EVALUATION OF UNICEF PROGRAMMES TO PROTECT CHILDREN IN EMERGENCIES

PAKISTAN COUNTRY CASE STUDY
Evaluation of UNICEF Programmes to Protect Children in Emergencies, Pakistan Country Case Study.
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This report for Pakistan constitutes part of a global evaluation titled UNICEF Programmes to Protect Children in Emergencies which includes four country case studies. The Pakistan case study report was prepared by independent consultants Margaret Brown and Michael Copland. Inputs were provided by a national evaluation team that included Gulshan Zahid, Ilyas Muhammad Tumrani, Naz Perveen, Muhammed Akhter Ali (for Sindh province) and Nazish Khan, Azra Hussein, Hussein Ali and Ismail Khan (for Khyber Pakhtunkhwa province). Krishna Belbase, Senior Evaluation Officer, managed and led the overall evaluation process in close collaboration with the UNICEF Pakistan Country Office where Elizabeth Cossor, Child Protection Specialist (Emergencies), was the lead counterpart.

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ACRONYMS

CCC  Core Commitments to Children in Humanitarian Action
CNIC  Computerized National Identity Card
CP  Child protection
CPIE  Child protection in emergencies
CPC  Child protection committee
CPWG  Child Protection Working Group
CPU  Child protection unit
DRR  Disaster risk reduction
EPRP  Emergency preparedness and response plan
ERW  Explosive remnants of war
FATA  Federally Administered Tribal Areas
GBV  Gender-based violence
IASC  Inter-Agency Standing Committee
ID  Identification document
ICRC  International Committee of the Red Cross
IVAP  Internally displaced person vulnerability assessment and profiling
MIRA  Multi-cluster initial rapid assessment
MHPSS  Mental health and psychosocial support
MRE  Mine risk education
NGO  Non-governmental organization
NDMA  National Disaster Management Authority
PDMA  Provincial Disaster Management Authority
PLaCES  Protective Learning and Community Emergency Services
SPADO  Sustainable Peace and Development Organization
TLC  Temporary learning centres
WASH  Water, sanitation and hygiene
UNFPA  United Nations Population Fund
UNHCR  United Nations High Commissioner for Refugees
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EXECUTIVE SUMMARY

The case study of UNICEF programmes on child protection in emergencies (CPIE) in Pakistan is part of a global evaluation commissioned by UNICEF. The evaluation is based on the global Child Protection Strategy (2008) and Core Commitments for Children in Humanitarian Action (CCCs, 2010) considering the effectiveness of the protective environment strategy in pre-emergency, response and recovery phases.

The Pakistan case study aimed to review the country’s child protection programme in terms of appropriateness, effectiveness, quality, efficiency, coordination and sustainability as well as the cross-cutting issues of equality and participation. It emphasized links between formal and less formal components of the system, investments in social change, the use of technical guidance, capacity in monitoring child rights violations, advocacy and knowledge management. It not address current organizational priorities such as resilience and UNICEF’s Monitoring Results for Equity System, as it preceded these developments. More specifically, the case study covered child protection activities in response to the floods in 2010 and 2011/2012, with a focus on Sindh province, which was badly affected in both years, and during the complex emergency in Khyber Pakhtunkhwa and the Federally Administered Tribal Areas (FATA), which has been ongoing since 2009.

Data collection methods included semi-structured interviews, review of data and reports, and focus group discussions involving 267 participants – children, adolescents, women, members of child protection committees and community leaders. A team of two international consultants undertook the interviews and eight local consultants conducted the focus groups. Field work was undertaken in September 2012. Due to security constraints it was not possible for the international consultants to undertake planned visits to Khyber Pakhtunkhwa and FATA.

Key Findings and Conclusions

UNICEF has made impressive progress in Pakistan in supporting the integration of CPIE into longer term child protection systems and structures. CPIE issues have been incorporated into contingency planning through the National Disaster Management Authority (NDMA) and Provincial Disaster Management Authorities (PDMAs); a child protection (CP) coordinator is based in some PDMAs to strengthen the strategic approach to CPIE; and the mandates of the child protection and welfare commissions, child protection units and child protection centres\(^1\) all include CPIE.

