back to UNICEF programme staff (and to cluster meetings in the case of humanitarian performance reporting);
2. First party monitoring: UNICEF Programme and Supply staff make regular scheduled field visits and trip reports. Ideally, as many of these visits as possible are made with government counterparts;
3. Second party monitoring: Government (Provincial, District, Tehsil, Taluka, UC) visits, with observations reported to UNICEF bilaterally or through meetings;
4. Third party monitoring: In a specific area of implementation (regular programmes and emergency response) using check lists, questionnaires, copies of PCAs and guided by PM&E & programme staff;
5. Information management system reports: These include those supported by government, UNICEF and other UN Agencies. For example: Nutrition Information System; Health Management Information System; Education Management Information System; Child Protection Management Information System. The Disease Early Warning System (WHO), Polio Information System (WHO) and Food Vulnerability Information System (WFP) are used by UNICEF to act on different life threatening problems;
6. Rapid assessments to provide data on initial needs but also follow up on unmet needs and on what needs have been met;
7. Real time evaluations provide information that is synchronous & complementary to monitoring.

The seven assurance information sources are:

1. Three capacity assessments: Financial – Programmatic – Supply (latter two for each partnership agreement); the findings of which inform the risk mitigation plan which is required along with the project implementation plan;
2. Assurance/Audit Specialists: These accounting and business experts are involved in approval of new PCAs and amendments, certification and verification of requests for cash transfers or liquidations; issuance of new contracts; and generally guarantee compliance with financial rules and terms and conditions;
3. PCA Review Committee and Contract Review Committee: These committees (PCA RC in every office) review every single agreement with NGO partners and all contracts over a certain USD value, and recommend for Representative's approval on the basis of clear criteria. The criteria include compliance with rules and regulations as well as, for PCAs, assessment results and risk mitigation plans;
4. Five Assurance Teams (one per office): These UNICEF programme specialists, officers and financial officers jointly carry out periodic spot-checks of documents related to implementation and expenditure, and check on progress in carrying out measures identified in risk mitigation plans;
5. Specialist monitoring: This is also included as first party monitoring in the programme monitoring map. The programme monitoring does not only include checking on the quantity and quality of programme implementation and use of supplies; it also includes checking adherence to agreement terms, conditions and budgets;
6. Periodic scheduled audits as per the HACT modality and special audits and/or investigations when concerns have been raised;
7. Audits by UNICEF's Office of Internal Audit or by External Auditors to the UN.

The second innovation was the creation of posts at NOC level for five assurance specialists, with business and accounting backgrounds. While it took a few months to orient these specialists, they have significantly improved business practices in the office and built business capacity among programme officers and specialists. They have also tightened accountability of contractors and NGOs to deliver as per contracts and PCAs, using HACT methods. Four assurance specialists, all with accounting and business credentials and experience, were placed under four programme chiefs (health, nutrition and polio; education; WASH and child protection) while one was placed under the Operations Chief. They are responsible for frequent travel to provincial offices to investigate complaints and allegations, conduct spot checks of FACE forms and PCA implementation with provincial assurance teams, and build capacity of provincial programme managers, specialists and officers for good business practices.

The third innovation is a dedicated Partnership Officer whose guidance and coordination of UNICEF Pakistan's engagement with any implementing partner or counterpart, whether NGO, government or UN agencies, spans the divide between operational and financial assurance and programmatic effectiveness. The Partnership Officer serves as the PCA secretariat and has created and maintains an Access Database

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with details on all PCAs past and present, the assessment and audit results for all NGOs and the performance of all NGOs. The Partnership Officer liaises closely with all programmes, field offices and with the assurance specialists. The Partnership Officer also maintains the vendor database in VISION.

## Progress and Results

The progress in 2012 includes full operationalization of the integrated 7x7 monitoring and assurance system, with improved coordinated, triangulated use of information to prompt corrective actions and inform decisions. Some weaknesses have been found including the temptation to overload the third party monitors and do less first and second party monitoring; and the need to more consistently collate and share field monitoring reports from all sources. However, the 7x7 system is used by Provincial offices to make real-time adjustments and corrections in service delivery and to stop payments or reimbursements until problems can be rectified. In a few cases, partnerships were discontinued. Programme staff at provincial level who have had assurance-related tasks added to their functions have found notable benefit in collecting assurance data alongside programme monitoring data. It has highlighted potential explanations for programmatic challenges thus allowing a better diagnosis of what corrective action is necessary.

