Executive Summary

In 2013 UNICEF transitioned to a new Country Programme in Pakistan – one that is reoriented towards long-term development in the absence of a major humanitarian disaster for the first time in four years. At the same time, UNICEF capitalised on renewed commitment by the Government of Pakistan (GoP) to global initiatives such as ‘A Promise Renewed’ (APR), Polio Eradication, ‘Scaling Up Nutrition’ (SUN) and ‘Education for All’. This transition and momentum allowed UNICEF to articulate and operationalise the Monitoring for Results and Equity System (MoRES) agenda, whilst scaling up systems-strengthening work with newly autonomous provincial governments. The five-year Common Country Programme Action Plan (CCPAP), which was developed in partnership with the UN Population Fund (UNFPA) and the UN Development Programme (UNDP) and endorsed by the GoP, represents a unique achievement considering the size and complexity of the Country Programme.

Achievements in 2013 include new costed strategies to operationalise the GoP’s commitment to improving key indicators for women and children. UNICEF played an instrumental role in developing: Health Sector and Intersectoral Nutrition Strategies in all provinces and areas; the National Action Plan to accelerate education-related Millennium Development Goals (MDGs), and Education Sector Plans in Sindh and Balochistan; and Policy Guidelines for Mainstreaming the Needs and Concerns of Vulnerable Groups in Disasters. UNICEF’s policy-level work also resulted in a commitment to a progressive increase in national spending on education from two to four per cent of gross domestic product (GDP), increased spending on water, sanitation and hygiene (WASH), and the landmark endorsement of the ‘right to sanitation’ through the South Asian Conference on Sanitation (SACOSAN).

UNICEF scaled up service provision to the most vulnerable children and women in 2013, facilitating major reforms to vaccine management and contributing to the expansion of polio and other routine vaccinations, as well as the roll out of the pneumococcal vaccine (PCV 10) across Pakistan (the first GAVI-eligible country in South Asia to do so). Basic nutrition services provided support to around 2.1 million children in emergency-affected areas, with around 440,000 of them receiving a nutritional treatment. UNICEF provided long-term safe drinking water solutions to 1.8 million people, and assisted 1.1 million to gain access to culturally appropriate, secure, sanitary toilets. More than 200,000 out-of-school, crisis- and flood-affected children were supported to continue their education, and around 90,000 children and women benefitted from protective services through Protective Learning and Community Emergency Services (PLaCES) established in camps and communities.

Shortfalls were evident in terms of the Humanitarian Operational Plan and the Early Recovery Assistance Framework (ERAF). For example, funding requirements were not met for key health interventions for displaced communities in Khyber Pakhtunkhwa (KP)/Federally Administered Tribal Areas (FATA). Persistent security and access issues limited UNICEF’s monitoring and documentation – and, in turn, resource mobilisation – capability. UNICEF made significant progress in terms of managing security and financial risk and documenting results, with the introduction of effective assurance and third-party monitoring across Pakistan, however this cannot replace first-hand oversight.

Collaborative partnerships, such as the one with the Technical Advisory Group for Children, resulted in more innovative approaches, including the use of mobile phones for birth registration. UNICEF’s collaboration with Rotary International was instrumental in terms of leveraging private sector resources to enhance programme outcomes in the most vulnerable pockets of the country. The new Evaluation Unit and Management Committee enabled UNICEF to link strategic evaluations to targeted public sector capacity-building efforts in Pakistan.

Country Situation as Affecting Children & Women

Pakistan has the slowest rate of child mortality reduction in Asia. Whilst under-five and infant mortality is declining slowly, neonatal mortality has remained relatively stagnant at 55 per 1,000 live births. Barriers to reducing neonatal mortality include poor nutritional status among pregnant and lactating women and the shortage of skilled birth attendants (SBAs). The slowly declining trend in maternal mortality across Pakistan…
masks considerable disparities. For example, the maternal mortality ratio (MMR) in Balochistan is shockingly high at 758 per 100,000 live births, compared to the national average of 276[2], and women in rural areas are twice as likely to die in childbirth. Consumption of iron and folic acid during pregnancy has been shown to reduce maternal mortality by up to a quarter, however only a fifth of women in rural areas receive this cost-effective intervention.[3] While 73 per cent of women reported at least one antenatal care (ANC) visit from a skilled provider in the most recent Pakistan Demographic and Health Survey (PDHS), only 52 per cent of babies were delivered with the assistance of an SBA.

Pakistan remains one of three polio-endemic countries in the world. Unfortunately, the consistently low number of cases reported in 2013 was undermined by a late-year spike, bringing the total number of cases to 91 (cf. 58 in 2012). However, the polio reservoir was narrowed from 28 to 20 infected districts over 2013. Moreover, the oral polio vaccine (OPV) refusal rate of just 0.14 per cent demonstrated that accessibility and availability are the primary challenges to immunisation coverage. Pakistan also experienced a major measles outbreak in 2013, which resulting in over 33,000 cases and 339 deaths, highlighting severe weaknesses in the Routine Immunisation (RI) System. Just over half of children aged 12-23 months are fully vaccinated. Punjab and KP have the highest coverage (65.6 and 52.7 per cent respectively), whilst only 16.4 per cent of children in Balochistan are fully vaccinated.[4]

Nutrition assessments conducted from 2010 onwards revealed alarming rates of malnutrition in Pakistan, indicating a longer-term problem related to multiple factors including household food insecurity, poor health services, inadequate sanitation, poor hygiene, and sub-optimal feeding practices at the household level. Fifteen per cent of Pakistan’s children are wasted, and 44 per cent are stunted.[5] Levels of malnutrition have remained stagnant for the past four decades, whilst micronutrient deficiencies have become more prevalent. Surveys such as the PDHS have revealed consistently low rates of exclusive breastfeeding up to six months and appropriate complementary feeding; and only 3 per cent of mothers achieve the minimum dietary diversity recommended for infants aged 0-24 months.[6]

An estimated 7 million children of primary age and 25 million of secondary age (lower and upper) are out of school in Pakistan.[7] Gender, wealth and household location strongly influence the out-of-school profile. According to the UN Educational, Scientific and Cultural Organization (UNESCO), 49 per cent of children aged 7-16 from the poorest households were out of school in 2007, compared with 5 per cent from the wealthiest households. Poor girls living in rural areas are sixteen times less likely to be in school than boys from the wealthiest households living in urban areas. Moreover, whilst the average years of schooling for girls from high-income urban areas is 9.39, the comparative figure for girls from low income rural areas is just 1.01.[8] Net enrolment ratios and survival rates at grade 5 have improved incrementally, however the country is behind target, particularly in terms of gender parity.[9] Overall, there is a need to move beyond these basic statistics towards developing systems that can trace learners on their journey through primary and secondary education. More robust disaggregated data is required to inform necessary improvements to the quality of learning in schools in Pakistan.

According to the Pakistan Social and Living Standards Measurement (PSLM), 85 per cent of households in Pakistan have a drinking water facility on site. Access varies considerably among provinces: whilst 89 per cent of households in Punjab have access to drinking water on site, almost half of households in Balochistan (46 per cent) depend on sources outside of the home. Sixty per cent of households rely on motor or hand pumps, and the PSLM observed a decline in usage of tap water in 2011-12 (29 per cent cf. 32 per cent in 2010-11). Quality and type of access to water varies widely between urban and rural areas and between rich and poor. Richer households are substantially more likely to have water piped direct; however the proportion is substantially different in urban (65 per cent) and rural (18 per cent) areas in the highest quintile. Whilst 95 per cent of the richest households have access to improved sanitation, 27 per cent of rural households have no toilet facility (46 per cent in Balochistan), and more than 40 million people practise open defecation.

Estimates suggest that only one in four births are registered in Pakistan, leaving 60 million children without legal proof of their identity.[10] Robust data on protection issues is a key gap in terms of policy-making and service provision for children and women, and UNICEF continues to build the GoP’s capacity to manage data related to child protection issues, monitor tracer indicators and overcome bottlenecks to delivering services.
The ongoing complex emergency in KP/FATA exposes millions of displaced women and children to multiple hazards, including protection concerns. Whilst more than 25,000 families returned to their homes this year, another 160,000 families (almost 1 million individuals) remained displaced.\[11\]

\[2\] SitAn (2012).
\[3\] NNS (2011).
\[4\] PDHS (2012-2013).
\[5\] NNS.
\[6\] Ibid.
\[8\] UNESCO DME (Deprivation and Marginalization in Education dataset), 2010.
\[9\] Net primary enrolment is 73 for boys and 63 for girls according to PSLM 2011-12. The survival rate is 71 for boys and 68 for girls according to SitAn 2012. Gender parity in primary education is 0.99 according to NEMIS 2011-12; 0.84 according to SitAn 2012; 0.9 according to PSLM 2011-12.

\textbf{Country Programme Analytical Overview}

The year 2013 ushered in a new Country Programme for UNICEF Pakistan, as well as an ambitious Common Country Programme Document for 2013-2017 with UNFPA and UNDP. Multi-Year Work Plans (two-and-a-half years) were signed with government counterparts. UNICEF has a leading role in Sindh as convening agency for One UN Programme Cycle 2 (OPII) implementation. UNICEF is also co-chairing the Programme Management Team (PMT) (with UN Women), and the Programme Planning, Monitoring and Evaluation (PME) and Monitoring, Review and Reporting Committee (MRRC) Groups under Strategic Priority Area 1, as well as co-leading the Strategic Priority Area 6 Food Security and Nutrition Group at the national level.

In line with the new Strategic Plan for 2014-2017, the Country Programme seeks to address the following: growing disparities across provinces as well as rural and urban areas; inequity, by promoting fulfilment of human rights for children and women, and expanding service provision to the most disadvantaged; and bottlenecks and barriers, by supporting local-level analysis and upstream work. The Programme also aims to build resilience by linking relief, rehabilitation and development through disaster risk reduction (DRR).

The new Country Programme also made several strategic shifts, which correspond to the strategic focus areas of the Regional Office for South Asia (ROSA), resulting in increased focus on: 1) urban areas, in response to steady proportional and numerical increases in poor urban populations across the country; 2) adolescents (especially girls), responding to the many issues faced by this age group, including child marriage; and 3) DRR, peace building and resilience, especially with respect to the impact of climate change and conflict.

Devolution of key functions to the provincial level presented major challenge in terms of capacity to deliver. In response to this – and to the distinct characteristics and challenges in each province – the Pakistan Country Office (PCO) adopted a proactive systems-strengthening approach. This can be seen in the shift of focus from small-scale delivery through local partners towards building capacity for policy formulation, planning and service delivery at the provincial level. Special attention is paid to innovation, convergence and integration in areas where multiple-level deprivations are identified through the Child Wellbeing Index.

In 2013, UNICEF also scaled up, restructured and reoriented the Polio Programme to respond to changing operational realities in Pakistan.

PCO is implementing programmes in the sectors of health (including maternal, neonatal and child health [MNCH], polio, RI and HIV/AIDS), nutrition, WASH, child protection, education and social cohesion. Key strategies that continued from the previous Country Programme are as follows:
The focus on **Communication for Development (C4D)**, through the appointment of focal persons in every programme area and use of a wide range of communication and mobilisation techniques;

- Articulation of the equity agenda and using **MoRES** to fine tune programme strategies;
- Mainstreaming the **Human Rights Based Approach (HRBA)**, as well as refining UNICEF’s strategy and approach to **gender**, within the framework of the global Strategic Plan and equity agenda;

- **Strengthening partnerships** with government counterparts, UN agencies and civil society organisations (CSOs), as well as forming new strategic public-private partnerships;

- Building a strong **evidence base** and effective **knowledge management systems** for advocacy; and

- Strengthening **procurement systems** for supply-heavy programmes, emergency preparedness and response.

**Humanitarian Assistance**

UNICEF intensified support to emergency preparedness by the GoP and implementing partners (IPs) in 2013, reviewing some of the lessons from successive responses to widespread flooding in 2010-12, and incorporating these into Emergency Preparedness and Response Plans. The trend towards internal management of disasters by the GoP was evident in the aftermath of two powerful earthquakes in Balochistan in April and September, the latter of which killed 376 people and affected 200,000.

A cross-sectoral DRR Task Force was established, headed by the Chief, Field Operations. UNICEF fostered linkages between DRR and development programmes, for example through the pilot WASH DRR-mainstreaming project in KP.

Emergency funding requirements were met for the WASH and Nutrition Programmes, but there were significant shortfalls for Child Protection, Education and Health (ranging from 50 to 75 per cent). Moreover, the absence of the predicted wave of displaced persons returning to their homes in KP/FATA will have implications for emergency response planning in 2014.

Regulatory barriers (exemption certificates) posed particular challenges with respect to procurement of off-shore health supplies. Intensified advocacy and resource mobilisation efforts are required in line with PCO’s strategy for strengthening procurement for emergency preparedness and response. PCO pre-positioned US$1.5 million worth of contingency stocks in 2013.

**Effective Advocacy**

*Mostly met benchmarks*

In 2013, UNICEF demonstrated concrete gains for children in Pakistan in terms of rights-based policy and service delivery, focused on areas where bottlenecks had been identified previously.

To address persistently high infant and neonatal mortality rates, UNICEF worked with the Health Ministry to restructure the Expanded Programme on Immunisation (EPI) and revive the EPI Policy. Successful advocacy for renewed focus on newborn care, within APR, was reinforced by bottleneck analysis consultations to inform the Every Newborn Action Plan (ENAP). UNICEF supported the GoP’s commitment to addressing two major killers of children under five in Pakistan – pneumonia and diarrhoea – and scaling up the Helping Babies Breathe (HBB) initiative.

The GoP’s endorsement of the 2011 National Savings Scheme (NSS) demonstrated a new commitment to tackling malnutrition as a barrier to socio-economic development, paving the way for increased focus on key indicators and bottlenecks. UNICEF advocacy and technical assistance to the Ministry of Planning, Development and Reforms and provincial planning and development departments (P&DDs) led to the endorsement of provincial policy guidance notes and Intersectoral Nutrition Strategies.

UNICEF’s advocacy on eliminating open defecation resulted in the allocation of substantial government funds
to Pakistan Approach to Total Sanitation (PATS) projects and, significantly, the adoption of PATS as a sector-wide approach.

To reduce the number of out-of-school children (OOSC), UNICEF led the institutionalisation of girls’ education in Balochistan, and supported the development of equity-focused Education Sector Plans (ESPs) with corresponding budgetary allocations. A total of US$100 million was leveraged for ESP implementation over a three-year period. The Prime Minister also committed to increasing the national budget for education from two to four per cent of GDP.

UNICEF’s advocacy on birth registration (BR) at the provincial level resulted in the initiation of the process to develop a BR Strategy in KP. In Balochistan, an agreement was signed between the local government and the National Database and Registration Authority (NADRA) to strengthen the BR system, promote BR and subsidise the cost of birth certificates.

UNICEF continued to work with national, provincial and district Disaster Management Authorities (DMAs) to increase adherence to the Core Commitments for Children (CCC) in emergency response. The National Disaster Management Authority’s (NDMA) Policy Guidelines for Mainstreaming the Needs and Concerns of Vulnerable Groups in Disasters was a key result.