At community level UNICEF has established a model of protective spaces known as Protective Learning and Community Emergency Services (PLaCES) that brings girls, boys and adolescents of both sexes and women into a protective structure. These offer age- and gender-specific services, train community-based child protection committees (CPCs) and link to child protection units (CPUs). PLaCES represents a considerable advance beyond child-friendly spaces, which were focused on younger children, and offers a much broader range of services.\(^2\) It emphasizes protecting girls, boys and women from risks and enhancing their health and well-being. Introduced in 2011/2012, PLaCES was found to have increased the participation of adolescent girls and boys compared to their participation during the 2010 flood and also increased the attendance of women. While temporary learning centres (TLCs) were co-located with only some child-friendly spaces in 2010, TLCs were set up in 90 per cent of PLaCES in 2011. The PLaCES model has been shown to be appropriate for populations affected by complex emergencies as well as disasters, with some differences in the emphasis of services.

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\(^1\) Thirty long-term community-based child protection centres have been established in Khyber Pakhtunkhwa only.

\(^2\) For children and adolescents: recreation (sports and games), health and hygiene awareness, counselling for stress, birth registration, disaster risk reduction education, awareness on explosive remnants of war; for women and adolescent girls: the services for children and adolescents plus vaccination, good feeding practices/nutritional awareness, awareness raising on GBV, sexual abuse, early marriage and other harmful practices, literacy and vocational skills.
Gender parity was difficult to achieve in PLaCES, but efforts in that direction were promising, given the difficulty of mobilizing females in this environment: Girls made up 48 per cent of participants in Sindh province and 43 per cent in Khyber Pakhtunhwa. PLaCES successfully engaged religious and ethnic minorities, who made up 10 per cent to 15 per cent of participants, higher than their percentage of the overall population. Engaging girls, boys and women with disabilities has remained a challenge.

PLaCES were established during the relief and early recovery phases as established by the NDMA. They were scaled up to serve a significant population (around 200,000 people) within three to four months of the start of the floods in 2011. Relative to the phases established by the UNICEF CCCs, scale-up to significant numbers of beneficiaries happened after eight weeks, locating PLaCES in the continued response and early recovery phase. While the PLaCES sites visited for the evaluation conformed to the Minimum Standards for Protective Spaces (established by the child protection sub-cluster in 2012) in many aspects, the other components could be improved. An important element of PLaCES is their cost of approximately $11 per capita, making it a relatively cost-effective intervention and a model that should be further developed, documented and shared with other countries.

A key question is the extent to which components of PLaCES and the CPCs they encourage are sustainable or at least represent a stand-by resource available to be rapidly scaled up in cases of disaster or displacement. It is too early to assess whether or not they are sustainable, but at least three different modalities of promoting sustainability were identified: First, CPCs in Khyber Pakhtunhwa are being supported to register with the authorities and link to CP centres, where they can receive training and make referrals to CP units (CPUs) should the need arise.

Second, one of the organizations visited for the case study already had a vast programme of rural development, including social mobilization, and was expecting to link the members of CPCs to existing community organizations. This would allow the principles and practices of CPiE to be retained within the community and could potentially support rapid scale-up in emergencies.

Third, some Social Welfare Departments were establishing PLaCES independently of UNICEF as an emergency response based on previous experience. Over time, it will be important for UNICEF to assess whether these (and other) modalities are sustainable and can provide rapid and effective response in emergencies.

UNICEF leadership of the CP sub-cluster was found to be very effective and members showed a high level of satisfaction with its functioning. The CP sub-cluster and provincial working groups had produced minimum standards for protective spaces, adopted standard operating procedures for separated and unaccompanied children in emergencies and provided multiple trainings on CPiE. There was a strong degree of consensus among CP working groups in Sindh that these investments had reached the field and improved the CPiE response in 2011 compared to 2010. Strong results had also been obtained in some areas in 2010. For example, 70 per cent of 505 separated children identified in 2010 were rapidly reunified by government agencies and sub-cluster members.