The assurance teams and the assurance specialists have significantly improved the business environment and sound financial and contractual practices within the five offices, as well as reducing risky practices by implementing partners. To some extent they have also built capacity of programme staff to understand and practice good business principles and processes.

All aspects of PCA management, including PCA quality, approvals and knowledge sharing have improved with the Partnership Officer functions. Information needs to be updated and shared more quickly, through a modernized database.

## Next Steps

- Reform the existing Access PCA database to be a full partnership database and to be more accessible, including real time data being available outside of the Islamabad office. The new database will include NGOs, UN Agencies with whom the PCO has an MoU and government partners with whom UNICEF has work plans.
- Assurance Specialists will change their reporting line from individual programme chiefs to direct supervision by the Chief of Operations as of January 2013.
- Audits will integral part of all agreements as assurance framework
- HACT and 7 by 7 monitoring will be rolled out to government counterparts
- The NGO selection process will become more transparent and open, including through a mapping exercise.
- A revised, updated manual will be prepared for HACT, government work plans, PCAs and MoUs
- There will be training on HACT for government counterparts (orientation has already been done) and refresher training for UNICEF staff members on HACT and on partnership modalities

## Creative approaches to access hard-to-reach populations for Polio vaccination

Document Type/Category	MTSP Focus Area or Cross-Cutting Strategy	Related Links
Lesson Learned	FA1 - Young Child Survival & Development	
Contact Person	Language	Emergency Related
Attiya Qazi, aqazi@unicef.org	English	Yes

## Abstract

The Polio Eradication Initiative in Pakistan aims at vaccinating every child under-5 years of age during all Supplementary Immunization Activities (SIAs). Mobile, nomadic and migratory populations are among the highest risk groups for wild polio virus transmission in Pakistan. They tend to camp in out of the way areas, migrate to slums, or be on the move during vaccination campaigns. The other hard-to-reach group in

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Pakistan is the largely Pashtun population living in areas strongly influenced by extremist organisations, with high security risks. UNICEF adopted a number of creative methods to find them in every season that demonstrated the value of customising communications approaches. The approaches relied heavily on the Communication Network, a cohort of 1,100 plus social mobilizers deployed in 33 high-risk districts. They worked closely with UNICEF staff to brainstorm on creative ways to reach the mobile, nomadic and migratory families. These families were also specifically targeted in more traditional mass media campaigns. The result was a reduction from around 900,000 missed children to around 651,000 in less than 12 months' time, and reduced incidence of confirmed polio cases.

## **Innovation or Lesson Learned**

An approach based on understanding, targeting and designing appropriate interventions for specific high-risk and difficult to reach groups proved to be very effective. Creative, local approaches and solutions are best conceived at a grass-roots level by those who experience the cultural context on a daily basis. In lieu of a generic communication or standardised outreach approach, specific approaches for each group matching their socio-cultural perspectives, beliefs or their mobility patterns are likely to have more impact. The success of systematic study of the hard-to-reach and tailored approaches provides further evidence to the argument that though less expensive in the short run, a one-size-fits-all approach to outreach is not cost effective because it is not sufficient to achieve total eradication.

Despite all efforts, old and new, in some districts/agencies the prevailing security situation simply does not permit the access of vaccination teams and COMNet staff to the high risk groups, including those travelling in and out of the reservoir areas. Furthermore, the politicisation of polio vaccine, with militant groups linking it to drone attacks, western imperialism and criticism of the government, cannot be solved by the type of innovative communication approaches undertaken in 2012.

## **Potential Application**

There is a need and potential to continue and expand creative approaches for the hard-to-reach populations, as eradication has not been achieved. Furthermore, because children have to be vaccinated over and over again, creative stimuli can help to overcome "vaccination fatigue". The lessons learned from tailored approaches created by local workers can be applied to other initiatives such as improved sanitation, hygiene, school enrolment, birth registration, routine immunisation, etc.