UNICEF’s advocacy work also resulted in equity-driven reforms to legislation and regulation, for example:

- Passing of the Universal Salt Iodisation Bill by the Sindh Provincial Assembly, in partnership with the Global Alliance for Improved Nutrition (GAIN), the Micronutrient Initiative (MI), the World Food Programme (WFP) and the World Health Organization (WHO);
- The three-year waiver of regulatory barriers to importing and distributing Vitamin A;
- Fledgling legislative initiatives to support the Polio Eradication Initiative (PEI), for example proposals by Members of the Balochistan and Sindh National Assemblies on compulsory polio vaccination for school admission;
- Notification of the Sindh Child Protection Authority (in accordance with the Child Protection Authority Law passed in 2011), which will establish institutional mechanisms for child protection and set minimum standards for children’s institutions;
- Approval of the Child Protection Policy in Balochistan, the Child Protection Law in Gilgit–Baltistan (GB), and Social Welfare Strategies in all provinces and one area (Pakistan-administered Kashmir [PAK]);
- Increase by the Sindh Assembly of the legal age for marriage for girls, bringing this on par with boys and in accordance with the Convention on the Rights of the Child (CRC) definition of the child; and
- Commitment from the FATA government to introduce child protection legislation and establish an independent public institution to monitor and protect child rights.

### Capacity Development

**Mostly met benchmarks**

Devolution created significant challenges in terms of delivering on commitments to scale up the provision of basic services in Pakistan. PCO thus adopted a more agile and responsive system, and an institution-strengthening approach to address bottlenecks and barriers. Key results in 2013 were the development of Health Sector Strategies and Intersectoral Nutrition Strategies in all provinces and areas.

UNICEF provided technical assistance to the GoP in a number of priority areas:

- Supporting scale up of supplementary immunisation activities (SIAs), performing a risk categorisation of districts for maternal and neonatal tetanus, improving vaccine management at all levels (targeting, forecasting, transportation, stock management, distribution, utilisation, recording, reporting), and developing newborn survival strategies;
- Supporting the GoP’s high-level representation to the Global SUN Summit and providing technical assistance to the SUN road map, Food and Nutrition Policy, the South Asia Association for Regional Cooperation (SAARC) Nutrition Framework and Vision 2025;
• Supporting the development of an Alternative Learning Programme (ALP) Strategy in Balochistan;
• Assisting the KP P&DD's 'stock-taking exercise', resulting in a provincial Social Protection Policy; and
• Carrying out Child Protection Mapping and Assessment exercises in all provinces and GB, supporting the Social Welfare Department to play a gatekeeping role with newly established Child Protection Units and developing models of social services in key areas such as social protection.

UNICEF also strengthened systems through targeted training and capacity building initiatives:
• Building consensus on priority areas for MNCH capacity development and budgeting;
• Training Union Council Medical Officers in Sindh and KP as part of the PEI;
• Building capacity for data entry and analysis to support the compilation of cold chain inventories in high-risk polio districts by the Communication Network (COMNet) staff;
• Collaborating with government and other partners for Training of Trainers sessions on HBB, Reach Every District (RED) and community-based disaster risk management (CBDRM);
• Collaborating with UNFPA to support the Punjab Department of Health (DoH) to implement 24/7 delivery care through basic health units (BHUs) in under-served districts;
• Training field-level nutrition workers, information management officers and senior health managers from government, IPs and UN agencies (WFP, WHO) on community-based nutrition interventions;
• Training officials from the national and provincial DMAs, the Education Department and non-governmental organisation (NGO) partners on effective implementation of the Provincial School Safety Plan of Action;
• Conducting workshops with government textbook writers as part of the Social Cohesion Programme; and
• Building capacity on the Country Programme ME management information system (MIS) in pilot districts, including carrying out a range of training activities on prevention and response to sexual abuse, child rights, universal BR and child protection in emergencies.

Together with NDMA, UNICEF was part of a joint interagency capacity-building initiative in 2013, which was funded by the Norwegian Government, to improve the overall quality of emergency response in Pakistan. The programme targets 72 districts prone to multiple hazards, focusing on emergency preparedness and coordination.

In 2013, the GoP took ownership of several initiatives previously led by UNICEF, for example using Government resources to implement rights-based sanitation activities in line with PATS. With support from the WHO and UNICEF, the Federal EPI Cell also began to develop a comprehensive multi-year plan, marking a new and important transition towards evidence-based programming and costed plans. Ownership of the Intersectoral Nutrition Strategies by P&DD at the provincial level was another key success.

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**Communication for Development**

*Mostly met benchmarks*

C4D is mainstreamed into all programmatic sectors in PCO. The new Country Programme includes the UNDAF/OPII C4D-based outcome, in addition to a C4D-focused Intermediate Result for every Programme Component Result (see the Programme Component Section for reporting against these indicators).

The PEI made substantial progress in 2013 in terms of reducing refusal rates for OPV. The unprecedented low number of caregivers (0.14 per cent) refusing OPV for their children was achieved in spite of the restricted promotion and visibility of polio campaigns due to the security situation in Pakistan, and can be attributed to effective social mobilisation by COMNet and PEI partners, as well as deliberate efforts to engage religious leaders in the polio campaign. To better understand the causes of refusals and non-availability of children, UNICEF supported COMNet staff to collect disaggregated data at the local level. Close cooperation with journalists in high-risk areas for polio across Pakistan also led to increased positive coverage of the PEI in print and electronic media. During each campaign, 60-80 million people were exposed to polio awareness messages channelled through video testimonies, posters and leaflets. UNICEF also employed a range of
media (religious publications, television, radio, voice messaging) to increase acceptance of polio and other routine vaccinations by engaging influential religious leaders.

UNICEF launched a national BR campaign in 2013 in partnership with NADRA and local governments, using television commercials as well as print media testimonials from renowned personalities. The campaign reached an estimated 30 million people across Pakistan.

The Sanitation Programme at Scale in Pakistan (SPSP) (PATS) involved communities in a participatory baseline study to measure behaviour and social change with respect to sanitation and basic hygiene, using gender-sensitive Participatory Rural Appraisal (PRA) tools. A total of 1.3 million people were reached through village-level behaviour change communication (BCC) campaigns and sanitation marketing drives focused on open defecation and other key indicators. UNICEF also assisted the government of Sindh to develop a BCC strategy based on lessons learned from social mobilisation activities carried out at the community level.

In collaboration with UNICEF, the GoP took ownership of several C4D strategies and activities in 2013. For example, communication committees were established to strengthen communication about polio at the federal and provincial levels. UNICEF launched a national-level knowledge, attitudes, practices and beliefs (KAPB) survey in collaboration with the GoP, to identify barriers to access and utilisation of immunisation services. This work will inform the development of a National Immunisation Communication Strategy with costed provincial chapters. To support government initiatives, UNICEF and partners also developed a range of communications materials on immunisation, breastfeeding, and diarrhoea and hygiene promotion.

Whilst substantial progress has been made, more needs to be done in terms of mainstreaming C4D into programming, and developing evidence-based behaviour and social change campaigns that cut across programme sectors. Key challenges identified in 2013 include: weak monitoring systems and lack of baseline data against which to measure the impact of C4D activities; difficulties ensuring adequate consultation and participation of children and communities; and limitations posed by low levels of literacy and access to social media in Pakistan.

**Service Delivery**

*Mostly met benchmarks*

UNICEF supported the GoP to address key gaps in service delivery in 2013, whilst delivering direct interventions to the most disadvantaged conflict- and flood-affected communities where required.

A major achievement was the roll out of PCV 10 across Pakistan – the first country in South Asia to do so. Free mobile health clinics reached almost half a million children with RI and OPV. UNICEF supported the RED/Reach Every Union Council (REUC) approach, and facilitated evidence-based adjustments to the delivery of key services through the identification of drivers of inequity in immunisation coverage in Pakistan.

UNICEF managed performance-based contracting out of MNCH services in coordination with the Sindh MNCH Cell in two Norway-Pakistan Partnership Initiative (NPPI) target districts. Significantly, the provincial government committed to maintaining the 24/7 status of these facilities after completion of the project in June 2014.

Bi-annual Mother and Child Weeks (MCWs) reached over 10 million children and 7 million women with integrated health and nutrition interventions (immunisation, deworming, vitamin A supplementation, health and nutrition education, and hygiene promotion). In 2013 UNICEF supported similar Mother and Child Weeks/Days in displaced communities (inside and outside of camps). Significantly, provincial governments are starting to plan and fund MCWs.

PATS was redesigned based on contextual analyses, capacity building needs of IPs, and participatory equity analysis at the village level. As a result, 1.1 million people gained long-term access to culturally appropriate,
secure sanitation facilities in priority districts across Pakistan, and 1.8 million benefitted from long-term safe drinking water solutions. Provincial governments are assuming responsibility for service delivery through a phased approach beginning with Punjab in 2013.

To address service accessibility gaps for BR, UNICEF supported local governments in Punjab and Sindh to develop a model to accelerate BR through mobile technology.

A total of 25,000 OOSC continued their education through community-based ALPs in 2013. In Balochistan, students and community-based teachers were mainstreamed into the formal education system. UNICEF also supported almost 190,000 children (38 per cent girls) in crisis-and flood-affected areas across Pakistan to continue their education.

Community-based nutrition programmes in priority districts and tribal areas reached out to around 2.1 million children between the ages of 6 months and 5 years and around 860,000 pregnant and breastfeeding women with screening services, and provided nutritional treatment to around 440,000 children and more than 182,000 women. Micronutrient supplements were provided to 350,000 children and women. Infant and young child feeding (IYCF) activities were mainstreamed into UNICEF-supported emergency and development programmes through mother-to-mother support groups and broader community mobilisation.

Gender-segregated emergency latrines provided access to safe sanitation for more than 80,000 people affected by emergencies. Nearly 30,000 hygiene kits were distributed containing sanitary towels for women.

PlaCES in camps and in communities provided protective services through spaces and mobile outreach to around 70,000 children (48 per cent girls) and more than 20,000 women in emergency-affected areas.

UNICEF also supported the provision of integrated health, hygiene and nutrition packages for returnees to Tirah Valley through local partners.

The 7x7 assurance system strengthened risk management and accountability in service delivery.

### Strategic Partnerships

*Mostly met benchmarks*

Following significant challenges in 2012 related to devolution – particularly in terms of institutional capacity to design and roll out evidence-based policies and programmes at the provincial level – 2013 was a year of significant progress in terms of commitment by the GoP to tackling inequity and improving the situation for children and women. This momentum was accompanied by UNICEF’s deliberate capacity-building efforts in strategic areas.

Examples of strategic partnerships resulting in progress with respect to reducing key bottlenecks and barriers include the following:

- With UNESCO, supporting all provinces and areas to develop Action Plans for accelerating access to education for OOSC, which led to the National Plan of Action for accelerating MDG 2;
- With the WHO and UNFPA, supporting the development of an ‘MNCH accelerated plan of action to reach MDGs 4 and 5’, in collaboration with the Ministry of National Health Services, Regulations and Coordination, and provincial governments;
- Strengthening partnerships with Save the Children, WHO, the US Agency for International Development (USAID), the Advocacy and Advisory Network for Newborns and the Pakistan Paediatric Association, to establish the ENAP and the Global Action Plan on Pneumonia and Diarrhoea initiatives in Pakistan;
- Working with the GoP and the WHO to organise a robust annual EPI review and development of the 2014-18 comprehensive Multi-Year Plan;
- Together with the WHO, partnering with the Islamabad Police and Capital Development Authority for
the ‘Signs of Life’ campaign;

- Under the leadership of the Ministry of Planning, Development and Reforms and provincial P&DDs, working with nutrition development partners to advance the Intersectoral Nutrition Strategy, the SUN process, and government-owned nutrition projects, including multi-donor trust fund arrangements coordinated by the World Bank;
- Partnering with WHO and UN-Habitat for the joint WASH-Polio flagship programme in urban informal settlements;
- Fostering dialogue with a range of strategic partners for ‘Tech 4 Dev’ and ‘Sports for Dev’ – low-cost, high-impact programming tools that have helped to promote equity and increase child participation;
- Maintaining partnerships with national, provincial and district DMAs, other government departments, Clusters and the National Health Emergency Preparedness and Response Network (NHEPRN), to collaboratively improve preparedness. UNICEF also signed 40 contingency Programme Cooperation Agreements (PCAs) to define the terms of engagement with partners and ensure sufficient capacity in the event of an emergency response.

UNICEF forged successful partnerships with the private sector in 2013: with the IKEA Foundation to promote the rights of children in cotton farming areas; with Barclays to support social integration of marginalised adolescents through entrepreneurship and vocational mainstreaming; and with Unilever for PATS.

Through collaborative initiatives such as the Roundtables for Children and Joint Sessions with Rotary in advance of World Polio Day, UNICEF built a better understanding of how to leverage private sector resources to strategically enhance polio awareness and programme outcomes in the most vulnerable pockets of the country. This led to the scaling up of the polio and RI awareness programmes to target the wider population through the 'SMS for behaviour change' initiative with Zong (a local mobile service provider), and subsequent integration of voice messaging from religious leaders to caregivers.

In 2013, UNICEF also established a Technical Advisory Group for Children comprising 14 corporations, including Google and Intel. This effort resulted in innovative approaches such as the use of mobile phones for BR (see Innovations).

### Knowledge Management

**Mostly met benchmarks**

Knowledge management was an area of significant improvement for PCO in 2013. The following examples provide evidence of PCO’s progress in 2013:

- Through the development of the Partnership Management Information System (PMIS), UNICEF demonstrated its leadership role within the UN Country Team (see Innovations);
- UNICEF established effective assurance and third party monitoring in all provinces;
- With support from UNICEF, a national multiple indicator cluster survey (MICS) strategy for 2014-2017 was developed, and MICS was implemented in Punjab and Sindh;
- UNICEF successfully collaborated with the GoP on Pakinfo, which led to a substantial improvement to the management and sharing of statistics and key documents within PCO;
- UNICEF is piloting the child protection MIS, which will generate real-time information on child abuse, violence and exploitation, allowing for effective prevention and management; and
- PCO managed the joint UNICEF-WFP-WHO review of Community Management of Acute Malnutrition (CMAM), carried out by Valid International, a leading institution for research on emergency nutrition programming.

UNICEF provided technical support to the development of a more user-friendly Nutrition Information System (currently being trialled by the Lady Health Worker [LHW] Programme); provincial WASH MIS, and a new online database for PATS (the GoP has allocated funding to maintain these going forward); and the Health and Social Welfare MIS, which record disaggregated data on key indicators.
UNICEF supported local research to benefit the most disadvantaged children and women in Pakistan in 2013. For example, the Sector Mechanism for Sanitation Marketing Study provided guidance to WASH sector partners on good practice in low-cost, community-based latrine construction, and particularly on women’s participation. UNICEF completed a multi-level gap analysis in Balochistan, KP and Punjab to inform policies and strategies on universal BR. A situational analysis of children and adolescents living and working on the streets in urban slums in Quetta was also completed to determine baseline indicators and set the agenda for advocacy and policy development in this area.

The OOSC Study – a collaborative effort between the GoP, UNICEF and UNESCO – was published in June. The Study aims to provide policy-makers with information on gaps in data, analysis and policy on the participation of children in school, and guide concrete reforms in the education sector and beyond. The Study highlights the need for disaggregated data to assist policy-makers and education experts in addressing challenges and bottlenecks within the education system.

UNICEF conducted a Social Cohesion and Resilience Analysis in 2013, with a dual focus on conflict drivers and factors that can promote peace. The Analysis complements the 2012 Situation Analysis through a structured enquiry into the causes and potential trajectory of social cohesion and resilience issues in Pakistan, and identifies opportunities for managing them. It is the product of a multi-stakeholder, participatory exercise, in which the process of building consensus was as important as the final report. The Analysis informs the design and implementation of programmes as well as monitoring of results, making UNICEF’s education programmes more relevant to the broader goal of peace-building.