Regarding the design of the programme, most of the protection risks identified in the flood-affected areas and in the complex emergency were addressed by PLaCES and by government/CP sub-cluster/working group member services. However, there were five areas of weakness in relation to protection issues: First, while issues of psychosocial distress of the population displaced from FATA were addressed effectively after arrival in the camp, the serious protection risks facing girls, boys, adolescents, women and other vulnerable groups during military operations and displacement were not

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3 They offered spaces for private counselling, all locations had male and female staff/volunteers, literacy and numeracy classes were offered, materials were provided in local languages, activities did not replace standard education, and health and hygiene and sports/recreation were provided as planned.

4 Lack of privacy in WASH facilities, overcrowding, inadequate staff training (as reported by PLaCES participants), lack of materials and services designed for girls, boys and women with disabilities.

5 See section 3.2 for results of the survey.
adequately addressed in programme design. This requires an advocacy response to prevent or mitigate child protection issues and joint advocacy by the United Nations country team rather than UNICEF alone. Advocacy would need to draw on information on protection issues provided by representatives of CPCs in Khyber Pakhtunkhwa.

Second, CPCs informed the evaluators that children are being recruited by armed groups in Khyber Pakhtunkhwa/FATA through kidnapping or enticement. Although preventing recruitment is a benchmark of the CCCs (commitment 7), the programme has not yet promoted an inter-agency plan to do so, and this should be seriously considered.

Third, women and girls expressed strong fears of abduction (though few examples of abduction were reported) in Sindh and in the camps in Khyber Pakhtunkhwa, mostly related to the distance to and isolation of water, sanitation and hygiene (WASH) and laundry facilities. Efforts are needed to reduce people’s fears and anxieties.

Four, more attention is needed for follow-up of children identified as separated from customary or legal primary caregivers but living with extended family. There had been less emphasis on the engagement of government services in reviewing these cases pending safe closure.

Fifth, the country lacks a national mine risk education (MRE) strategy. This is particularly important in view of the recent increase in civilian casualties, including among children and adolescents. It is also important in view of the trend towards integrating MRE into educational and protection systems rather than having it function as a stand-alone programme. It should be noted that from 2009 to 2012 UNICEF invested heavily in a massive MRE campaign in Pakistan, reaching well over 200,000 children and achieving 76 per cent of target in 2012. UNICEF also established and led the MRE Working Group beginning in 2009, which included six organizations, mostly international mine action NGOs.

UNICEF’s MRE programme achieved significant success in informing communities about how to protect themselves from explosive remnants of war (ERW) as it could have been. However, beginning in 2011 funding fell drastically across all agencies, while access also became more difficult. These changes led to the withdrawal of all international organizations and the relocation of the MRE Working Group from Islamabad to Khyber Pakhtunkhwa/FATA under the coordination of SPADO and Handicap International. The regularity of meetings fell, and MRE was increasingly brought into the Protection and Inter-Cluster meetings to mainstream attention to the issue.

UNICEF and the United Nations Population Fund (UNFPA) were co-leading the gender-based violence (GBV) sub-cluster, but UNICEF withdrew in late 2010 due to the burden of leading and co-leading other clusters and sub-clusters, including the CP sub-cluster. However, UNICEF invested heavily in technical support to the sub-cluster through two lengthy consultancies that led to the adoption of the survivor-centred approach to GBV and development of standard operating procedures and referral pathways. The GBV sub-cluster improved incident reporting. An analysis of the data shows that 63 per cent of incidents reported were of domestic violence and 66 per cent of survivors were aged 26-35, while 16 per cent were under 18 years old. The vast majority of perpetrators were family members, suggesting an important role for PLaCES and CPCs in strengthening approaches to intra-family violence.

In terms of knowledge management, UNICEF has made strong progress in collecting and collating data on child protection issues, but the data could be used more in programming and advocacy.