## **Issue**

Pakistan is one of the remaining three countries where polio virus is still prevalent. People living in areas strongly influenced by extremist and/or militant organisations and mobile populations, (including nomads, travellers, migrants, seasonal labourers and people moving between Afghanistan and Pakistan) are the highest risk groups for wild polio transmission in Pakistan. Children belonging to these families are thus not always accessible to the polio vaccination teams during the campaigns or when vaccination is paired with other health services. They can also be instrumental in the spread of the polio virus when they move from one place to another. Many of them are uneducated (especially the women), have poor hygiene practices and are either unaware or suspicious of public health initiatives, especially polio vaccination. Many of them practice seclusion of women. Thus their children are particularly susceptible to infection.

## **Strategy and Implementation**

First, careful study and analysis was done of people living in locations that were resistant to polio vaccination, and of people who were at high risk of being missed. Once reasons for missing children and for people refusing vaccination were better understood, a number of innovative approaches were employed during 2012 in conjunction with a comprehensive social mobilization campaign executed by the COMNet staff:

- Six full scale fairs for nomads were held, and roadside attractions such as children's free fun rides were run near locations of families who refused vaccination or migratory families. One fair in Lahore attracted 2,500 nomads, mostly beggars, out of which 130 children were vaccinated against polio and 79 received vaccinations with other antigens.
- 17 cross border vaccination posts in simple shipping containers were established to reach the population

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moving across the porous border between Pakistan and Afghanistan. During 2012, more than a million children were vaccinated at these posts.

- Partnering with National Highway and Motorway Police to catch the mobile population moving between the cities, polio vaccination points were set up at toll plazas, and visibility banners were hung on the main highways, accompanied by hand-to-vehicle distribution of communications materials.
- Polio vaccination was carried out at bus stations and train stations, again to capture the mobile populations.
- Employing the Polio Plus strategy, hygiene kits, de-worming tablets, and routine immunisation services were provided alongside polio vaccination. For example, in Tirah Valley, Tehsil Bara of Khyber Agency in FATA, 12,000 families were reached with this combined package.
- Sporting events and recreational activities attracted audiences that also listen to messages about polio vaccination. These included women's volley ball matches in FATA, football and boxing tournaments in Balochistan and Sindh, and shooting competitions in Balochistan.
- Awareness seminars for provincial religious leaders were held in Karachi, Lahore and Peshawar in collaboration with Ministry of Religious Affairs. Seven hundred and thirty prominent religious leaders from Sindh, Punjab, KP & FATA were oriented. An orientation session for members of the Council of Islamic ideology was also held in Islamabad.
- Free health camps were organised at various locations to attract the underserved populations and to vaccinate the children against polio and other childhood diseases.
- Polio vaccination was carried out at bus stations and train stations, again to capture the mobile populations.
- Branded mobile floats carrying key messages on polio and broadcasting with audio visual equipment and banners on large commercial and public service vehicles (rubbish dump trucks, goods transporters, buses, etc.) attracted hundreds of nomadic and other high risk people, some of whom also listened to health education messages by the social mobilizers. This initiative was employed in Karachi, Hyderabad, Thatta, Badin and Kambar districts of Sindh from May to July.

A more traditional mass media campaign was conducted alongside these innovative activities. The electronic media products were translated in five local languages and media channel selection was based on careful media mapping and monitoring reports.

### **Progress and Results**

Thanks to the creative approaches to reach hard-to-find children, the number of children missed reduced from more than 900,000 in January 2012 to 651,781 missed in September SIAs. This has had a substantial positive impact on the case count: By the end of 2012, the number of polio cases was reduced to 58, compared to 198 polio cases in 2011. The total number of infected districts / tribal agencies was also reduced from 53 to 28. It is important to be constantly creative and dynamic to gain attention and interest, and it is important to find approaches that are appreciated by local cultures.

Eradication was nevertheless still hindered. By the end of 2012, security risks for polio vaccinators and mobilisers were higher than ever (including threats, attacks and murder), and consequently some populations were more difficult to reach than ever, regardless of their personal choices on polio vaccination. The diverse, tailored outreach and communication approach is fairly time consuming and expensive. Despite progress in tracking mobile and nomadic population groups and reaching them for vaccination, it still remains a challenge as each group requires specific study and a unique set of interventions in order to be mobilized to accept and receive the vaccine and other health related services.