**Human Rights Based Approach to Cooperation**

*Mostly met benchmarks*

The Planning, Monitoring, Evaluation and Reporting (PMER) Section leads on Programme Process Planning (PPP) training, and incorporating the HRBA and MoRES into UNICEF programming. In 2013, training sessions were held to (re-)orientate staff in these areas.

All UNICEF programmes in Pakistan balance capacity building for duty bearers with support to improved delivery of services to rights holders. The design and implementation of these programmes is based on periodic analysis of capacity-building needs on the one hand, and bottlenecks in service delivery on the other. Periodic analysis at the local level is supported by the most recent Situation Analysis of Children and Women in Pakistan (2012).

HRBA good practices demonstrated in 2013 are as follows:

- Supporting the GoP to implement RED in the most deprived areas across Pakistan, to ensure improved RI coverage for the most vulnerable groups;
- Reaching the most vulnerable children and women who are not served by the LHW Programme through MCWs in communities and in camps for displaced persons in KP/FATA;
- Supporting the GoP to upgrade the capacity of Teacher Education Institutes, focusing on child-friendly strategies;
- Providing assistance to the Ministry for Human Rights in submitting its fifth periodic Country Report to the Committee on the Rights of the Child; and
- Supporting the Punjab Vocational Training Council to design capacity building programmes for the most marginalised and excluded adolescents, in order to operationalise the new Adolescent Strategy.

The Polio Programme conducted an assessment to understand the winter migratory patterns of populations from North and South Waziristan. These were not previously incorporated into host district action plans, but are vital for planning service delivery to vulnerable and disadvantaged communities.

UNICEF commenced a Child Responsive Budget exercise in 2013 together with the Punjab P&DD. The purpose
is to review public spending from the perspective of children’s rights by analysing the budget-making process with a special focus on transparency, efficiency and equitability. This analysis will provide policy recommendations for the strategic introduction of a child-responsive budgeting approach, specifically tailored to circumstances in Punjab.

Successful advocacy was conducted for endorsement of the ‘right to sanitation’, and the adoption of PATS as a sector-wide approach. The SPSP subsidises the most vulnerable segments of the community and promotes the inclusion of women and children in community-based sanitation and hygiene interventions.

UNICEF worked with Cluster partners and the Government to conduct seven access and coverage assessments in Sindh and KP and in Jalozi camp, in order to improve emergency nutrition programming and outreach to the most vulnerable children and women. These assessments looked at barriers to coverage as well as uptake of nutrition services, helping programme designers and managers to develop strategies for improving services. The principal barriers observed within the areas studied are access to remote and insecure areas, awareness of nutrition programmes at the community level, and low involvement of LHWs and other governmental and non-governmental community health workers/volunteers in the identification of malnourished children and women and their referral to appropriate treatment.

### Gender Equality

**Partially met benchmarks**

UNICEF participated actively in the planning phase of the OPII Strategic Priority Area 5 (gender equality and social justice), and in 2013 supported the implementation of the six Joint Outputs. Whilst the UNICEF Gender Focal Point Group was re-established in 2012, UNICEF did not undertake a Gender Analysis in 2012 or 2013, and the planned Gender Work Plan did not materialise. A comprehensive Gender Strategy is still lacking. This is a key area to be addressed in PCO’s planning for 2014.

Good practices demonstrated by PCO in 2013 are outlined below.

UNICEF led the institutionalisation of girls’ education in Balochistan in 2013, and supported the development of equity-focused ESPs with corresponding budgetary allocations. UNESCO and UNICEF also supported all provinces and areas to develop Action Plans for accelerating access to education for OOSC, which led to the National Plan of Action for accelerating MDG 2.

PCO monitored the situation of children and women affected by ongoing conflict in KP/FATA through monthly SitReps, which are seen as an example of good practice within UNICEF.

Disaggregated data was collected and analysed for larger programmes such as PATS, as well as in emergency response programmes, and used to refine UNICEF’s approach.

The SPSP results framework adopted a gender-mainstreaming approach in 2013. The different needs and perspectives of women, men, girls and boys were taken into account from the planning stages of the project (through the participatory baseline study), and disaggregated data collection and analysis ensured that the programme continued to be responsive to these needs and perspectives.

The menstrual hygiene management study and action research conducted in 2013 helped girls in Punjab and KP to access improved and customised WASH services. Through this pilot project, UNICEF developed monitoring tools to assist duty bearers to enforce the construction and maintenance of appropriate menstrual hygiene management facilities in schools.

The inclusion of a private space and targeted services (including literacy and numeracy skills development, reproductive health sessions, gender-based violence prevention and response) for adolescent girls and women in PLaCES enabled greater participation by girls and women in a context where social and cultural
norms limit their mobility.

UNICEF interventions were informed by comprehensive analysis of the situation of women and girls in particular through the Situation Analysis and OOSC Study as well as local-level bottleneck analyses.

Environmental Sustainability

Mostly met benchmarks

In 2013, UNICEF’s Regional DRR Advisor and a senior consultant from Swiss Agency for Development and Cooperation (SDC) visited PCO to assess the way UNICEF and IPs carry out child-centred DRR, and lead the process of setting priorities for risk-informed programming in Pakistan. Following the visit, PCO set up a cross-sectoral DRR Task Force and drew up a Terms of Reference document to reflect recommendations made by the DRR experts. A key recommendation is that child-centred risk assessments need to move beyond hazards to focus more on the specific vulnerabilities of children and women.

Good practices demonstrated in 2013 include the following:

- Introducing Union Council Medical Officer training activities to promote long-term sustainability of the Polio Programme and RI in Pakistan; building capacity of the lowest-level public health EPI administrators is expected to yield results for surveillance, administration and monitoring and evaluation, as well as cost savings in terms of vaccine wastage and greater efficiency overall;
- Promoting multi-sectoral approaches, resulting in a broadening of the scope of nutrition programming to encompass food security, natural hazards, DRR and climate change;
- Designing a pilot WASH-DRR mainstreaming project in KP, with technical support from the Regional DRR Advisor; and
- Advocating to the NHEPRN to initiate CBDRM training activities.

Success story: Education Sector DRR in Pakistan-administered Kashmir

UNICEF initiated a DRR intervention for the education sector in PAK in June 2012. The intervention worked on various levels – policy, capacity building and service delivery – and was successfully concluded in November 2013.

With support from the Government of the Netherlands, UNICEF Pakistan worked with the Pakistan Rural Development Programme and communities (including children) in four districts in PAK to integrate DRR and school safety packages into UNICEF-constructed schools. The project supported educational institutions and line departments to increase their conceptual and practical understanding of DRR, and assisted in preparedness for disasters caused by natural hazards. UNICEF-trained Disaster Management Committee members conducted evacuation drills with 30,000 school children. As part of a tree planting campaign, local children planted saplings, helping to reduce future risks associated with landslides, flash floods and other natural hazards. The project also supported the development and dissemination of information, education and communication (IEC) materials on DRR in schools and communities. DRR toolkits, manuals and hygiene kits were provided to Committees in permanently constructed schools, together with relevant training packages for teachers on DRR and school safety. Following training of journalists and government officials, approximately 60 per cent of the target population was sensitised indirectly on routine safety practices through messages disseminated in print and electronic media. UNICEF also engaged parliamentarians, the Education Department and DMAs on mainstreaming DRR and school safety.

Baseline and endline surveys reveal a significant increase in awareness levels related to DRR and school safety as a result of this strategy. The approach also led to the creation of a DRR forum representing all organisations in PAK with a DRR mandate, under the umbrella of the DMAs and Department of Education. The forum promotes the sharing of good practices in DRR in schools, and encourages coordination for effective management of limited resources.
South-South and Triangular Cooperation

In 2013, UNICEF hosted and supported the SAARC mission and contributed to the development of the SAARC Nutrition Framework presented to ASEAN Ministers of Health in Nepal in May.

In September 2013, UNICEF Pakistan supported a delegation from Pakistan to attend the SAARC Regional Policy Dialogue on Adolescents in Kathmandu. The Pakistan delegation comprised representatives from Government (Director General, Ministry of Law, Justice and Human Rights; and Chief Foreign Aid, P&DD Sindh), academia (University of Karachi) and civil society (Barghad). UNICEF supported the organisation of the event, which was designed to stimulate discussion on the latest thinking on adolescents’ rights as a follow up to the Assessment of Progress in the SAARC Decade of the Rights of the Child (2001-2010). The Pakistan delegation actively took part in discussions with functional counterparts from SAARC countries, and developed suggestions for policy follow ups by Government, academia, CSOs and UN agencies. Furthermore, they mapped out potential next steps for adolescent policy and programme development in Pakistan.

In October, UNICEF Pakistan also supported a delegation of Government officials to participate in the Second High Level Meeting for South-South Cooperation for Child Rights in Asia and the Pacific. The meeting provided a platform for Pakistani Ministers and senior officials to engage with senior representatives from 31 Asia-Pacific countries to share their experiences of programmes, policies, schemes and legislation related to the three themes of the High Level Meeting: 1) adolescents: current rights for future opportunities (policies, programmes and laws to tackle adolescent issues); 2) fulfilling child rights with early childhood development; and 3) urban settings as an opportunity for realising all child rights. The meeting assessed progress made in terms of South-South cooperation for child rights as a follow up to the First High Level Meeting held in 2010. Furthermore, it provided an impetus to the development of networks for knowledge exchange, promotion of peer learning, and coordination for cooperation on child rights by countries in Asia and the Pacific. The meeting concluded with the adoption of the New Delhi Declaration, which defines a number of specific recommendations for participating countries with respect to advancing child rights.

In 2013 UNICEF actively supported a 21-member delegation led by a female parliamentarian to participate in SACOSAN V. SACOSAN conferences aim to develop a regional agenda on sanitation, enabling learning from past experiences and setting actions for the future. With support from UNICEF, the Pakistan delegation hosted the technical session on urban sanitation, enabling an exchange of key lessons learned with government representatives from other SAARC countries. During the conference, the GoP endorsed the SACOSAN V declaration, a landmark document in terms of recognising the ‘right to sanitation’ in Pakistan and other South Asian countries.
Narrative Analysis by Programme Component Results and Intermediate Results

PC 1 - Maternal, Neonatal & Child Health and Nutrition Programme

Constrained

PCR 3300/A0/05/101 Health and Nutrition

Progress: Within a changing government and continuing devolution issues, implementation of the GoP and UNICEF’s five-year Cooperation Plan January 2013-December 2017 commenced in January 2013. The change in the political situation and subsequently the federal and provincial governments attracted strong advocacy efforts from UNICEF to continue its upstream work, focusing on the health and nutrition issues affecting the most vulnerable and marginalised women and children.

UNICEF’s 2013 work aimed to build on Pakistan’s APR commitments and on the momentum created by the APR launch in 2012, ensuring support to an accelerated decline in child and maternal mortality of 89/1,000 live births and 276 deaths/100,000 live births respectively. With a special focus on newborn care, considering a slow decreasing trend in the infant mortality rate of 74/1,000 live births and a stagnant neonatal mortality rate that remains at a disturbing 55/1,000 live births, UNICEF supported the Government to address the identified important challenges. The key achievements of 2013 were: the roll out of the Global Newborn Action Plan and the Global Action Plan for Pneumonia and Diarrhoea Prevention at the provincial and national level; finalisation of all provincial/area health sector strategies; essential newborn care scaled up and strengthened; and provincial plans for accelerated progress towards MDG 4 and MDG 5 finalised and being consolidated into a national plan with support from the WHO, UNICEF and UNFPA. As part of the Development Partners Forum, UNICEF advocated strongly with the Government to strengthen the Federal EPI Cell for effective RI programming, in light of being the first country in South Asia to have introduced PCV 10, and to help prevent epidemics of vaccine-preventable diseases.

With levels as high as 43.7 per cent for chronic malnutrition and 15.1 per cent for acute malnutrition (NNS 2011), the strong advocacy efforts of Pakistan Nutrition Development Partners and UNICEF led to the GoP's joining the Global SUN Movement in 2013. UNICEF provided technical assistance for SUN in Pakistan and supported the GoP's high-level representation in the Global SUN Summit. Also, as a partner in the Universal Salt Iodisation programme, UNICEF played a role to support legislation, communication and advocacy at primary, secondary and tertiary levels. In 2013 strong advocacy and consultations with the government of Sindh led to the approval of the Salt Iodisation Bill from the provincial assembly in partnership with GAIN, the WFP, MI and the WHO. UNICEF’s advocacy at the federal level with the new Government led to their engagement in the approval process for the Salt Iodisation Bill.

IYCF activities were mainstreamed in all UNICEF-supported emergency and development programmes, integrating the initiation of mother support groups and the community action process. UNICEF advocated, provided technical assistance, and coordinated with the GoP on iron and folic acid supplementation to ensure its provision. CMAM nutrition in emergency initiatives also continued through 2013.

UNICEF’s health and nutrition humanitarian response continued through 2013, with a shift towards building resilience for most disadvantaged children/families/communities and stronger linkages between humanitarian action and development programmes.

On-track

IR 3300/A0/05/101/001 Nutrition: Public duty bearers at the 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

Progress: UNICEF continued its upstream work with the newly elected government in 2013 at the federal and provincial/area levels focusing on issues affecting the most vulnerable and marginalised women and children. The launch of MNCH and the Nutrition Lancet Pakistan Series provided an evidence base for strengthening programming. Special focus remained on advocacy and support for challenges identified under APR and the Dubai High Level Meeting.

The key interventions and events supported by UNICEF included support to overcome some of the devolution bottlenecks in implementing interventions (capacity development, financing, human resource), which resulted in the development and signing of integrated PC-1 for MNCH and nutrition in two provinces. Costed Newborn Care Strategies for all provinces were supported after a thorough bottleneck analysis.

In addition, the Pakistan launch of the Global Action Plan on Pneumonia and Diarrhoea served as an advocacy opportunity for focus on inclusion of a response to two major killers of children in Pakistan Action Plans.

UNICEF continued its focus on new, tested and demonstrated good practices in MNCH care, including innovative health financing models, contracting-out, and voucher schemes under NPII (Sindh government, UNICEF, UNFPA and WHO). The NPII Mid-Term Review aligned the project towards its completion in June 2014.

Continued advocacy resulted in the Government’s consideration of integration of Prevention of Parent-to-Child Transmission (PPTCT) services in the Pakistan Institute of Medical Sciences (PIMS) hospital as a best practice model with Global Fund resources. Revisions of the National Antiretroviral Therapy and PPTCT Guidelines were initiated.

With a strong nutrition development initiative as a backdrop, UNICEF acted as convener between the global SUN secretariat and the GoP, and supported the submission and acceptance of Pakistan’s SUN application and membership in April. UNICEF also supported Pakistan’s participation in the Global SUN summit and the SUN launch in December 2013. Technical assistance was also provided for SUN road map development, the Food and Nutrition Policy, the SAARC Nutrition Framework, and Vision 2025.
Provinces disseminated inter-sectoral nutrition policy guidance notes. With UNICEF’s technical support, the Inter-sectoral Nutrition Strategy was developed and endorsed in Sindh, made ready for endorsement in Balochistan and KP, drafted for Gilgit-Baltistan and in progress in Punjab and PAK.

A major achievement was the ownership of the process by the provincial-level P&DDs, thereby enhancing participation of all relevant sectors for shaping their sectoral policies in a nutrition-sensitive manner.

**On-track**

**IR 3300/A0/05/1001/002 Nutrition:** Public duty bearers with strengthened capacity are delivering quality integrated health and nutrition services in communities and facilities reached by the most disadvantaged mothers and children.