6 Of the casualties under age 18, around three quarters were boys.
7 Unexploded weapons such as artillery shells, mortars, grenades, bombs, rockets and small-arms fire left behind after an armed conflict.
Regarding assessments, UNICEF has made vast time and technical investments in strengthening the multi-sector initial rapid assessment (MIRA) system in terms of child protection. An assessment in late 2012 produced much better results than had previously been achieved, and the data were useful for planning. However, the strategic priorities in the report tended to emphasize programming activities already being implemented. It would be better if they identified appropriate responses to the specific challenges identified, such as risks at water points and fighting at distribution points.

Timely and sufficient human resources are essential for effective response. UNICEF managed to scale up the number of child protection staff during the floods of 2010, contracting 17 staff within 3 months after the floods began in August 2010. This exemplifies the effectiveness of the organization-wide response to Level 3 emergencies. Budgets have fallen drastically since 2010, however, and the drop in donations relative to the appeals was dramatic in percentage terms. While 99 per cent of the child protection component of the appeal was funded in 2010, in 2011 it fell to less than 10 per cent. This inevitably hampered programming, most notably on mine risk education. It has also had an impact on staffing. Staff were especially stretched in fulfilling the roles of sub-cluster or working group coordinator while also implementing programmes.

RECOMMENDATIONS

The following recommendations are addressed to the UNICEF country office, but many would be undertaken together with government departments and/or child protection colleagues in the CP sub-cluster or working groups as proposed.

For UNICEF child protection in emergencies staff

(a) Continue to invest in integrating CPIE into longer term systems and, more specifically, into PLaCES/CP centres and CPCs and their linkages to CPUs. The sustainability of CPCs will be particularly important, and UNICEF CPIE should document and compare different models of CPCs and their effects on child protection performance (in terms of capacity to scale up rapidly and effectiveness) during emergencies. (See section 3.6 and conclusion 3).

(b) Consolidate the gains made in introducing the survivor-centred approach in GBV. This involves promoting formal adoption of GBV standard operating procedures, ensuring that technical orientation on humanitarian response supports the mitigation of violence (see recommendation below in relation to WASH) and ensuring that orientation on community-level work guides the engagement of men and boys on GBV issues, in addition to girls and women. In light of the finding that the majority of GBV cases reported are of domestic violence, analyse with male and female CP committees how domestic violence could be more systematically addressed within protective spaces. With support from GBV specialists, consider how attitudes and practices could be monitored in conjunction with this work.

Overall, continue to provide technical support to the GBV sub-cluster, with the goal of improving adherence to national and international standards in the quality of care and mobilizing risk reduction strategies.

For UNICEF and the United Nations country team

Strategies to protect children in complex emergencies need to be strengthened, particularly through consideration of the following:

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8 The types of models that should be considered include: (a) CPCs that have registered with the authorities and are receiving support from CP centres or CP units; (b) CPCs that have been built around pre-existing community organization; (c) CPCs that include representation from community to union council or district levels; and (d) PLaCES that have been established by Social Welfare Departments without additional support.
(a) Engage all relevant child protection structures and stakeholders in developing a plan to improve protection of girls, boys, adolescents, women and other vulnerable groups during military operations and displacement. Participants should include in particular the child welfare commission and Social Welfare Department in Khyber Pakhtunkhwa and political agents in FATA. Their participation should draw on information and proposals from the CPCs (female and male) to plan displacement and transportation for the most vulnerable people. (See conclusion 5a)

(b) Based on the CCCs, Minimum Standards for Child Protection in Humanitarian Action and Paris Principles, identify the risk factors that lead to child recruitment. Work with relevant authorities to develop an inter-agency plan to prevent recruitment of children and adolescents. (See Conclusion 5b)

(c) Advocate for a national mine risk education strategy that draws on the positive experience in Khyber Pakhtunkhwa with MRE and reporting ERW through focal points. The strategy should address how to reach the civilian population in the areas most at risk (FATA, Baolochistan and Khyber Pakhtunkhwa). It should also consider how to reach the most at-risk civilian groups based on Landmine Monitor statistics. (See Conclusions 5d and 6)