### **Next Steps**

Polio Eradication is an emergency programme and each year a National Emergency Action Plan is prepared with input from all stakeholders. A recent strategic shift from focus on all high risk areas to virus reservoirs has made it important to review the placement of COMNet staff, and to devise new strategies for reaching out to the most vulnerable children in the target areas. It is being debated whether to move from calculated single messaging and single vaccine, to include more integrated messages and services, to keep the interest of the target population alive in the campaign for complete and sustained eradication.

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## Scaling-Up the Pakistan Approach to Total Sanitation (PATS) in flood and Polio affected areas of Pakistan

Document Type/Category	MTSP Focus Area or Cross-Cutting Strategy	Related Links
Lesson Learned	FA1 - Young Child Survival & Development	
Contact Person	Language	Emergency Related
Simone Klawitter, Chief UNICEF WASH Pakistan, sklawitter@unicef.org	English	Yes

### Abstract

In the aftermath of the mega flooding of 2010 that devastated large areas of Pakistan and affected up to 20 million people, the incidence of water, sanitation and hygiene-related diseases, including acute diarrhoea, among the affected population was alarming. The total reported cases of acute diarrhoea in the first three months of 2011 were more than 700,000, most of them women and children.

An approach and model that has been successful in other countries – Community Led Total Sanitation – was tailored to rural Pakistan as the Pakistan Approach to Total Sanitation (PATS), and communities needing flood-recovery assistance were targeted. A strong monitoring and reporting system was put in place, drawing on UNICEF's MoRES framework of determinants and levels of monitoring and evaluating.

UNICEF and the Government of Pakistan, jointly with implementing partners and community members achieved the following:

# of villages declared ODF: 5,245

# of villages certified ODF: 4,154

Total population in villages declared ODF: 7,459,000

Total population in villages certified ODF: 5,595,956

### Innovation or Lesson Learned

Lesson learned 1: Tailoring proven models to local contexts in order to scale up -- Pakistan Approach to Total Sanitation:

Following the 2010 mega floods, UNICEF and the Government of Pakistan entered into a partnership to scale up a proven model of community led sanitation, targeting people in the flood-affected areas, both in response to the 2010 and 2011 floods. In these areas, access to sanitation, understanding and practice of good hygiene and access to clean water were already low before the floods – the flood devastation made their situation even more dire. Building on the community led total sanitation model applied in other countries, and on the National Sanitation Policy of Pakistan of 2006, the Pakistan Approach to Total Sanitation (PATS) was developed as a comprehensive strategy for promoting improved sanitation and hygiene outcomes in peri-urban and rural areas. PATS focuses not just on ending the practice of open defecation and transforming hygiene behaviour, but also sanitation marketing, waste water collection, solid waste disposal and drainage.

Operationalizing PATS, sanitation demand was created by applying Participatory Rural Appraisal (PRA), Community Led Total Sanitation (CLTS), and School Led Total Sanitation (SLTS) tools. It focuses on respect, dignity and pride as motivations for change rather than the conventional shock, shame and disgust methodology usually employed by CLTS projects. The programme also promotes the use of safe, hygienic latrines and encourages improved hygiene behaviours through Information, Education & Communications (IEC) campaigns. In addition, it supported the establishment of markets for low-cost sanitation goods and services, including having trained masons demonstrate the construction of latrines to showcase low-cost options. The programme also included pilot projects to demonstrate decentralised constructed wetlands to attain 100 per cent drainage and wastewater treatment in selected villages.

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### Lesson learned 2: Partnerships for success:

The successful implementation of PATS at large scale was made possible by partnership and collaboration amongst all levels of government, local civil society organizations, NGOs, and most importantly, the community members. UNICEF's role focused on programme management, overall programme monitoring, strategy development and technical advisory services in all areas of PATS, while Plan International was contracted to implement the programme jointly with local NGOs. In addition, UNICEF entered into a partnership with WaterAid to independently monitor all programme processes at village level, based on agreed upon and documented implementation standards using different monitoring tools, e.g. HH survey, process observation, focus group discussion.

The partnership model focused on co-development of ideas, trust and goodwill, and was consequently of value to all. Promoting the attitude of "sharing is winning" was especially important for the newly applied monitoring arrangement.