**Progress:** Just over half of Pakistani children aged 12-23 months are fully immunised, 65 per cent have received 3 doses of the diphtheria, pertussis, tetanus vaccine (DPT) vaccine and 61 per cent have received only one dose of the measles vaccine. A major measles outbreak in 2012-2013 highlighted severe weaknesses in the RI system.

UNICEF actively engaged in advocacy and upstream work in addition to providing technical support for strengthening RI and to reach the required coverage. UNICEF supported the GoP’s measles response in 12 most-affected districts of Sindh with operational costs and vaccines. Punjab’s Measles Outbreak Response Immunisation was also provided support for vaccines/logistics, cold chain, social mobilisation, supervision and monitoring.

The GoP’s application to GAVI, supported by UNICEF and WHO, was accepted in June 2013 for children aged 0-5 years. Federal and provincial governments began mobilising resources to cover children 5-10 years and are preparing for SIAs in April 2014. UNICEF will support social mobilisation during SIAs.

The under-five and infant mortality rates are declining slowly but neonatal mortality remains stagnant at 55 per 1,000 live births. Barriers include the poor nutritional status of pregnant and lactating women (PLW) and the shortage of SBAs. UNICEF continued capacity building in various aspects of newborn care including HBB, which will be rolled out in the provinces.

The slow decline in the maternal mortality rate across Pakistan (276/100,000 live births), masks considerable disparities between rural and urban areas and among provinces (227 in Punjab compared to 785/100,000 in Balochistan). The evidence of a decrease in maternal mortality by a quarter in some contexts, and the reduction in the number of low birth weight babies with iron and folic acid consumption during pregnancy calls for implementation of this cost-effective intervention. However coverage remains extremely low.

A total of 73 per cent of women reported at least one ANC visit from a skilled provider, and only 52 per cent of babies were delivered with the assistance of an SBA. MCW support continued for deworming children 2-5 years, immunising children 0-2 years and pregnant women, and providing health education to communities on MNCH focusing on the unreached population. A five-year review of the MCW initiative declared it highly successful and recommending its further development.

In a concentrated HIV epidemic, technical assistance was provided to National and Provincial AIDS Control Programs to ten PPTCT centres across four provinces, and capacities were built in selected districts to strengthen service provision and referral of suspected HIV-positive pregnant women. As a result, 6.59 per cent of the estimated HIV-positive pregnant women were reached.

UNICEF’s focus in nutrition programming is on mainstreaming and capacity development of IYCF and improving suboptimal iron and folic acid supplementation to women and adolescent girls, for prevention of stunting (including MoRES). Nutrition information systems are being strengthened.

Even with adequate stocks, vitamin A supplementation with National Immunisation Days for polio was not possible with Drug Regulatory Authority issues. UNICEF’s strong advocacy efforts led to the issuance of a 3-year waiver, and vitamin A supplementation for children 6-120 months was added to the measles campaign in 21 Punjab districts.

**On-track**

**IR 3300/A0/05/1001/003 Nutrition:** Caregivers and children are practising an essential set of behaviours ensuring a continuum of health and nutrition care, especially for children and mothers.

**Progress:** RI faces challenges of political commitment and budgetary allocation, and of weak community mobilisation, as indicated by measles outbreaks. It is critical to leverage funds and engage polio eradication initiatives to strengthen the RI system. C4D is still in the formative stage and there is a need to build the capacity of provincial and district governments in the area of C4D.

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

Through the UNICEF-supported PPTCT District Model approach in selected districts and health promotion days organised at Rural Health Centres, 44 of the 4,037 women of reproductive age screened were found to be HIV positive and linked with HIV prevention and treatment services. The National HIV Communication Strategy was printed and launched.
UNICEF supports the promotion of complementary feeding through various channels (nutrition-specific interventions as part of the inter-sectoral planning, provincial inter-sectoral strategies, Nutrition programme criticality (PC1), and analysis of assessments, advocacy and capacity building).

Universal Salt Iodization (USI) stakeholders support strategized (IC IDD support), support for consumer network’s advocacy in preparation. Advocacy for legislation continues, and the Sindh legislation was passed. Flour fortification consultations were held with stakeholder and donors, and the preparation of a stakeholders matrix and proposal were in process at the end of the year.

All UNICEF-supported and Government-led emergency nutrition interventions have a strong proposed community mobilisation component that stresses health and nutrition education to bring about behaviour changes. UNICEF supports IYCF by advancing on communication plans, and supporting community IYCF and Mother Support Groups through the LHW Programme.

In addition, nutrition emergency response also increases the attention paid to IYCF (guideline update, ECHO). The process was initiated, though it needs to be substantiated and it expected to eventually bear fruit before being reassessed through the next National Nutrition Survey in 2016.

On-track

IR 3300/A0/05/101/004 New Element: Nutrition in Humanitarian Action

Progress: Pakistan continues to be at high risk for man-made and natural disasters. UNICEF constituted a DRR task force to understand and guide PCO on the strategic direction in implementation of DRR.

As part of preparedness, a Health and Nutrition Emergency Preparedness and Response Plan was prepared, and contingency planning discussions were held with the DoHs and DMAs. Inputs were provided to the Humanitarian Operational Plan. Timely preparation of contingency PCAs and pre-positioning of supplies for either flood or earthquake were completed. Medicines, however, could not be procured due to Drug Regulatory Authority issues. An effective nutrition response continued for mothers and children in conflict and flood-affected areas of KP (security), FATA (security), Sindh and Balochistan (2012 flood).

The capacity of the DoH has developed particularly at the provincial level and the response is at an acceptable level. The DoH is taking the lead in the nutrition cluster coordination, partner facilitation, and avoiding duplications. However, challenges remain related to nutrition implementation capacity and warehousing at the district level.

Prolonged insecurity triggering a high influx of internally displaced people from FATA is adding to the alarming situation and requires additional resources if adequate quality health and nutrition services are to be provided to the beneficiaries. So far, the DoH has not made specific allocations for emergency preparedness and response in the provincial budgets. A joint nutrition monitoring system was established and two rounds were conducted in Sindh and Balochistan. A global CMAM evaluation rated Pakistan as an example of best practice. A joint CMAM review was conducted with the WFP and Valid International in Sindh, Balochistan and Punjab.

Nutrition coverage surveys in KP and Sindh are in the final stages (field work completed, compilation and analysis in progress at year’s end. UNICEF contributed to interagency emergency assessments and nutrition emergency assessment in KP. The revision of CMAM guidelines are at an advanced stage. A Humanitarian Implementation Plan 2014, ‘Sindh Nutritional Emergency transition strategy’ is being developed.

On-track

IR 3300/A0/05/101/005 Eradication of polio is being sustained throughout the country

Progress: In 2013, Pakistan reported 85 cases of wild polio virus compared to 58 in 2012. Among the cases, more than 70 per cent were from inaccessible areas of FATA (23-North Waziristan [NWA], 19-Khyber and 7-Frontier Region [FR] Bannu), where delivery of the polio vaccine has been banned by the Taliban until there is a cessation of drone strikes in the region. The targeted killing of vaccinators/health workers since 2012 has significantly affected the programme’s ability to conduct and monitor high-quality campaigns in many areas.

Despite the constraints, Pakistan managed to sustain missed children to less than 2 per cent in 2013, and succeeded in reducing the refusal rate to 0.14 per cent in November 2013. The clusters of refusals in a few districts remain a challenge to the Programme.

The Polio Programme was further strengthened with the implementation of the National Emergency Action Plan launched in early 2011 and amended annually. There is increase in Government ownership through the re-establishment of the National Communication Technical Committee, and the notification of similar provincial committees. UNICEF engaged 1,434 COMNet staff in high-risk areas. With active support from UNICEF, a number of activities were conducted, including a mapping of religious leaders, engaging editors of religious publications, fatwas by key religious leaders and action planning for each province. As a result, in 2013 no major religious leader opposed the polio vaccination. UNICEF focused on mass-media messaging on disease education by integrating RI, and reached almost 80 million people per campaign. Policy decisions on governance/oversight were increased for vaccine management with developed capacity and cold chain inventory. UNICEF delivered comprehensive training to 1,829 Union Council Medical Officers (government health personnel) with training modules that included vaccine management, RI, and inter-personal communication. In 2014, UNICEF will focus on community network expansion, engaging high-risk groups, convergence and data-driven planning at various levels.
PC 2 - WASH Programme

IR 3300/A0/05/101/007 Health: Public duty bearers with strengthened capacity are delivering quality integrated health and nutrition services in communities and facilities reached by the most disadvantaged mothers and children
IR 3300/A0/05/101/008 Health: Caregivers and children are practising an essential set of behaviours ensuring a continuum of health and nutrition care, especially for children and mothers
IR 3300/A0/05/101/009 Health: Public and civil society duty bearers with strengthened capacity are reducing disaster risks, as well as planning, preparing, and effectively responding to disasters, in accordance with UNICEF CCC in Humanitarian Action
IR 3300/A0/05/101/010 New Element
IR 3300/A0/05/101/011 New Element
IR 3300/A0/05/101/012 New Element
IR 3300/A0/05/101/013 New Element
IR 3300/A0/05/101/014 New Element
IR 3300/A0/05/101/015 New Element
IR 3300/A0/05/101/016 New Element

Progress: In Pakistan, 48 million people defecate in the open. A full 22 per cent of the population (mostly rural) are deprived of any toilet facility, and 33 per cent of the rural population has no access to toilets. Using open areas exposes women and children to potential danger/sexual harassment. UNICEF is strenuously advocating on tackling open defecation, which has resulted in the allocation of government funds and staff to PATS projects in 2013 and the adoption of PATS as a sector-wide approach. WASH programmes involved communities in a participatory baseline study in 11 districts/areas, to measure behaviour change with respect to sanitation and basic hygiene using gender-sensitive PRA tools. UNICEF assisted provincial governments to develop policies based on lessons learned from the field. Policies and strategies developed in 2013 are at the final stages of approval by the newly elected provincial governments. UNICEF supported provincial governments in the development of a WASH MIS and a new online database for PATS. The government allocated funding to the PATS database and to maintain the provincial WASH MIS.

The PATS programme (SPSP) was redesigned in 2013 based on an evaluation of the preceding programme, contextual analyses, capacity needs assessment of IPs and participatory equity analysis at the village level. SPSP activities were rolled out to reach 1.3 million people (0.5 million children). Gender-segregated emergency latrines provided access to safe sanitation for more than 80,000 people affected by emergencies in 2013. Nearly 30,000 hygiene kits were distributed (including sanitary napkins). UNICEF also partnered with the private sector, including mobile communication providers for hygiene messages, and with IKEA and Unilever for PATS. WASH-poio eradication convergence programmes were initiated in urban informal settlements in partnership with Government departments, WHO and UN-Habitat under the One UN Programme.

UNICEF supported a 21-member female parliamentarian-led delegation to participate in SACOSAN V. UNICEF successfully advocated for Government endorsement of the 'right to sanitation' within the SACOSAN-V Declaration, and adoption of PATS as a sector-wide approach. Adopting HRBA, SPSP is subsidising the most vulnerable segments of the community and promoting the inclusion of women and children in community-based sanitation and hygiene interventions. Building the capacity of implementing partners, lack of access to security-sensitive areas and the turbulent law and order situation remained the major challenges.

IR 3300/A0/05/102 WASH

On-track

IR 3300/A0/05/101/002/001 Public and civil society duty bearers with strengthened capacity are reducing disaster risks, as well as planning, preparing, and effectively responding to disasters, in accordance with UNICEF CCC in Humanitarian Action

Progress: Support to equity-focused policy formulation and sector strategy development continued to successfully serve as an entry point to foster ongoing sector reforms after the 18th Amendment of the Constitution leveraging additional resources. Progress in approving policies/strategies was slow due to other priorities of the incumbent government. Although most are developed, newly elected provincial governments are taking some time to approve or promulgate water, sanitation and BCC strategies and policies (target policies and strategies for 2013 were developed and are at final stages of approval). Of 58 policies, strategies and action plans required for the WASH sector at the national and provincial level, 5 are cabinet approved and 18 remain to be developed by 2017. There are 37 newly developed policies and strategies focused on inclusion of water and sanitation as a human right and considering the equity perspective, especially in relation to women and children. Exposure visits of policy makers and legislators in events like SACOSAN and the Sanitation and Water for All (SWA) partnership meeting helped in the achievement of political ownership as well as commitment by the GoP to translate policies into laws and action though the endorsement of the SACOSAN V declaration and renewed affirmations on SWA commitments. National and provincial governments allocated significantly increased funds to water and sanitation and showed the willingness to work towards separate budget lines for water and sanitation, although no specific study has captured this increase during 2013. Allocations for WASH are visible in the vertical water and sanitation programmes and projects with allocated public sector budget at the national level, as well as in Punjab and Sindh provinces.
Constrained

**IR 3300/A0/05/102/002** Public and civil society duty bearers with strengthened capacity are reducing disaster risks, as well as planning, preparing, and effectively responding to disasters, in accordance with UNICEF CCC in Humanitarian Action

**Progress:** Beside improved role/mandate clarification following the 18th Amendment of the Constitution, operationalization of institutional roles and sector mandates is challenging in most of the provinces. While improving, the limited capacities of governmental counterparts and implementing partner hamper the country’s ability to further scale up programming. The Punjab government began implementing an equity-focused PATS programme with their own development funds, and Balochistan, Sindh and KP provinces showed their commitment to developing their capacity for implementing a PATS Programme in 2014. UNICEF continued demonstrating appropriate technology and social solutions through pilot projects for adaptation by the government as well as other WASH sector partners, and promoted lessons from implementing PATS through national learning events. A few PPP models and equity-focused PATS model villages were established in four provinces for the same purpose. In addition to demonstration as a service provider, UNICEF continued to reach out to communities affected by floods in 2012 in Punjab, Sindh and Balochistan and affected by insecurity in KP and FATA.

With regard to the safe water indicator, at the current rates of progress the levels of achievement reached after 2.5 years are predicted to be 70 per cent and 90 per cent of the target. The major constraints are funding, accessibility of work areas, and partners’ limited implementation capacity.

Constrained

**IR 3300/A0/05/102/003** Public and civil society duty bearers with strengthened capacity are reducing disaster risks, as well as planning, preparing, and effectively responding to disasters, in accordance with UNICEF CCC in Humanitarian Action

**Progress:** Operationalising the lessons learned from Rural Sanitation in Flood-affected Districts (Ruska) and the PATS strategy was further adjusted and standardised, which facilitated linking of relief activities with development in all provinces at a large scale and bringing a more rights-based equity focus. Selected provincial governments are already using their government systems for implementation and accountability, while UNICEF remains a partner in capacity development. School children- and community-led, equity-focused PATS programmes were implemented to reach more than a million rural people while adopting HRBA in four major provinces as well as FATA. Programmes for urban informal settlements in Sindh and KP provinces were also rolled out focusing on Polio-WASH convergence.

At the current rates of progress, the levels of achievement reached after 2.5 years with regard to toilets and open defecation free indicators are predicted to be between 50 per cent and 70 per cent of the targets. The major constraints are funding, accessibility of work areas, and partners’ limited implementation capacity.