For UNICEF WASH and child protection in emergencies staff

(a) Given that protection challenges both on and off camp were linked to the distance to WASH facilities and to risks around water points, the WASH and CP sectors should review all possible options to address this source of anxiety as well as improvement of WASH facilities in PLaCES. (See Conclusions 2 and 5c)

For UNICEF child protection and CP sub-cluster/working group members

(a) Analyse how to strengthen vertical linkages within the sub-cluster and provincial level working groups to encourage bottom-up participation in decision-making and consider how some of the larger international NGOs focused on CPIE could participate more actively in the technical development activities of the CP sub-cluster. (See Conclusion 4)

(b) Ensure that the CPIE issues identified in multi-sector initial rapid assessments (e.g. risky locations identified as water points, fighting among recipients at distribution points) are matched with recommended programme interventions; avoid restating existing programme activities. (See Conclusion 8)

(c) Review the follow-up and care of children separated from legal or customary caregivers in both flood-affected areas and areas affected by the complex emergency, with a view to supporting the Government to ensure that children have an adequate standard of care and do not need family tracing, allowing their cases to be closed. (see Conclusion 5d)

(d) With the CPWGs, CPUs and CPCs, consult children and adults with disabilities about what support they most needed during emergencies and how that could be provided in PLaCES to ensure more inclusive service. (See Conclusion 2)
1. INTRODUCTION

1.1 UNICEF Approach to Child Protection in Emergencies

UNICEF’s approach to child protection action in emergencies is framed by the Child Protection Strategy (2008) and the Core Commitments for Children in Humanitarian Action (CCCs, 2010). The vision of the Strategy is to create a protective environment through a continuum of protective interventions in pre-crisis, crisis and post-crisis phases.

The Child Protection Strategy sets out several elements of relevance to emergency work: Systems strengthening for prevention and response; support for positive social change; and implementation of emergency-specific multi-partner guidance and mechanisms. The first two elements work in tandem and should be strengthened simultaneously. Taken together, they reinforce the protective environment and can help to reduce risks that occur during natural disasters and complex emergencies.

The third element addresses how to adapt the systems approach to child protection in emergency and transition contexts, for example through mechanisms at camp level that identify vulnerable children and provide front-line support and referral to services (psychosocial support, family tracing, education). The emphasis is on preventing and responding to violence, exploitation and abuse rather than on particular categories of children. The aim is to work with existing systems, even if they are weakened during a crisis. The Strategy points out that opportunities and entry points may emerge during crises that can be used to catalyse system strengthening or social change in the recovery phase. An example would be using the imperative of providing tracing and reunification services during the emergency to strengthen longer term systems to protect children who lack adequate parental care.

The Strategy also has two cross-cutting elements: (a) evidence-building and knowledge management and (b) convening and catalysing agents of change. Evidence-building and knowledge management seek to ensure that adequate data and information are available for planning and monitoring results and outcomes for children. Convening and catalysing agents of change refers to strengthening partnerships with other actors to coordinate and scale up child protection programming and advocacy.

Common concerns in all contexts are addressing gender power imbalances; strengthening coordination between sectors; increasing support through social protection and rule-of-law initiatives; and ensuring inclusion of socially excluded or invisible groups. In emergencies, mechanisms should be established that identify vulnerable children and provide front-line support and referral to a range of support services (for example, psychosocial support, health care, family tracing, education). The emphasis is on preventing and responding to violence, exploitation and abuse by area more than on particular categories of children.

The CCCs complement the Child Protection Strategy by presenting a set of key commitments, benchmarks and actions in each phase of preparedness, response and early recovery. Taken together, the eight CCCs in child protection serve as a framework for rapid, predictable response.