### Lesson learned 3: Investment in Output & Process Monitoring and application of MoRES:

Investment in third party monitoring of processes and outputs provided complementary information to what was reported by implementing partners and verified by UNICEF and government staff. In addition it allowed for much greater frequency and inclusiveness of what was monitored where. The frequent monitoring reports, using a well-designed format, allowed for identification of key bottlenecks that were constraining achievement of results. This regularly triggered corrective action where and when needed.

The data and analysis from on-going monitoring (Level 3 of the MoRES framework) was complemented by validation of outcome achievements through household surveys, (Level 4 of the MoRES framework). These surveys collected data on agreed indicators, and created baseline, mid-term and end-line databases for the outcome level analysis.

Specific child deprivation and how this is addressed by the overall UNICEF WASH programme was monitored during regular programme reviews, going beyond access to rural sanitation. (Level 2)

Results of the equity-focused situation analysis (SitAn), the quality of causal and bottleneck analysis of child deprivations and the alignment of policies, strategies and plans was included in a 2012 Joint Sector Review which was conducted within the preparatory process for the Sanitation and Water for All (SWA) process. UNICEF also supported the Government of Pakistan in preparing its first UN Water GLAAS report in 2012 (Level 1).

### Potential Application

Synthesizing lessons learnt allows for adjustment and improvements in the PATS approach to further implement at scale, so that its successes can be consolidated and sustained, and funds can be raised to reach even more people. National and provincial governments need support to provide the enabling environment to support large scale sustainable sanitation programs. Local governments (at Union Council or Tehsil level) need support in promoting sanitation behavioural change; to enable private sector participation; and to carry out systematic monitoring and evaluation of programme implementation. Communities and even whole Union Councils/Districts/Provinces end open defecation and unite to become open defecation free.

#### What does it take to further scale up?

- Policy, Strategy, Direction: Increased focus on campaigning for ODF;
- Institutional Arrangements: Further institutionalization of PATS beyond certification; clarification of roles and mandates at Provincial, Tehsil and UC level;
- Programme Methodology: Include programmatic diversity; improve on data to strengthen equity focus; strengthen SLTS approach;
- Availability of Products and Services: Research and document availability of low cost technologies for decentralized treatment technologies and disaster resistant latrines;
- Cost Effective Implementation: Increase scale of implementation of sanitation marketing concept; revise cost and disaster resistant design of demonstration latrines;
- Financing and Incentives: Lobby for PATS specific provincial (pro poor) budget allocation; revise and

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extend incentives concept (constructed wetland, demonstration latrine etc.); establish micro-finance credit facilities and internal lending opportunities;

- M&E: Continue third party monitoring while revising embedded costs (actual 10% of programme!);
- Implementation Capacity: Adjust scale of implementation to capacities of implementing partners and government; enable institutional learning between programme phases;

## Issue

More than 43 million people defecate in the open in Pakistan. The 2010, 2011 and 2012 floods devastated much of the water supply infrastructure, and spread pollutants. With just 45 per cent of the population (29 per cent rural and 72 per cent urban, Joint Monitoring Programme 2010) having access to improved sanitation, Pakistan faces a major challenge in achieving the MDG target of 64% access to improved sanitation by 2015. Diarrhoea remains the leading cause of mortality for children under five; 116,013 children under the age of five die due to diarrhoea each year, translating into the loss of life of 13 Pakistani children per hour (Pakistan Demographic and Health Survey 2007-08). Children also suffer disproportionately from sickness due to diarrheal disease with almost 25 million cases reported annually (Pakistan Social and Living Standards Measurement Survey 2006-07).

## Strategy and Implementation

Pakistan Approach to Total Sanitation:

Pillar 1: Sanitation Demand Creation for ODF Communities

- Launching an IEC campaign based on baseline information regarding Knowledge Attitude and Practices (KAP) and Formative Research findings;
- Mobilizing communities through Community Activists / Community Resource Persons (Lady Health Workers) adapting a cascading model and establishment of Sanitation Village Committees;

Pillar 2: Supply Side Intervention:

- Technical training of masons;
- Construction of low-cost environmentally friendly gender sensitive latrines for demonstration of technical solutions;
- Piloting concept of sanitation mart and trainings of sanitation entrepreneur and sanitation enterprises;
- Facilitation to develop linkages with microfinances institutions;
- Incentivizing outcomes (SchoolWASH, constructed Wetlands, non-WASH community facilities);

Pillar 3: Participatory Health and Hygiene Promotion

- IEC material on key active health and hygiene messages with communications strategy;
- Mass media/communication campaign;
- IEC campaigns promoting low-cost appropriate and informed sanitation solutions;

Pillar 4: Attaining 100% Adequate Drainage and Wastewater Treatment

- Advocacy for waste water disposal in a hygienic way;
- Advocacy for underground/covered drainage system;
- Advocacy for wastewater treatment through oxidation ponds/constructed wetlands;
- Ensuring adequate drainage design with the support of Public Health Engineering Department;
- Piloting drainage and wastewater treatment in selected villages;

## Progress and Results

Progress: The programme is completed.