On-track

**IR 3300/A0/05/102/004** Public and civil society duty bearers with strengthened capacity are reducing disaster risks, as well as planning, preparing, and effectively responding to disasters, in accordance with UNICEF CCCC in Humanitarian Action

**Progress:** DRR measures are mainstreamed and standardised in UNICEF’s implementation approach for infrastructure programmes, disaster response and strategic advice on policy reforms in all provinces. Continued emergency response to displacement caused by insecurity in KP/FATA and the fragile law and order situation in Balochistan hampered implementation of development programmes. Recurrent floods in 2010-12 damaged a wide range of water and sanitation facilities partially or completely. Therefore, DRR measures are mainstreamed and standardised in UNICEF’s implementation approach for infrastructure programmes, disaster response and strategic advice on policy reforms in all provinces. Risk mapping was included in standard social mobilisation PRA tools for PATS programmes. All hand pumps and demonstration latrines were constructed with DRR mainstreaming, e.g. on raised ground, at an accessible and safe distance for women, with safety consideration for women and children and with a disaster resilient structure. A pilot DRR mainstreaming in WASH project was rolled out in KP province. People in camps in KP province and flood-affected communities, especially women and children in Sindh, Balochistan and Punjab, were provided with appropriate WASH services.

**IR 3300/A0/05/102/005** New Element

**PC 3 - Education Programme**

Constrained

**PCR 3300/A0/05/103 Education**

**Progress:** In spite of the GoP’s commitment to provide free and compulsory education to all children aged 5-16 years, an analysis of the education sector at the close of 2013 showed major challenges in terms of access, relevance, quality, and efficiency of the education system to reach the MDGs for education, although political and financial commitment deepened in 2013.

Pakistan has 6.7 million out-of-school primary-aged children (3.8 million girls). The national net enrolment ratio (NER) is approximately 73 per cent, of which only 70 per cent of children (68 per cent female) reach grade five due to dropout rates of up to 50 per cent in provinces like KP/Balochistan. Increasing amounts of data on learning achievement shows great challenges: 52 per cent and 41 per cent of grade 2 primary-age children read below grade level in Urdu and English respectively, and 57 per cent of grade 5 students have basic understanding in math (ASER 2012). Gender parity at the national level (0.86 per cent) masks multiple disparities: between poor rural girls (20 per cent) and girls from the richest rural households (58 per cent) and between the rich and poor in urban settings (40 per cent poor urban girls compared to 81 per cent of rich urban girls) who access primary/secondary education (PFLM. 2007-8).
In 2013, the GoP committed to accelerating progress towards the MDGs by increasing national spending on education from two to four per cent of GDP over four years and to developing a National Plan of Action to accelerate progress towards education-related MDGs (2013-16). UNICEF supported the GoP in obtaining better data and using it for policy decision making, most notably the OOSC Initiative, which served as base for the Plan of Action. UNICEF supported the efforts by various Ministries of Education to reach OOSC and improve quality through technical assistance and advocacy in Education Sector Plan prioritisation, Child Friendly Schools and ALPs. Work on Social Cohesion is demonstrating education’s role in furthering cohesion through Inclusive Education, Active Learning and Youth Participation approaches.

UNICEF actively participates in the Development Partner Group at the Federal level and serves as co-Coordinating Agency for the provinces of Balochistan and Sindh in collaboration with Australian Aid (AusAID) and the European Union (EU) respectively, where support has been provided for the development of ESPs with budgetary allocations, operational matrices and endorsed by the Government and LEG. The Global Partnership for Education (GPE) pledged three-year support for the ESPs and financing up to US$64 million for Sindh and US$34 for Balochistan. UNICEF’s strategic engagement in upstream work is leveraging the education MDG accelerated framework to foster interprovincial coordination, monitoring, reporting and harmonisation with the goal of improving access and quality education.

**On-track**

**IR 3300/AO/05/103/001 New Element: Policy and standards for universal school readiness**

**Progress:** UNICEF’s strategic engagement on upstream work at the federal and provincial/area levels supports the governments to generate knowledge through studies and evaluations on education disparities and capacity gaps of federal and decentralised government systems to improve inter-provincial coordination, educational planning, monitoring, reporting and harmonisation with the goal of improving governments’ capacity to deliver on access and quality education for the most marginalised.

Upstream work, focused on evidence-based advocacy and continuing support for ESPs, remained the key component of UNICEF’s education programme. Research studies and capacity gap assessments were meant to provide much-needed support for informed educational planning and programming. The 2013 OOSC Study was launched with the active participation of federal and provincial/area education ministry/departments and has become a reference document for advocacy. The knowledge generated provides a basis for a concrete equity planning in all provinces/areas of Pakistan leading to a National Plan of Action. The Social Cohesion and Resilience Analysis for Pakistan offers a framework for education’s contribution to social cohesion. Similarly, UNICEF and AusAID supported a capacity gap assessment in Balochistan that established a framework for the reinforcement of the Government’s capacity to plan, monitor, and improve access to and quality of education.

In addition, UNICEF’s support to ESPs established a strategic direction for achieving optimal results in Sindh and Balochistan, while ensuring the integration of child-friendly schools, DRR, social cohesion and resilience, gender, health and hygiene education, equity and urbanisation elements. Along with ongoing advocacy, technical support was provided to provincial governments to opt for ALPs to address the OOSC issue. While the developed Balochistan ALP strategy is an important milestone of the Education Ministry’s approach to provide alternative basic education in a systemic manner, the same momentum could not be maintained in other provinces.

**Constrained**

**IR 3300/AO/05/103/002 New Element: Quality primary education - CFS and other models**

**Progress:** After the 18th Amendment, education was devolved to the provinces, hence the even greater need to reinforce provincial and district education officials’ capacities and strengthen systems for better planning and implementation, data collection, monitoring and reporting on access and quality education. This result is considered as constrained because programme implementation was diverted from the initial logic of working to strengthen systems/capacities of institutions (Education Departments and teacher education structures) to focus more on programme delivery. Hence, the need to support provincial and district departments to improve their capacities to collect school data and monitoring systems and use the data collected for better analysis and planning for the most marginalised children in terms of access and learning at the primary and secondary school level.

The above-listed initiatives on social cohesion and resilience were piloted to demonstrate education’s role in promoting social cohesion through inclusive education, active learning and youth participation approaches. Support was also provided to establish ALPs and community schools to offer children in remote geographic locations and conflict areas access to appropriate teaching/learning opportunities.

Three of the five piloted initiatives were intended to show the effectiveness of inclusive approaches and served significant pedagogic purposes. The Inclusive Education Initiative collaboratively implemented with the UN High Commissioner for Refugees (UNHCR) in 20 government schools produced evidence that creating appropriate learning conditions can result in increased student enrolment and retention even for displaced populations. The ALPs and community schools provided learning opportunities for OOSC and chances to mainstream them in the different paths in the system with the ultimate goal of ensuring all children have access to quality education. The initiative enabled 28,500 OOSC to continue their education through community/ALP centres, providing the evidence to provincial governments to use different strategies to provide alternative basic education to Pakistan’s OOSC.

**Constrained**

**IR 3300/AO/05/103/003 New Element: Support for organized early learning**

**Progress:** The support for a robust, year-long communication campaign with the various provincial/area education departments complements the other results’ outputs by focusing not just on education officials but, more importantly, on communities’ and parents’
UNICEF supported the Department of Education and key partners at provincial and district levels to jointly develop and implement context-specific enrolment strategies to help reach the most remote and marginalised areas of districts in Balochistan, Sindh, KP, Punjab, Azad Jammu and Kashmir (AJK), GB and FATA, using key messages through country cable networks, radio broadcasts, and mobilising key stakeholders, including parliamentarians and education department officials and wider community networks. Interventions focused on increasing a demand for education at the grassroots level and encouraging a positive mind-set of duty bearers (communities, local departments, CSOs) towards equitable education in general, and girls’ education in particular.

This result is also considered as constrained as the impact of these campaign strategies became difficult to measure as clear baselines were not established at the onset. It is for this reason that the commitment to bringing back 400,000 children annually, collaboratively with USAID, necessitated the commissioning of a KAP study to establish baselines and develop evidence-based strategies to address bottlenecks to improve on enrolment and retention through communication. Progress in terms of making a visible difference for increased enrolment, retention and completion remained slow due to bureaucratic challenges that resulted in late initiation of the activities.

**On-track**

**IR 3300/A0/05/103/004 New Element: Education in Humanitarian Action**

**Progress:** Based on lessons learned in responding to recurrent emergencies, and as part of the organisational strategy, the DRR component was integrated into the 2013-2017 Country Programme, particularly the education sector. This initiative supported parents and communities and the education sector to create awareness and build systems for a solid risk-informed sector analysis and planning, and a strong national and sub-national education sector that can coordinate, plan and provide safe and protective learning continuation in times of emergencies.

UNICEF supported the integration of DRR in ESPs and textbooks, and as a result, the ESPs of Balochistan, Sindh and Punjab provinces incorporated child-specific DRR as one of the key components. In the province of Sindh, the textbook board integrated DRR messages in textbooks at primary and secondary levels. In collaboration with UNESCO and UNDP, working groups were organised in Balochistan, Punjab, KP and AJK to review the scheme of studies at primary and secondary levels, with the aim of integrating DRR modules in pre-service and in-service teacher training programmes. UNICEF led the Education Cluster at the federal level with Save the Children co-leading. Through cluster initiatives, the capacities of federal and provincial/area Departments of Education were reinforced on sector emergency preparedness and response. Support was also provided for updating their plans.

Simultaneously, as part of the UNICEF CCC for children in emergency, 121,000 children (43 per cent girls) in crisis-affected areas of KP and FATA, and 68,000 children (32 per cent girls) in flood-affected areas of Punjab and Sindh, enrolled in the 2012/2013 school year were supported to continue their education. The majority of these children were displaced in 2012 and are being mainstreamed into the education system.

**IR 3300/A0/05/103/005 New Element**

**PC 4 - Child Protection Programme**

**IR**

**3300/A0/05/104 Child Protection**

**Progress:** In 2013, the rights of an estimated 1,065,516 girls and boys to protection from abuse, exploitation and other types of violence, especially for those children who are marginalised, excluded and vulnerable, as well as women and families living in poverty or having limited access to resources, were systematically addressed at three levels of the public child protection system. Policy and legislative frameworks were developed and partially enacted, and institutional and administrative frameworks are being built and their effectiveness increased, while the capacity and capability (including the professionalization of caretakers) are being institutionalised.

During 2013, a total of 12 equity-focused legislative and policy initiatives and reviews were completed and approved by competent authorities. This includes provincial Social Welfare Strategies approved in all four provinces and AJK. Pakistan is also among a very few countries that completed a comprehensive mapping and assessment of child protection systems, having done so in all four provinces as well as in GB. With the aim of fulfilling the right of every Pakistani child to be registered at birth, a comprehensive analysis of the bottlenecks of the actual system was conducted, and equity-driven strategies/plans of action to overcome them are being designed. UNICEF support in strengthening the capacity of local governments and in overcoming bottlenecks and barriers translated into accelerating BR, especially in South Punjab and Balochistan. An estimated 872,000 children are reported to have received birth registration certificates. One of the major bottlenecks identified towards universalisation of BR in Pakistan pertains to social normal and practices, as well as general lack of knowledge on its importance and process. In order to overcome this barrier, a major national media campaign was implemented in the last quarter of 2013, which reached an estimated 32 million people across Pakistan.

Also in 2013, an estimated 279,600 children (around 40 per cent girls) were provided protective services by public and private services providers with UNICEF support.

**On-track**

**IR 3300/A0/05/104/001 Public and civil society duty bearers with strengthened capacity are reducing disaster risks, as well as planning, preparing, and effectively responding to disasters, in accordance with UNICEF CCC in Humanitarian Action**
Progress: With regard to child protection upstream support, major strides were made towards developing the child protection policy and legislative framework. In most provinces and geographical areas, either the policy and legislative framework was approved or it is at an advanced stage. However, translating child protection policies and laws into concrete actions needs subsidiary legislation, formulation of rules of business and funds commitment, all of which requires sustained efforts. Additionally, another major challenge in supporting upstream work relates to the plethora of federal and provincial child-related laws that are, to a varying extent, contradictory and nonconforming to the CRC. Making these laws conform to the CRC would require concerted generation of evidence for advocacy and lobbying purposes, as well as introducing best practices from across the world. A number of evidence-generating studies and analyses were initiated; nevertheless, with low local research capacity, it remains a challenge to introduce necessary changes to child-related laws in the short to medium term.

A systematic bottleneck analysis was conducted to ascertain the causes of low BR rates in Pakistan. As a next step, overarched provincial strategies are being formulated to address the issue of low registration. Given the direct and indirect roles of several entities, such as local governments, NADRA, Cantonment Boards and health and education departments, a holistic strategy with complete ‘buy-in’ and resource commitment from the stakeholders is required. Challenges include conflicting mandates of partners, lack of resources and the prioritisation of BR amongst key stakeholders.

On-track
IR 3300/A0/05/104/002 Public and civil society duty bearers with strengthened capacity are reducing disaster risks, as well as planning, preparing, and effectively responding to disasters, in accordance with UNICEF CCC in Humanitarian Action

Progress: The service delivery capacity of child protection-related institutions in Pakistan is generally weak, fragmented and inadequate. Lack of technical and financial resources has continually been considered as the primary reasons for poor service delivery. Additionally, protective services targeting poor and vulnerable families need to be linked with the country’s overall social protection system. To bridge the institutional capacity gap, several small-scale models of social services in the area of vocational skills, livelihood support through microcredit, building linkages with social protection pathways, conditional cash transfers and BR were initiated by federal, provincial and district governments. The emphasis is placed on technical design and innovation, such as introducing changes in training curricula, strengthening the targeting ability of existing programmes, and the introduction of innovative models in BR. Some progress was made in these areas; however, the level of support by UNICEF and development partners and the capacity of duty bearers is not commensurate with the need of Pakistani families and children. Therefore, continual efforts are required to improve the service delivery approach and design, and encourage greater government ownership and commitment.

Another important area of engagement for UNICEF was the development of a public child protection system that includes, among others, the provincial Child Protection Authority/Commission, Child Ombudsmen system and the Child Protection Management Information System (CPMIS). Most policy and legislative frameworks in this area are either nascent or non-existent. In addition, due to very weak institutional and administrative capacity, the overall progress was quite slow. However, some ground-breaking work was initiated, such as the formulation of rules of business, notifications of the Child Rights Commissioner and the development of CPMIS modules. In order to fully operationalise the public child protection systems, continued advocacy efforts and technical support are required, particularly for increased budgetary allocation and prioritisation of child protection systems in government development planning, both of which remain major challenges.

On-track
IR 3300/A0/05/104/003 Public and civil society duty bearers with strengthened capacity are reducing disaster risks, as well as planning, preparing, and effectively responding to disasters, in accordance with UNICEF CCC in Humanitarian Action

Progress: Key government counterparts such as local government, Social Welfare Departments and others in provinces and regions across Pakistan lack a policy or strategy for developing strategic communication initiatives that are integrated into the overall programme and have a clear roadmap and vision for success. The focus of UNICEF support in this area has been on creating such references for developing C4D strategies. Existing large-scale community-based networks are being reached with integrated messaging on child protection on a regular basis. Partnerships are being strengthened with private and government partners on innovative communication initiatives that aim to increase awareness amongst community members, particularly duty bearers and rights holders, on child protection issues. One of the highlights in 2013 was a national media campaign on BR that included the release of two television commercials and six newspaper testimonials on national and regional print and broadcast media outlets. Newspaper testimonials were placed 16 times nationally over 3 weeks in the Sunday dailies, while television commercials ran 603 times over a 10-day period, reaching millions of people across Pakistan. With respect to BR, the initiation of the process of developing provincial BR strategies with UNICEF support is also significant. In addition to material produced on BR promotion, several products were produced in the domain of child protection in emergencies (CpiE), i.e. an interactive docudrama, educational cards, an adapted animated documentary titled ‘Samira’ and an updated version of the CPIE resource kit. In this way, locally specific and culturally relevant communication material was provided for use in communities.