UNICEF is also responsible for implementation of key Security Council resolutions. Resolution 1612 requires the establishment of a monitoring and reporting mechanism on six grave violations against children in armed conflict. Resolution 1888 strengthens the requirements for monitoring sexual violence against women and children in armed conflict and combating impunity. Other key resolutions are 1882 and 1960, which further highlight the need for UNICEF to work with partners on the linkages around monitoring and reporting on sexual violence.

Within the cluster system for the coordination of humanitarian response, UNICEF is the focal point for child protection and takes the lead in establishing a CP sub-cluster (of the protection cluster) or CP working group. The child protection sub-cluster aims to ensure that child protection is more predictable, effective and accountable in emergencies. Since 2008 UNICEF has also served as co-lead of the gender-based violence area of responsibility, together with UNFPA. UNICEF is responsible for disseminating all inter-agency guidance related to child protection, including the Inter-Agency Standing Committee (IASC) ‘Guidelines for Gender-based Violence Interventions in Humanitarian Settings’, the
Addressing GBV in emergencies is a core commitment. In the CCCs, child protection commitment 5 underscores the importance of combatting violence, exploitation and abuse of children and women from the perspective of both prevention and response. In addition to addressing GBV from a programme perspective, child protection commitment 1 recognizes the importance of coordination. This commitment aims to ensure that effective leadership is established for both the CP and GBV areas of responsibility, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.

Further, the Paris Principles and Commitments (2007)\(^9\) set out the agenda for prevention of child recruitment, release and reintegration; ending impunity and ensuring justice; and follow-up. UNICEF plays a leading role in advocating for their implementation.

1.2 Background to the Evaluation

The UNICEF Evaluation Office commissioned the first global evaluation of programmes to protect children in emergencies (armed conflict and natural disasters) in light of the Child Protection Strategy and CCCs (see framework in annex 1). The purpose of the global evaluation is to strengthen child protection programming in the context of emergencies by assessing UNICEF performance in recent years across the continuum of pre-crisis, crisis and post-crisis phases. Both preventive and responsive perspectives were considered, in line with the CCCs.

More specifically, the global evaluation reviews the performance of programmes against the criteria developed by the Development Assistance Committee of the Organisation for Economic Co-operation and Development\(^10\) and assesses to what extent systems strengthening in child protection coupled with preparedness actions actually leads to more effective response in crises. In terms of supporting positive social change, the evaluation considers whether it has been possible to challenge negative attitudes and practices in terms of gender, ethnicity and disability (among others) and contribute to a culture of peace before and during crises. Finally, the evaluation reviews programme performance against the CCCs and identifies successes and gaps in terms of what works, what does not work and why.

The evaluation included four country case studies; in addition to Pakistan they cover South Sudan, Colombia and the Democratic Republic of the Congo. A desk study addressed child protection in an additional eight countries affected by disaster or armed conflict.\(^11\) The evaluation covers UNICEF’s work during the current medium-term strategic framework period (2006-2013)\(^12\) with a principal focus on the last two to three years.

1.3 National Context for Child Protection in Pakistan

Child protection in Pakistan is primarily the responsibility of the social welfare sector and the departments of justice, education, health, disaster management and human rights. The provincial Social Welfare Departments are especially important in planning and delivering protection services, particularly since the devolution of power to provincial governments in 2011 (since then there has been no federal ministry of social welfare). All provinces are gradually taking steps to introduce protective legislation, and UNICEF has supported the introduction of CPUs within the Social Welfare Departments of selected

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\(^9\) The Paris Commitments to protect children from unlawful recruitment or use by armed forces or armed groups, and the Paris Principles and guidelines on children associated with armed forces or armed groups.

\(^10\) Relevance/appropriateness, effectiveness, efficiency, connectedness/coordination, sustainability and scaling up, and the cross-cutting issues of equity and participation.


\(^12\) The medium-term strategic framework is the global strategy approved by the UNICEF Executive Board. After the initial period of 2006-2009, it was extended for two years to 2011 and subsequently for a further two years to 2013 to harmonize with other United Nations agencies.
districts in the four provinces and in Khyber Pakhtunkhwa/Federally Administered Tribal Areas (FATA). In view of the degree of devolution and provincial autonomy, progress towards effective child protection is uneven; some provinces have more extensive legislation, policies and implementation capacity than others.\(^{13}\) (See annex 6 for an example of the structure of the system, in Balochistan.)