Results: (Phase 1-3, Oct 2010 – Oct 2012)

Target population:

# of villages declared ODF: 5,245

# of villages certified ODF: 4,154

Population in villages declared ODF: 7,459,000

Population in villages certified ODF: 5,595,956

# of people reached with appropriate hygiene messages: 6,260,000

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# of Demo Latrines constructed: 3,983  
 # of sanitation marts facilitated and operating: 113  
 # of constructed Wetlands including Sewer Lines: 16  
 # of households with soap anywhere in the dwelling: 742,000

## Next Steps

1. Continue to implement PATS in partnership at scale while shifting management of implementation to provincial UNICEF office and strengthening capacity of government to oversee PATS programme at all administrative levels.
2. Refine and further standardize PATS programme concepts with a focus on SLTS, Monitoring and Evaluation, IEC material review, the subsidy concept, public private partnership, micro-financing, and support to government to take up PATS implementation.
3. Further institutionalize knowledge management.
4. Continue output and process monitoring system to monitor key areas of PATS to facilitate Management for Results (Level 3 monitoring, MoRES).
5. Further standardize UN standard conform evaluation and KAP evaluations including monitoring of impact.

## Accelerated Learning Programmes in an Extremely Hostile Context: Community, government and religious engagement

Document Type/Category	MTSP Focus Area or Cross-Cutting Strategy	Related Links
Innovation	FA2 - Basic Education and Gender Equality	
Contact Person	Language	Emergency Related
Muhammad Rafiq mdrafiq@unicef.org and Syed Fawad Ali Shah sfashah@unicef.org	English	Yes

## Abstract

In Pakistan's north-western regions, attending school often carries both enormous security and social risk, especially for girls, so any sustained success in ensuring education to the most marginalised and vulnerable children is particularly noteworthy. An accelerated learning pilot programme was developed and implemented by UNICEF and the National Institute for Rural Management (NIRM), working closely with government, community and religious leaders. Through participation in Accelerated Learning Programme Centres set up throughout the Federally Administered Tribal Areas (FATA), out of 1,000 out-of-school children aged 9 to 16 years old (243 girls), 996 were able to 'catch-up' in one year (passed the exam) and their average primary completion examination score was 87%. Accelerated learning programmes are a well-known and proven approach in other countries. However, there are valuable lessons to be learned from the piloting of AL in this formidable context –infamous for bombings of schools and by the shooting of teen activist Malala Yousafzai in October 2012.

## Innovation or Lesson Learned

The ALPC programme design was relatively classic with respect to accelerated learning programmes worldwide. The innovative elements relate more particularly to 1) how stakeholders were engaged, and b) how this was possible in such a formidably hostile context, particularly for those girls enrolled. Each step in the programme was heavily shaped by the increased direct threat to the lives of students, teachers and all those involved.

For example, the location of the schools – both close to students' homes and selected with community participation – enabled students to attend without a long daily walk and the adults in the community felt ownership over the place and the process. The religious engagement helped to counter any threats from non-state actors. The selection, with community participation, of teachers local to the area, ensured the

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teachers were trusted by the community.

## Potential Application

Very few places in the world are as challenging to education, especially girls' education, as FATA. Their very lives are threatened by going to school and any education programme needs to be seen as entirely indigenous and local. Nevertheless, this initiative showed that with sufficient respect to and participation from parents and community leaders (including government and religious), an accelerated learning programme can have quick and successful results for out of school children even in very difficult and risky environment.

## Issue

The prolonged insecurity in the FATA region, accompanied by cultural and economic factors that particularly impact girls' opportunities, deprives approximately 900,000 children from completing primary and secondary education. Many out-of-school children have been enrolled at various times but have been forced to drop out for a variety of reasons including long distances, insecurity, teachers' absenteeism, poverty and girls' education not being considered as important.