On-track
IR 3300/A0/05/104/004 Public and civil society duty bearers with strengthened capacity are reducing disaster risks, as well as planning, preparing, and effectively responding to disasters, in accordance with UNICEF CCC in Humanitarian Action

Progress: There was significant progress in 2013 towards the integration of CPIE in sectoral and inter-sectoral planning as well as disaster management-related policies, supported through the advocacy and technical assistance of UNICEF to the Provincial DMA Gender and Child Cells and the Social Welfare Department. A major achievement was the development of the NDMA’s National Policy Guidelines on Vulnerable Groups in Disaster, with the support of UNICEF together with UN Women.

The progress was not even across all provinces, however, and the process of finalising and approving policies, strategies and guidelines
was affected by the turnover of Provincial DMA officials (particularly in Punjab) and limited capacity (particularly in Balochistan and Sindh). Sustained partnership with district management authorities and line departments (including AJK and GB) will also be needed throughout the Country Programme to further institutionalise CPIE at the district level.

In terms of CPIE service delivery, gaps in UNICEF’s child protection funding (a 30 per cent gap for flood response and a 60 per cent gap for complex emergency) meant that targets fell significantly short. Social and cultural norms in complex emergency-affected areas also affected the percentage of girls accessing CPIE services (44 per cent) compared to boys (56 per cent), while in flood-affected areas gender parity was reached (50 per cent girls).

**PC 5 - Planning, Monitoring, Evaluation & Reporting**

**On-track**

**PCR 3300/A0/05/105 Planning, Monitoring, Evaluation and Reporting (PMER)**

**Progress:** The year 2013 was the first year of the new Country Programme (2013 -2017) and also the first year of OPII under UNDAF. High-level engagement with all key stakeholders was maintained, focusing heavily on all areas under PMER. Multi-year work plans were signed with relevant government departments, contracts for third-party field monitoring were initiated, an Evaluation Unit was established, and all key work flow processes within the PMER function were developed. The CCPAP was also signed in 2013 with strong support from UNICEF on revisions required by the Government.

In order to continue monitoring the situation of women and children and the use of evidence and disaggregated data, the position of PMER Officer was filled. The incumbent will support information analysis and management on all key indicators. In this regard, the use of Devinfo and capacity building initiatives are also planned, working closely with the Punjab Bureau of Statistics, in order to strengthen partnerships. Local technical support, which UNICEF has supported provincially, will also be used. The initiation of MICS for Punjab and Sindh was completed in 2013, and planned activities were initiated. MICS for other provinces and administrative areas (KP/FATA, PAK and GB) were planned, and the provincial governments allocated some resources, however a funding gap is hampering implementation of the survey.

There appears to be a lack of donor interest in this area. The PMER Section will engage with UN agencies at the UNDAF level to generate interest, as many UN agencies need the baseline information that MICS can provide. Similarly, establishing the Evaluation Unit was a significant achievement, as Pakistan is well ahead in implementing Regional Evaluation Policy and has been actively engaged in activities relating to National Evaluation Capacity Building UNICEF is also working closely with UNDAF partners and helping build capacities and advocate for evidence generation to strengthen programme management that supports improving lives for children and women in Pakistan. In addition, technical support and high-level engagement with all key stakeholders under UNDAF was maintained, especially in relation to finalising the UNDAF Operational Plan, M&E Plan and other supporting key documents. UNICEF is also co-convening the PMT and spearheading Programme Monitoring and Evaluation at the federal level and serving as the convening agency at the Sindh level to implement OPII operations plans.

**On-track**

**IR 3300/A0/05/105/001 Public and civil society duty bearers with strengthened capacity are reducing disaster risks, as well as planning, preparing, and effectively responding to disasters, in accordance with UNICEF CCC in Humanitarian Action**

**Progress:** The beginning of 2013 was especially critical in outlining key activities with all key stakeholders, internally and externally. Appropriate negotiations on work plans, signing of key documents and workplan development internally and externally were the majority of the activities in the reporting period. Support to internal sections in terms of planning on research and evaluations took place and will bear fruit in the next reporting period. This will be further strengthened in the future as the activities are now beginning to roll out. With full emphasis on enhancing quality of work under PMER, all key areas have full-time designated staff who are also revising/developing workflows for each PMER function. An Evaluation Unit was also established to take work forward to implement UNICEF's regional policy on evaluation.

**On-track**

**IR 3300/A0/05/105/002 Public and civil society duty bearers with strengthened capacity are reducing disaster risks, as well as planning, preparing, and effectively responding to disasters, in accordance with UNICEF CCC in Humanitarian Action**

**Progress:** Recognising the need to generate evidence for equity-focused policy development, planning, preparing and effectively responding to disasters, UNICEF is fully committed to working closely with all key stakeholders, especially the Government, to help build capacities at all levels and share knowledge appropriately. This is a key focus of PMER. Provision of key information and data through SitReps and monitoring of results for children through various quality assurance mechanisms (including third-party field monitoring) was ongoing, to support the CCC in Humanitarian Action.

To strengthen monitoring and also provide baseline information, a MICS was initiated in Sindh and Punjab, and activities are well underway. A MICS in GB, AJK, and KP/FATA was planned and the provincial governments allocated some funds for it, however the bulk of the plan remains unfunded. There appears to be a lack of donor interest in this area, and therefore, PMER section has planned to generate interest at the UNDAF level with all participating UN agencies that require baselines information for OPII interventions.

Similarly, to support data management and analysis for monitoring of results for children and women, UNICEF advocates for DevInfo
with all key stakeholders and departments at both the federal and provincial levels.

Punjab, KP and Sindh developed their respective provincial databases using DevInfo, while in KP/FATA, the government started training the line departments on use of DevInfo for data management and planning. In Sindh, the Bureau of Statistics (BoS) will formally launch SindInfo. In addition, a national-level database was also developed called PakInfo, which will be launched at the national and provincial levels.

**On-track**

**IR 3300/A0/05/105/003** Public and civil society duty bearers with strengthened capacity are reducing disaster risks, as well as planning, preparing, and effectively responding to disasters, in accordance with UNICEF CCC in Humanitarian Action

**Progress:** ‘Delivering as One’ has been a critical UN reform under which UNICEF has been actively engaged with the UNDAF OPII process since the beginning. Key interventions have included providing support to the development of UNDAF and the Operational Plan, spearheading the PMT (latterly co-chairing it with UN Women), and working closely with all UN agencies and Economic Affairs Division, all of which contributed to the operationalization of the OPII Programme in 2013. In addition, UNICEF is also co-convening Strategic Priority Areas 1 and the Monitoring, Review and Reporting Committee, providing technical support to all aspects of planning, monitoring and evaluation in OPII. In this area, UNICEF works closely with all key partners, especially UNESCO, WHO, UNFPA and UN Women. Recognising the need to work closely with the provincial departments, UNICEF is also working closely with all key members, providing timely support, coordination and resources in order to move the OPII agenda forward. UNICEF is spearheading provincial implementation of OPII in Sindh by taking forward the role of convening agency in collaboration with key government partners (especially the Additional Chief Secretary) and all participating UN agencies. UNICEF successfully formed a Steering Committee at the Sindh level, and the OPII programme was launched provincially in July 2013. Work under OPII continues and the Annual Review of Sindh province is planned for the first quarter of 2014.

**On-track**

**IR 3300/A0/05/105/004** Public and civil society duty bearers with strengthened capacity are reducing disaster risks, as well as planning, preparing, and effectively responding to disasters, in accordance with UNICEF CCC in Humanitarian Action

**Progress:** Strengthened capacity of duty bearers is highly critical in reducing disaster risks, especially in relation to planning, and preparing and responding effectively. In this regard, UNICEF is heavily engaged in providing timely and accurate information that is critical under the various planning and response components in DRR.

District profiles of disaster-prone districts are available with the provincial DMA in Punjab, while in Sindh, KP/FATA, AJK and GB, essential information is available about disaster-prone districts. The provincial PMERs were heavily engaged in preparation of the Emergency Preparedness and Response Plan and SitReps, working closely with internal and external staff. UNICEF SitReps are in line with the guidelines and templates of the Office of Emergency Programmes (EMOPs), and the data feeds the management overview of performance, especially under CCC in Humanitarian Action. This data also feeds into PCO’s reporting related to emergencies. Extensive capacity-building interventions were planned and executed to ensure timely and accurate data management and reporting is maintained.

**IR 3300/A0/05/105/005 New Element**

**PC 6 - Cross-Sector Programme**

**On-track**

**PCR 3300/A0/05/106 Development Effectiveness**

**Progress:** Operations provided and supported efficient and effective support for development effectiveness throughout 2013. The status progress on performance indicators under the areas of human resources (HR), administration, finance, supply and information, and communication and technology (ICT) were mainly above target. Performance was reviewed and supervised stringently by all Section Heads and all bottlenecks and barriers were addressed in a timely fashion.

In addition to achieving all set performance targets, the establishment of a Business Transaction Centre (BTC) was a major milestone in 2013. Hiring of staff, establishment of physical space, training and orientations as well as continual guidance and support were some of the activities. Operations also heavily supported the development of a PMIS, which enables data management of partner assessments and knowledge management that will also be accessible to UN agencies. Work under the Harmonised Approach to Cash Transfer (HACT), (a risk-management mechanism) continues. As part of the initial HACT implementation, the terms of reference for a macro-assessment was approved by Economic Affairs Division, and bidding is underway to conduct the audit. Eighty-three government IPs underwent the micro-assessment in 2013.

**On-track**

**IR 3300/A0/05/106/001 External Relations & Communications Unit**

**Progress:** During 2013, the Advocacy and Communication Section continued to use varied means to communicate UNICEF’s Country Programme activities and humanitarian emergency interventions to the key audiences in Pakistan and globally. The Section engaged with national and international print and broadcast media to apprise various stakeholders of UNICEF’s key achievements in programme areas during the year. Social media indicators improved at a rapid rate, and interactive communication with youth in the country was ensured. Human interest stories and other public information materials produced by the Section with support from programme colleagues were shared with donors, media, the UNICEF Private Fundraising and Partnership Division and the Division of Communication
in Headquarters for further sharing with the National Committees and other international audiences.

In 2013, the Advocacy and Communication Section worked without its Chief of Section and the Communication Assistant (two of the four permanent staff in the section), for nearly eight months. Despite capacity constraints, the Section continued to provide optimum support on all programme and humanitarian interventions.

**On-track**

**IR 3300/A0/05/106/002 Financial Resources & Stewardship**

**Progress:** The Pakistan Country Office managed to upload the interim and year-end report in a timely manner in SharePoint. PCO managed 95 per cent of payment and Direct Cash Transfer (DCT) liquidations were processed within 2 working days of receipt. The Office completed 72 bank reconciliations and remittances within the deadline set by Headquarters.

**Constrained**

**IR 3300/A0/05/106/003 Effective & efficient management of human resource capacity**

**Progress:** Training and capacity building were carried out as per the plans, and vacant positions were filled for timely and smooth operation of the UNICEF Country Programme. Eleven training activities were conducted against the target of 24. More than 50 per cent of the training activities were not conducted due to funding constraints.

Of 149 vacant positions, PCO was able to fill 107 within 3 months, and 42 positions were frozen due to shortage of funding and Headquarters directive. PCO was also able to complete 92 per cent of Performance Appraisals.

**On-track**

**PCR 3300/A0/05/800 Cross-Sectoral Programme**

**Progress:** Operations provided and supported efficient and effective support for development effectiveness all throughout 2013. The progress on performance indicators under the areas of HR, administration, finance, supply and ICT were mainly above target. Performance was reviewed and supervised stringently by all Section Heads, and all bottlenecks and barriers were addressed in a timely fashion.

In addition to achieving all set performance targets, the establishment of a BTC was a major milestone in 2013. All hiring of staff, establishment of physical space, training and orientations as well as continual guidance and support were some of the activities. Operations also heavily supported the development of a PMIS, which enables data management of partner assessments and knowledge management that will also be accessible to UN agencies. Work under the HACT continues. As part of the initial HACT implementation, the terms of reference for a macro-assessment was approved by Economic Affairs Division, and bidding is underway to conduct the audit. Eighty-three government IPs underwent the micro-assessment in 2013.

**On-track**

**IR 3300/A0/05/800/001 Development Effectiveness**

**Progress:** During 2013, the Advocacy and Communication Section continued to use varied means to communicate UNICEF’s Country Programme activities and humanitarian emergency interventions to the key audiences in Pakistan and globally. The Section engaged with national and international print and broadcast media to apprise various stakeholders of UNICEF’s key achievements in programme areas during the year. Social media indicators improved at a rapid rate, and interactive communication with youth in the country was ensured. Human interest stories and other public information materials produced by the Section with support from programme colleagues were shared with donors, media, the UNICEF Private Fundraising and Partnership Division and the Division of Communication in Headquarters for further sharing with the National Committees and other international audiences.

In 2013, the Advocacy and Communication Section worked without its Chief of Section and the Communication Assistant (two of the four permanent staff in the section), for nearly eight months. Despite capacity constraints, the Section continued to provide optimum support on all programme and humanitarian interventions.

**On-track**

**IR 3300/A0/05/800/002 Development Effectiveness**

**Progress:** PCO managed to upload the interim and year-end closure in a timely manner in SharePoint within UNICEF systems. PCO managed 95 per cent of payment and DCT liquidation processed within 2 working days of receipt. The Office completed 72 bank reconciliations and remittances within the deadline set by Headquarters.

**On-track**

**IR 3300/A0/05/800/003 Development Effectiveness**
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Of 149 vacant positions, PCO was able to fill 107 within 3 months, and 42 positions were frozen due to shortage of funding and Headquarters directive. The Office was also able to complete 92 per cent of Performance Appraisals.

On-track

IR 3300/A0/05/800/004 Development Effectiveness

Progress: Two guest houses were maintained throughout the year
Effective Governance Structure

PCO developed a rolling annual management plan for 2013-2015, and is in the process of aligning this with multi-year work plans. The 2013 Annual Review also provided insight into some key areas requiring refocus. For example, there is a need to ensure that programme planning is results-based and emphasises baselines and key performance targets.

Quality assurance mechanisms are in place in relation to workflows for PMER, and special attention is paid to innovation, convergence and integration in areas where multiple-level deprivations are identified through the Child Wellbeing Index.

PCO is geared towards up streaming and long-term development, ensuring effectiveness and efficiency for maximum impact with limited resources. In light of lessons learned in 2013, emphasis will be placed on yearly targets and budget forecasting for better planning and programme management.

Monthly meetings, such as the Country Management Team (CMT), PCGM, Operations, CFO, HR and PMER, provided an oversight function focused on key areas of the new Country Programme (C4D, adolescents, DRR, partnerships). The CMT met monthly to review key performance indicators, resolve issues, track DCTs and address matters of concern. Annual and bi-annual review meetings with partners enabled full-scale review of the Country Programme at provincial and federal levels, with a focus on progress, constraints and cross-cutting issues (gender, capacity building, and environment).

Through the Joint Consultative Committee, senior management and members of the Staff Association devised solutions to staff-related issues including the office move in April. The Committee also addressed issues related to the implementation of IBR and related recommendations.

The CMT provided extensive support to new initiatives such as the BTC, the Change Management Task Force (CMTF) and the Evaluation Management Committee.

OPII began in 2013 with UNICEF taking a lead on both the PMT (led by the Deputy Representative) and the Programme Planning, Monitoring and Evaluation Group (led by Chief, PMER). Provincial-level Steering Committees provided implementation oversight. UNICEF is acting as convening agency in Sindh province, providing extensive leadership oversight to system and process development.