In a broader emergency context, the National Disaster Management Authority (NDMA) sets the framework for disaster risk reduction, preparedness, response and early recovery for all sectors; there are also Provincial Disaster Management Authorities (PDMAs). The emphasis is on managing natural disasters as opposed to complex emergencies, although in Khyber Pakhtunkhwa and FATA, the PDMA and FDMA address both. Given the growing number and frequency of climate-related disasters and the fact that Pakistan is on major earthquake fault lines, the NDMA is focused on strengthening risk reduction and prevention following the Hyogo Framework for Action 2005-2015 on building resilience to disasters (ISDR 2005).

The NDMA establishes the phasing of response to natural disasters, with the relief phase typically lasting for three months (though it can be extended to six months) and early recovery for one year, followed by a reconstruction phase. Joint strategies and the cluster system support the engagement of all key actors. By definition, phasing does not apply in the same way to complex emergencies, as there are ongoing waves of crises.

The child protection sub-cluster can be activated during emergencies, and has been in Khyber Pakhtunkhwa/FATA, Balochistan, Sindh and Punjab\(^{14}\) provinces in recent years. At district level, child protection working groups are led by the Social Welfare Departments and co-led by an operational non-governmental organization (NGO). However, the child protection sub-cluster has not been activated in the early stages of most disasters, and it has required considerable advocacy to secure activation. This has hindered fundraising and reduced the attention given to child protection in the initial relief phase.

1.4 Disasters and Complex Emergencies in Pakistan

Pakistan is currently facing two types of emergency: the complex emergency in the northwest of the country, in Khyber Pakhtunkhwa and FATA, which has been active since 2004; and natural disasters including earthquakes, riverine floods, flash floods, landslides, cyclones and droughts (NDMA, 2012). These disasters are overlapping and have led to widespread displacement, which makes managing preparedness and response extremely complex (see box 1). The scale is massive; the floods in 2010 affected 20 million people.

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\(^{13}\) UNICEF’s engagement with system strengthening is summarized in table 8.

\(^{14}\) In Punjab, only in 2010/2011.

---

<table>
<thead>
<tr>
<th>Box 1. Recent overlapping disasters</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pakistan has experienced frequent overlapping disasters in the past five years, and some have been on a massive scale.</strong></td>
</tr>
<tr>
<td>• Complex emergency, Khyber Pakhtunkhwa and FATA, 2008-2012</td>
</tr>
<tr>
<td>• Early recovery, FATA 2011-present</td>
</tr>
<tr>
<td>• Floods response, July 2010-January 2011</td>
</tr>
<tr>
<td>• Floods early recovery, February-December 2011</td>
</tr>
<tr>
<td>• Floods response, September 2011-February 2012</td>
</tr>
<tr>
<td>• Floods early recovery, February-September 2012</td>
</tr>
<tr>
<td><strong>Massive scale</strong></td>
</tr>
<tr>
<td>• Complex emergency: 4 million displaced people</td>
</tr>
<tr>
<td>• Floods: Affected 25.5 million people (20 million in 2010 and 5.5 million in 2011)</td>
</tr>
</tbody>
</table>
The seven agencies\textsuperscript{15} and the frontier regions\textsuperscript{16} that comprise FATA and the province of Khyber Pakhtunkhwa are dealing with a complex emergency resulting from an insurgency by groups associated with the Taliban in Afghanistan that began in 2004. Government forces are fighting to control the area. An estimated 18,000 to 48,000 civilians have been killed, based on data (considered reliable) from the Pakistan-based Institute for Peace Studies (Cost of War 2013). There are frequent phased displacements of the population in response to security operations by the armed forces, and displacement also results from sectarian violence. As the situation is deemed to be safe, people return to their areas of origin. In 2012, over 200,000 people were displaced from Khyber Agency (OCHA 2012a), joining previously displaced populations. In September 2012 there were 160,000 displaced families, of which 88 per cent were living in host communities and 12 per cent in camps (OCHA 2012b). This is an increase from 96,922 displaced families in Khyber Pakhtunkhwa/FATA in February 2012.