The October 2012 militant shooting of education activist, Malala Yousafzai, known for her outspoken efforts to fight for a girl's right to an education in Swat Valley in Khyber Pakhtunkhwa, brought into the world spotlight the issues of girls' access to education throughout Pakistan. In 2012 alone, some 73 girls' schools (exact data not available) have been blown up with the Taliban claiming responsibility as part of their clear campaign to prevent girls from accessing education.

The statistics substantiate the impact of such targeted violence and insecurity. Literacy rates in FATA are 35.8% for males and 6.7% for females and primary gross enrolment rates are 64.8% for males and a dismal 26.8% for females (UNICEF Situation Analysis 2011).

## Strategy and Implementation

The Accelerated Learning Programme Centres (ALPC) were designed to enable out-of-school children aged nine to 16 years in the FATA region to 'catch up' on their education and be mainstreamed into the formal school system. The FATA Education Department maintained ownership of the process, with the support of UNICEF and National Institute of Rural Management (NIRM).

The Education Directorate led the process of developing a condensed curriculum to cover the full primary course in one year. Civil Society Organisations (CSOs), teachers and key community members were engaged through social mobilization in the communities alongside UNICEF and NIRM, to ensure a comprehensive consultative process that involved the review of existing syllabi and textbooks available. The consultative process also served as space and time to cultivate relationships between these key stakeholders to enable the success of the project. The resulting curriculum was therefore tailored to facilitate mainstreaming of students, dovetailing into the examination process.

FATA Education Directorate formed a committee of education department officials to oversee the project in two Agencies where the security situation had somewhat stabilized. An Out-of-School-Children survey was conducted in these agencies to identify children eligible for and in need of the ALPCs and to provide benchmarks against which success could be measured. Twenty-five ALPCs were set up in the two selected Agencies of FATA after social mobilization enabled their acceptance in the community. In practical terms, ALPCs were located close to the homes of out-of-school children, in rented buildings. The selection of sites was undertaken with active community participation. They were separate from regular schools, with two exclusively girls-only centres, with four female teachers.

Local communities were involved in the teacher selection and hiring process, including the Agency Education Officer and NIRM team, and all teachers were local to their assigned ALPC. The recruited teachers were specially trained on the curriculum, as well as on how to provide psycho-social support. Teachers received on-going facilitative supervision and mentoring. NIRM had very specific criteria for selecting mentors. Each mentor had to have a higher degree and at least three years of relevant experience in the field. Mentors

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were duly provided with orientation by the NIRM. Mentors regularly visited the centres and provide on-the-job training, enabling teachers to adjust to this alternative form of education, ensuring they were able to provide holistic support to the students within the programme.

Children studied intensively for 10.5 months before taking the primary school completion examination.

Throughout the entire process, community participation and ownership of the project enabled its success, particularly vis-à-vis the security situation.

### Progress and Results

- 50 teachers, of which four were female, were trained and mentored through the process.
- 1,000 children were enrolled in the 25 ALPCs at the beginning of 2012, of which 243 were girls. An additional five were enrolled later in the year. Four dropped out during the course of the year.
- Nine children were mainstreamed back into the formal education system before completing the full course.
- 992 children sat examinations supervised by the FATA Education Directorate in November 2012. All of them passed.
- Average grade was 87%, highest grade was 100% and lowest grade was 37%. (The required score to pass was 33%).
- No major security incidents have occurred in 2012 in relation to the ALPCs.
- A video case study made by NIRM is available.

On-going challenges include:

- Certain centres do not have separate places for girls due to resource constraints. This can be culturally problematic given the age range (9 – 16 years).
- Attaining a gender balance of teachers recruited for the program remains challenging for a number of reasons, many of them socio-cultural. Additionally, as girls do not remain in school long enough and move up the education system, very few can qualify as teachers.
- The level of risk to all those involved remains high, in spite of all measures taken to mitigate security risks.

### Next Steps

- The FATA Education Sector Plan is under preparation with UNICEF's support and advocacy to scale up financial support for education.
- Policy-level intervention using evidence generated from this model to encourage government to open separate centres for boys and girls given the age and cultural sensitivities of the children.