Through the PMIS initiative, UNICEF demonstrated its leadership role on partner assessment and knowledge management within the UN Country Team (see Innovations).

VISION has been less problematic this year, with staff now fully literate in the system. RAM is used as a performance management tool, and quality assurance is being stepped up based on ratings received from ROSA.

The security situation in Pakistan continues to be volatile, with an increase in sectarian violence and attacks, primarily in Balochistan and KP/FATA. The army is engaged in a campaign to rid the Tirah Valley area of militants. As a result, militants continue to carry out attacks on government and military installations. Attacks on schools, polio vaccinators and humanitarian workers are commonplace despite enhanced security measures. In close coordination with the UN Department of Safety and Security (UNDSS), UNICEF Security continues to provide safety and security management support to PCO and Field Offices.

PCO is now using the Programme Criticality exercise to assess all travel requests to field operations, to avoid a concentration of staff in high-risk areas. PCO’s security approach employs both community acceptance and deterrence, as appropriate, with the overall aim of safeguarding UNICEF staff, assets and operations whilst ensuring programme continuity.

Strategic Risk Management

The Enterprise Risk Assessment and Risk Assessment Action Plan were updated in November 2012 and served as the principal risk management strategy tools for the Office in 2013. The Enterprise Risk Management Library was updated
simultaneously and remained valid throughout 2013.

The Business Continuity Plan, which was updated and assessed as adequate by the auditors in 2011, was revised and adjusted in August 2013. This revision took into account a range of factors, in particular the move of the Islamabad Office to the Diplomatic Enclave in April.

Emergency Preparedness and Response Plans based on the CCC were undertaken in every province in 2013, which is standard practice for the PCO. A consultative approach is adopted to define key disaster scenarios. Risk profiling is carried out on the basis of hazard maps, local staff knowledge of disaster risks, and analysis of historical trends. Proposed preparedness actions are linked to these scenarios.

The following key preparedness actions were undertaken in 2013:

- Over 100 Long Term Agreements (LTAs) were signed to facilitate efficient procurement and service provision;
- US$1.5 million-worth of essential contingency stocks were pre-positioned in strategic locations;
- Forty contingency PCAs were developed to facilitate quick start-up of emergency response with pre-identified and assessed partners in every province; and
- UNICEF conducted a mapping exercise of all potential emergency response partners in 2013.

As in previous years, security risks were continually assessed and necessary mitigation actions taken to ensure the safety of staff, premises and equipment, whilst facilitating programme continuity. A key risk mitigation measure undertaken in 2013 was the move of the Islamabad Office to more secure premises inside the Diplomatic Enclave.

UNICEF was the lead agency for HACT between November 2012 and October 2013 (leadership is rotated between UNICEF, UNDP and UNFPA on an annual basis). HACT is a key risk management mechanism for PCO, through which all partnerships with NGOs and CSOs are processed. UNICEF also began to orientate government implementing partners in HACT this year. The terms of reference for the macro-assessment was approved by the Economic Affairs Department, and bidding is underway to conduct the audit. Eighty-three government IPs underwent the micro-assessment in 2013.

The PCA Review Committees and Assurance Committees established in previous years remained very active, and the 7x7 system for monitoring and assurance developed in 2012 became a key pillar of the office risk management strategy in 2013.

PCO was privileged to receive visits from two Ombudspersons in April as well as the Principal Advisor for Ethics in August. During both visits staff received training and guidance on ethics-related issues.

**Evaluation**

PCO made significant progress with respect to strengthening the evaluation function to ensure high quality, equity-focused evaluations that are compliant with relevant UNICEF standards. The revised global Evaluation Policy (2013) and the Regional Evaluation Strategy served as guiding documents. The Evaluation Unit was established in January with the appointment of a Research and Evaluation Specialist. Key achievements in 2013 are outlined below.

**Management and quality assurance:**

An Evaluation Management Committee was established to champion and oversee the evaluation function at PCO. The Committee is headed by the UNICEF Representative and includes external members from UNDP and UN Women. Clear workflows, terms of reference and other guiding documents were put in place for evaluations, detailing mandatory steps. These workflows ensure compliance in terms of the independence and impartiality of strategic evaluations.

All completed evaluations and respective management responses were uploaded on the Global Evaluation Reports Oversight System (GEROS).

The Integrated Monitoring Evaluation and Research Plan (IMEP) format was revised to align with OPII. The annual IMEP for 2013 and a five-year IMEP for 2013-2017 were prepared through consultations with all Programme Sections.

UNICEF’s global-level Office of Research selected PCO’s IMEP and workflow as examples of good quality assurance tools.
for showcasing on its website.

PMER unit is working closely with the OPII PMT, and is leading the Planning, Monitoring and Evaluation Group. Close coordination was achieved with OPII partners.

PCO received continuous support from ROSA through the Regional Evaluation Advisor, which resulted in smooth implementation of all recommendations made in the Regional Evaluation Strategy.

**National Evaluation Capacity Development (NECD):**

In 2013 PCO spearheaded efforts to inculcate into national systems the culture and practice of conducting quality evaluations. PCO convened evaluation experts from government, UN agencies, CSOs and the private sector to promote evidence-based discussion and home-grown initiatives. Building on this, PCO established a Community of Evaluators (CoE) in Pakistan, with support from ROSA and UNDP.

PCO is also liaising with the Planning Commission and other public entities to institutionalise the evaluation function, and advocated for the inclusion of evaluation in Vision 2025 to strengthen evidence-based policy-making and programming.

As a member of the South Asian CoE Task Team on creating an ‘enabling environment’, the Evaluation Unit is contributing to the development of a Regional Evaluation Policy Framework, as well as a national framework through Pakistan and the South Asian Parliamentarians’ Forum on Evaluation. This effort aims to build the capacity of parliamentarians and pave the way for a supportive policy environment for evaluation.

The ROSA Evaluation Advisor conducted capacity building sessions for PCO staff and OPII partners in 2013. PCO’s Research and Evaluation Specialist delivered sessions to UNICEF staff in all four provinces as well as government officer trainees at the Pakistan Institute of Development Economics in Islamabad. Promoting South-South cooperation, she also facilitated a capacity building session for trainees from 17 different countries at the Institute of Applied Manpower Research in New Delhi (Planning Commission of India); and presented Pakistan’s perspective during conferences focusing on evaluation in Sri Lanka and Nepal.

**Effective Use of Information and Communication Technology**

In 2013 the ICT Unit facilitated effective programme delivery through quality, reliable ICT solutions and timely support to staff members. In line with global trends in information technology (IT), several IT projects released by the Information Technology Solutions and Services Division (ITSSD) were completed on time, including DHCP with 10.x IP address, VEEAM Data Backup and Skype-PBX integration. Major local projects completed included the MS Hyper-V Server upgrade to cluster mode in all Zone Offices, iDirect VSAT setup, and upgrade of the Emergency Operations Centre with additional Hyper-V and Veeam servers. These upgrades and systems enhancements ensured that the ICT infrastructure and services are on par with globally prescribed standards, and also increased PCO’s resilience to potential disasters.

Due to the increasing ease of internet access and growing number of mobile devices, more staff are working remotely. Due to frequent emergencies, most staff are well equipped for remote access, including Cisco VPN, Citrix and Inter-Notes, and are regularly accessing network drives, email, Intranet and VISION remotely. All critical and essential staff were provided with internet access from home and in the field. Aside from BlackBerry users with office-assigned phones, more than 40 users are now using their personal mobile devices to access Notes email through the ROSA Traveler server, which is in line with UNICEF’s new mobile device policy, BYOD (Bring Your Own Device). PCO promoted the use of video conference, teleconference, Skype, WebEx and MS Lync to facilitate remote collaboration. In 2013, the video conference facility was also upgraded to high-definition video with new HD quality Polycom equipment.

Going beyond internal IT operations, the IT team partnered with Programme Sections in 2013 to support Government and IPs to develop innovative uses of IT. For example, UNICEF worked with the JSI-led USAID Deliver Project to develop a Vaccine Logistics Management Information System (VLMIS). Similarly, UNICEF assisted in the setup of the IT infrastructure at the Polio Cell and the EPI Centre, and supported the development of a database and website for polio mapping in Sindh.
As a part of the continuous update of the Business Continuity Plan and IT Disaster Recovery Plan, Emergency Operations Centres (EOCs) in the PCO and Zone Offices were upgraded with additional servers – MS HyperV and Veeam Data Backup Server – to run in parallel and recover critical IT services at off-site locations. In Islamabad, the second high availability Secure Gateway (Firewall) was relocated to the EOC, and the network reconfigured so that its EOC (located at the Representative’s residence) is capable of operating independently in the event of a major disaster at the PCO inside the Diplomatic Enclave.

In 2013, UNICEF played an active role in the UN Inter-Agency IT Working Group in Pakistan, in order to develop areas of common interest, such as: liaising with government for VHF and HF frequency licenses, establishing a contract with HP for procurement and recycling of toner cartridges, and selecting common ISPs for quality economical internet services. UNICEF also encouraged other UN agencies to benefit from local LTAs established for procurement of IT equipment.

Fund-raising and Donor Relations

In mobilising resources for the regular programmes and emergency response, PCO demonstrated the following good management practices in its financial resources and stewardship activities in 2013.

The CO has a Reports Unit, situated within the PMER Section, to ensure donor reports meet quality standards and are submitted in a timely manner. In 2013, 96 per cent of donor reports were submitted on or before the deadline (86 out of 90 as of 31 December), and all reports had a feedback form attached to gauge donor satisfaction.

In the first year of the Country Programme, the CO was able to successfully mobilise 77 per cent of the planned Other Resources (OR). This brings the total mobilisation of OR funds in the 2013-2017 period to 15 per cent of the approved Country Programme Document ceiling.

Resource mobilisation for emergencies represented a large proportion of PCO’s fundraising efforts in 2013, largely due to the ongoing response to the complex emergency in KP/FATA. Seventy-two per cent of the Humanitarian Operational Plan and ERAF for the KP/FATA emergency, and 53 per cent of the overall Humanitarian Action for Children appeal was met, which included humanitarian and early recovery activities for children and women affected by conflict in KP/FATA, and early recovery activities in response to the 2012 floods.

In 2013, a total of US$164.3 million was allocated to the Country Programme, of which 53 per cent was expended, and unspent commitments stood at 8 per cent. Remaining funds will be carried forward to 2014.

Supported by the PMER and Programme Sections, the CMT routinely monitored the use of funds and adherence to donor conditions in 2013. Each month, the CMT reviewed the funding status in order to ensure timely utilisation of grants. Additionally, the Contribution Management and Reporting Team organised five training sessions for over 100 UNICEF staff involved in donor reporting and fund management. This effort enhanced timely submission of donor reports, as well as improved fund tracking and timely utilisation of funds.

PCO focused its Resource Mobilisation Strategy in 2013 on maintaining and enhancing relationships with existing donors as well as expanding UNICEF’s donor base with new governmental, National Committee and private sector partners. PCO engaged specifically with emerging donors in order to expand their support to vulnerable children in Pakistan, including Gulf Area donors. PCO also continued to build relationships with the private sector, both in Pakistan and abroad.

Management of Financial and Other Assets

In 2013, the CMT tightly monitored the status of expiring grants, and took steps to ensure 100 per cent utilisation of funds before the expiry of grants. PME presented a grant status report during monthly CMT meetings to prompt Grant Managers to take appropriate action.

PCO ensured effective financial risk management through maintenance of accurate financial records in VISION in 2013. The bank optimisation report was submitted on time. PCO successfully met deadlines for interim closure activities and set an appropriate local deadline for year-end closure. The Office also regularly monitored financial controls and
procedures, and bank reconciliation reports were submitted on time.

Initiation of the e-banking (host-to-host) modality for Standard Chartered Bank Account holders and the centralisation of payment processes from Islamabad were significant developments in terms of PCO’s management of financial assets in 2013. E-banking is expected to enhance security controls over banking transactions as well as speed up the delivery of funds. The monthly national staff payroll and MPOs for approximately 300 staff are directly paid to the personal accounts of staff by the cashier’s office.

Senior management took concerted steps to improve contributions and budget control in 2013, reaching 61 per cent utilisation on total allocation. All remaining funds will be re-phased to 2014.

**Resource management status of the PCO**

<table>
<thead>
<tr>
<th>Funding source</th>
<th>Allocation</th>
<th>Commitment</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Grant (including support budget)</td>
<td>20.11</td>
<td>2.57</td>
<td>17.26</td>
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<tr>
<td>Other Resources - Regular</td>
<td>77.54</td>
<td>5.47</td>
<td>33.04</td>
</tr>
<tr>
<td>Other Resources - Emergency</td>
<td>66.66</td>
<td>5.14</td>
<td>36.57</td>
</tr>
<tr>
<td><strong>Total (USD millions)</strong></td>
<td><strong>164.3</strong></td>
<td><strong>13.2</strong></td>
<td><strong>86.87</strong></td>
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</table>

PCO spent 98 per cent of its Support Budget in 2013. The remaining 2 per cent was committed through purchase orders/contracts/TAs and will be utilised next year.

PCO organised training on HACT for Government partners in 2013 (approximately 357 participants), to facilitate the smooth implementation of the HACT modality. HACT orientation sessions were also organised for UNICEF CO and Field Office staff (Islamabad, Karachi, Lahore, Multan, Peshawar and Quetta). These sessions were conducted jointly by HACT participating agencies, i.e. UNICEF, UNFPA and UNDP. As part of PCO’s conversion to HACT, an Assurance Framework was developed to ensure appropriate and timely monitoring and compliance of partners to Standard Operating Procedures.

During 2013, a total of US$28.8 million of DCTs were released. The outstanding DCT balance was US$19 million. PCO succeeded in maintaining the over-9 months DCT balance at 1 per cent of the total outstanding amount. PCO regularly monitored key management performance indicators related to DCTs, contribution management and donor reporting.

PCO requests local currency replenishments from the Treasury Unit at the Finance Department, based on weekly funds usage as well as monthly and quarterly cash projections. In 2013, the Office received PKR7.3 billion (5.0 billion as replenishment and 2.3 billion against procurement services) and US$9.7 million.

**Supply Management**

The Supply Plan was prepared at the beginning of the year with input from all programmes, sections and offices, and revised based on emergency preparedness planning. The total value of supply for 2013 against 242 sales orders was approximately US$14.822 million, including local and off-shore procurement and direct ordering, and US$340,062.92 for operational office supplies. The total value of service contracts (institutional contracts) for 2013 was approximately US$20.156 million (see tables below).
PCO signed over 100 LTAs in 2013. Procurement was timely for most goods, the quality of local products has sufficiently improved, and stronger assurance measures were initiated at the beginning of the year.

**Procurement Services:** The high level of activity and complexity in UNICEF Procurement Services (PS) reported in 2012 continued throughout 2013. PS support to the PEI for supply chain management of vaccines remained a challenge due to global availability issues, an intensified SIA strategy in Pakistan, and new outbreaks in other countries. PS continued to provide guidance and technical support to provinces on supply chain management as requested, as provinces will eventually be responsible for procurement and supply chain management as part of the devolution process. Technical support was also provided to the Federal EPI Cell to strengthen its capacity in view of changing governments. This support was focused on supply chain management, vaccine management, PCV-10 introduction and measles SIA. Multiple PS Memorandums of Understanding were concluded with the Federal Government in the context of PEI (e.g., a three-year Islamic Development Bank-funded MoU for OPV and SM) and EPI. New PS Memorandums of Understanding for nutrition are under discussion. PS support in the Pakistan context focused more on capacity building at federal and provincial levels in 2013, in close collaboration with Programme Sections as well as international partners. This focus is expected to continue and intensify in 2014.

**Logistics:** Keeping in view the limited storage facilities available to IPs, in 2013 UNICEF Pakistan maintained two warehouses for third parties, in addition to a Government-managed warehouse in Karachi. These warehouses enable UNICEF to reach and deliver supplies throughout Pakistan within the timeframes set as minimum standards for emergency interventions. PCO will continue to manage these warehouses in 2014, although with limited HR. A major achievement for PCO logistics in 2013 was the delivery of school learning kits, maths kits, first aid kits and furniture to 6,600 schools in remote areas of KP/FATA. The Logistics Section also plays an important role in carrying out assessments of partners when required by Programme Sections. Another priority area was support to the GoP with customs clearance, in land logistics and distributions, to facilitate the timely implementation of Government-run programmes.

The current stock value of programme and pre-positioned supplies is approximately US$1.9 million (as of December 2013), which can be utilised to respond to rapid onset emergencies in Pakistan. The total value of supplies issued in 2013 was approximately US$7.5 million (see table below).

<table>
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<th>Section</th>
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<tr>
<td>Admin</td>
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<tr>
<td>Health and Nutrition</td>
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<td>Quality Assurance</td>
<td>155,732.59</td>
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<tr>
<td>PMER</td>
<td>379,002.30</td>
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<tr>
<td><strong>Total Value ($)</strong></td>
<td><strong>20,156,455.26</strong></td>
</tr>
<tr>
<td><strong>Operational Supplies</strong></td>
<td><strong>340,062.92</strong></td>
</tr>
<tr>
<td><strong>Total Value ($)</strong></td>
<td><strong>20,496,518.18</strong></td>
</tr>
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</table>
Human Resources

HR played a proactive role in response to organisational restructuring, new efficiency and effectiveness measures, funding constraints, the introduction of VISION, and the transition from emergency to development programming within PCO. Forty-five positions were abolished (including 14 vacant positions). Out of 23 newly created positions, 8 were filled in 2013 (4 are in the final stages of recruitment), and 11 are on hold due to funding constraints.

UNICEF HR continued to lead the One UN HR Working Group, which was praised by OMT for its performance this year. The recent One UN audit also commended the Working Group’s accomplishments, including continuous enhancement of the One UN recruitment web portal, which has resulted in stronger and more diverse talent pools for UN recruitment.

Other key HR achievements were as follows:
- PCO completed the recruitment process of 86 positions between January and November;
- Staff were provided with individual coaching on performance during the recruitment process;
- HR acted as a secretariat for the CMTF established for the BTC;
- Twelve positions were created for the BTC, for which PCO recruited internally; 9 out of the 12 positions were filled, enabling the BTC to become functional on schedule (1 January 2014); and Six senior management staff members left the organisation in 2013 and the security situation in Pakistan, coupled with reduced entitlements, made it difficult for PCO to attract suitable replacements. However, PCO filled four of the positions and another two are in process.
- A robust support mechanism was established with ROSA and Emergency HR at Headquarters to meet emergency HR needs through the ‘break in service’ waiver and stand by partner arrangements, and 10 stand by partners were brought in;
- HR facilitated special leave without pay for 11 staff, primarily to upgrade their qualifications, and 13 staff were provided opportunities for horizontal movement, both within and outside PCO; and
- HR supported staff and managers to set clear goals and objectives for performance management, with 92 percent of staff having completed the first phase of the Performance Appraisal System.

PCO was successful in maintaining and gradually improving the gender ratio among staff, despite challenges such as
cultural barriers, lower literacy rates among women and repeated emergencies in Pakistan. The HR team proactively approached women’s organisations and networks to diversify PCO’s HR base. The gender ratio in PCO is currently 35 per cent women/65 per cent men overall (see table below).

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<td>Male (%)</td>
<td>Female (%)</td>
<td>Male (%)</td>
</tr>
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<td>30</td>
<td>67</td>
</tr>
<tr>
<td>FT</td>
<td>60</td>
<td>40</td>
<td>57</td>
</tr>
<tr>
<td>Sub-total (%)</td>
<td>62</td>
<td>38</td>
<td>59</td>
</tr>
<tr>
<td>Grand Total (%)</td>
<td>Male: 65% / Female: 35%</td>
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</tr>
</tbody>
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Efficiency Gains and Cost Savings

PCO has not carried out cost benefit analyses, and hence it is difficult to determine cost savings related to joint initiatives such as common services. However, the following activities and initiatives contributed to efficiency gains for UNICEF in Pakistan in 2013.

Office Move: PCO moved to the Diplomatic Enclave in Islamabad on 8 April 2013. UNICEF’s close proximity to the offices of other UN agencies and government counterparts following the move resulted in efficiency gains in terms of staff time, transport and costs. The new location also offered benefits in terms of security as well as increased working space and space for meetings.

Smart working: PCO achieved reduced travel costs and increased efficiency in 2013 through the use of remote collaboration tools such as teleconferences and videoconferences, WebEx and Skype (300+ events). Use of MS Lync is in the pipeline. PCO’s Video Conference infrastructure was upgraded in 2013 with high-definition video and VC Bridge (see ICT section). The EOC was also upgraded with an additional server hosting virtualised servers and a second data backup server (see ICT section).

Travel: Two new travel agents were selected to provide travel and protocol services to all UN agencies in Pakistan. This arrangement was made through a common service agreement, and the economy of scale approach is expected to result in substantial cost savings for each agency.

Business Transaction Centre (BTC): In February 2013, PCO initiated the process of setting up a BTC, to become functional by 1 January 2014. With the approval of the UNICEF Representative, a CMTF was set up to guide this process. Selected members of the CMTF visited the Sri Lanka CO to learn from their experience of establishing and managing a BTC. PCO is currently testing the BTC and training new staff members who have been hired internally. All BTC staff will be oriented on the new work flow processes and Standard Operating Procedures, to maximise their understanding of the Country Programme prior to the formal launch of the Centre in January 2014. The need to achieve efficiency gains in programmes and operations was the driving force behind establishing a BTC in Pakistan, with the overarching objective of achieving more for Pakistani children with fewer resources.

Changes in AMP & CPMP

The key change for Operations in 2014 will be the operationalization of the BTC (see above), which will have implications in terms of established workflow processes and centralisation of transactions, for example, and will affect the relationship between the CO and FOs.

Due to high staff turnover in 2013, especially with respect to Section Chiefs and other international staff, Office
Committees will be renewed to ensure full representation of key staff and robust support to senior management in decision making processes.

The decline in funding to PCO through OR will require innovative strategies for programme implementation and operational support. The establishment of a Global Service Centre at Headquarters level will also have an impact on Country Offices in terms of staffing in 2014.

Summary Notes and Acronyms

Additional note for the Situation Analysis: UNICEF continues to draw on the latest Situation Analysis of Children and Women in Pakistan (SitAn, 2012) as the principal source of data for evidence-based advocacy and programme design. The 2012-2013 Pakistan PDHS, 2011 NNS (launched in 2013) and OOSC Study (2013) are among the more reliable sources of data at the national level. UNICEF is supporting provincial governments to institutionalise data collection through MICS. UNICEF also facilitates bottleneck analysis consultations at national and provincial level to identify tracer indicators and prioritise these using MoRES methodology. However, more needs to be done in terms of supporting government counterparts to take the lead on applying the MoRES approach and building systems and capacity to monitor key indicators.

Acronyms

AJK – Azad Jammu and Kashmir
ALP – Alternative Learning Programme
ANC – Antenatal Care
APR – A Promise Renewed
AusAID – Australian Aid
BCC – Behaviour Change Communication
BHU – Basic Health Unit
BR – Birth Registration
BTC – Business Transaction Centre
C4D – Communication for Development
CBDRM – Community-Based Disaster Risk Management
CCC – Core Commitments for Children
CCPAP – Common Country Programme Action Plan
CMAM – Community Management of Acute Malnutrition
CMTF – Change Management Task Force
CMT – Country Management Team
CoE – Community of Evaluators
COMNet – The Communication Network
CPIE – Child Protection in Emergencies
CRC – Convention on the Rights of the Child
CSO – Civil Society Organisation
DCT – Direct Cash Transfer
DMA – Disaster Management Authority
DoH – Department of Health
DRR – Disaster Risk Reduction
ENAP – Every Newborn Action Plan
EOC – Emergency Operations Centre
EPI – Expanded Programme on Immunisation
ERAF – Early Recovery Assistance Framework
ESP – Education Sector Plan
FATA – Federally Administered Tribal Areas
GAIN – Global Alliance for Improved Nutrition
GB – Gilgit-Baltistan
GDP – Gross Domestic Product
GoP – Government of Pakistan
HAFT – Harmonised Approach to Cash Transfer
HBB – Helping Babies Breathe
HR – Human Resources
HRBA – Human-Rights Based Approach
ICT – Information and Communication Technology
IT – Information Technology
IP – Implementing Partner
IYCF – Infant and Young Child Feeding
KAPB – Knowledge, Attitudes, Practices and Beliefs
KP – Khyber Pakhtunkhwa
LHW – Lady Health Worker
LRRD – Linking Relief, Rehabilitation and Development
LTA – Long Term Agreement
MCW – Mother and Child Week
MDG – Millennium Development Goal
MHM – Menstrual Hygiene Management
MI – Micronutrient Initiative
MICS – Multiple Indicator Cluster Survey
MIS – Management Information System
MMR – Maternal Mortality Ratio
MNCH – Maternal, Neonatal and Child Health
MoRES – Monitoring for Results and Equity System
NADRA – National Database and Registration Authority
NDMA – National Disaster Management Authority
NGO – Non-Governmental Organisation
NHEPRN – National Health Emergency Preparedness and Response Network
NNS – National Nutrition Survey
NPPI – Norway Pakistan Partnership Initiative
OOSC – Out-of-School Children
OR – Other Resources
OPII – One UN Programme Cycle 2
OPV – Oral Polio Vaccine
P&DDD – Planning and Development Department
PAK – Pakistan-administered Kashmir
PATS – Pakistan Approach to Total Sanitation
PCA – Programme Cooperation Agreement
PCO – Pakistan Country Office
PCV 10 – Pneumococcal Conjugate Vaccine 10
PDHS – Pakistan Demographic and Health Survey
PEI – Polio Eradication Initiative
PLaCES – Protective Learning and Community Emergency Services
PMER – Planning, Monitoring, Evaluation and Reporting
PMIS – Partnership Management Information System
PMT – Programme Management Team
PPP – Programme Process Planning
PPTCT – Prevention of Parent-to-Child Transmission
PRA – Participatory Rural Appraisal
PS – Procurement Services
PSLM – Pakistan Social and Living Standards Measurement
RED – Reach Every District
RI – Routine Immunization
ROSA – Regional Office for South Asia
SACOSAN – South Asian Conference on Sanitation
SAARC – South Asia Association for Regional Cooperation
SBA – Skilled Birth Attendant
SIA – Supplementary Immunisation Activities
SPSP – Sanitation Programme at Scale in Pakistan
SUN – Scaling Up Nutrition
UNDP – United Nations Development Programme
UNESCO – United Nations Educational, Scientific and Cultural Organization
UNFPA – United Nations Population Fund
USAID – United States Agency for International Development
WASH – Water, Sanitation and Hygiene
WFP – World Food Programme
WHO – World Health Organization
## Evaluation

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<tr>
<th>Title</th>
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<th>Type of Report</th>
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<tr>
<td>1. Evaluation of UNICEF Programmes to Protect Children in Emergencies: Pakistan Country Case Study</td>
<td>2013/001</td>
<td>Evaluation</td>
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<tr>
<td>2. Baseline Assessment of MNCH/FP Self Care and Care-seeking Behaviour among Families and Communities during Mother and Child Week</td>
<td>2013/006</td>
<td>Survey</td>
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<tr>
<td>3. Assessment of Prevention of Parent to Child Transmission of HIV (PPTCT) Continuum of Care District Model in Punjab</td>
<td>2013/002</td>
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<td>4. Impact assessment of Outdoor Campaign for World Immunization Week</td>
<td>2013/003</td>
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<td>5. End term assessment of CIDA funded project</td>
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<td>7. CMAM Coverage Survey Report Using SQUEAC Methodology, Dera Ismail Khan and Hangu Districts, Khyber Paktunkhwa Province, Pakistan, April-June 2013</td>
<td>2013/008</td>
<td>Survey</td>
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<td>8. CMAM Coverage Survey Report Using SQUEAC Methodology, Jalozai Camp, District Nowshera, Khyber Paktunkhwa Province, Pakistan, July 2013</td>
<td>2013/009</td>
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<tr>
<td>9. Review of Community Management of Acute Malnutrition (CMAM) in Sindh, Punjab and Balochistan</td>
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<td>11. Menstrual Hygiene Management Study</td>
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# Other Publications

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<td>UNICEF Pakistan Desk Calendars and Wall Planners</td>
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<td>One Minutes Junior Films (DVDs)</td>
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<td>Video documentary on Community Management of Acute Malnutrition in KP/FATA</td>
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<td>Business Transaction Centre Update</td>
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<td>Out-of-School-Children in Balochistan, Khyber Pakhtunkhwa, Punjab and Sindh</td>
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<td>Report on Education Cluster Capacity Building Workshops on Education in Emergency (EIE) 2012</td>
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<td>Study on Teacher Absenteeism in FATA, April 2013</td>
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<td>GIS mapping of Non-Formal Education Centres (Public and Private) in 9 Districts in Punjab, June 2013</td>
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<td>Educational Storybook: Shareef Lakarhara Aur Shararat Tota</td>
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<td>Educational Storybook: Insaan Aur Poday</td>
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<tr>
<td>Capacity-building for Textbook Writers, Developers and Reviewers at National Level (4-minute video)</td>
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<tr>
<td>“Umeed Ho Tum” Radio Series (2nd series)</td>
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<td>International Girl Child Day Radio Programme (30 minute programme)</td>
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<td>International Girl Child Day Public Service Messages</td>
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<td>Making a Difference: The Saga of Education in Gilgit Baltistan (video documentary)</td>
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<td>ECE, SMC, Teaching of English and DDR training Manual</td>
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<td>“Real Face of Hope”: Documentary on the Successes of the “Back to school” Project in FATA</td>
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<td>Learn from Reading and Watching (IEC material on DRR)</td>
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<td>“Building Resilient Communities and Champions of Disaster Risk Reduction” (video documentary)</td>
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<td>Baseline and Endline Studies for the School Safety Project</td>
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<td>UPE, USE and BCC Strategy</td>
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<td>Birth Registration Toolkit (including CD)</td>
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<td>Counselling Card on Polio (revised) and BR</td>
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<td>Child Protection in Emergencies Resource Kit Plus (revised version with communication materials)</td>
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<td>Meena Comic Book on Mine Risk Education</td>
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<td>Samira – Child Protection in Emergencies Animation (in three languages)</td>
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<td>79</td>
<td>Adolescent Strategy</td>
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Lessons Learned

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<thead>
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<td>1 Monitoring Results and Equity to Improve Birth Registration Systems in Pakistan</td>
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<td>2 Using Access and Coverage Assessments to Improve the Quality of and Access to Nutrition Services in Khyber Pakhtunkhwa</td>
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<td>3 Understanding Inaccessibility through Microplans</td>
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<tr>
<td>4 Mainstreaming Social Cohesion and Resilience into Children’s Learning in Pakistan: from Curricula to Educational Materials</td>
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Programme Documents

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<tr>
<td>1 Handbook for Cash and Supply Transfers to Government Partners</td>
<td>Reference Documents</td>
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<td>5 Pakistan Annual Report 2012</td>
<td>Annual Report</td>
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