Pakistan was still recovering from the massive 2005 earthquake in Kashmir, which killed 73,000 people and made 3.5 million people homeless (Maqsood 2008), when enormous floods hit the country on 15 August 2010. Exceptional monsoon rains caused flash floods and landslides, affecting 11 per cent of the population, destroying housing and livelihoods (NDMA 2012). Sindh and Balochistan were most affected, although earlier in the month Punjab and Khyber Pakhtunkhwa had also been affected (UN 2011). With 78 districts affected (29 severely affected),\textsuperscript{17} the emergency was classified as Level 3 by UNICEF, requiring an organization-wide response. It was one of only two Level 3 emergencies globally in 2010.\textsuperscript{18}

Flooding returned in 2011, affecting 5.4 million (OCHA 2011a), many in different areas than during the 2010 floods, with Sindh the most affected. Further flooding took place in September 2012, affecting around 3 million people in Punjab, Sindh and Balochistan and causing further destruction of homes and crops (HCT 2012). At the time of the evaluation field work Sindh and Balochistan were within the Framework for Early Recovery (January to September 2012).

The disasters and complex emergency prompted many protection issues, which are outlined in section 3.1 of this report.

1.5 UNICEF Programmes to Protect Children and Women in Emergencies in Pakistan

Two sets of plans provide the foundation for UNICEF programming to protect children and women in emergencies in Pakistan: longer term plans for enhancing child protection systems based on the Child Protection Strategy, and the annually updated emergency preparedness and response plan (EPRP) in child protection based on the CCCs. The evaluation focuses on the EPRP within the broader context of longer term system strengthening.

The longer term plans are multi-year work plans, agreed separately with the federal and provincial governments. They provide the basis for strengthening formal and less formal child protection system components across the continuum of pre-emergency, emergency and post-emergency. The current (2012) multi-year plans at federal level have three intermediate results:\textsuperscript{19} (a) development of a comprehensive child protection legislative, policy and strategic framework in accordance with the Convention on the Rights of the Child and international standards; (b) access to equitable social protection programmes by children living in poverty, together with the development of provincial/district systems to prevent and address violence, abuse, neglect and exploitation; and (c) increased birth

\textsuperscript{15} An agency is a tribal administrative area. The agencies in FATA are Bajaur, Mohmand, Khyber, Orakzai, Kurram, North Waziristan and South Waziristan.
\textsuperscript{16} Kohat, Peshawar, Bannu, Lakki Marwat, Tank, Dera Ismail Khan.
\textsuperscript{17} Interview with NDMA.
\textsuperscript{18} The other Level 3 emergency was the earthquake in Haiti.
\textsuperscript{19} In Pakistan’s new country programme for 2013-2017, its four intermediate result areas include a specific result on strengthening the public CP system to better prepare for, prevent and respond to child protection risks and violations during emergencies.
registration. Three activities are particularly relevant to disasters: (a) establishment of a child protection information management system; (b) strengthened disaster management institutions at all levels; and (c) assistance to the NDMA with guidelines and training packages covering child protection in emergencies. The intermediate results are mirrored at provincial level, with some locally specific emergency-related actions. These include monitoring and reporting on violations of children’s rights; rapid assessments in areas affected by the complex emergency; mine risk education in camps; and strengthening of the PDMA. These are all included in the EPRP plan. The federal plan was costed at $2.69 million from January 2011 to December 2012, and each province was also allocated a budget.

The EPRP builds on the framework of systems developed through the multi-year plan but is aimed at new emergencies; a plan is established for each emergency and each province, and the results and indicators are framed around the CCC benchmarks. The EPRP for Sindh (see table 1) highlights a focus on the flood-affected zones; a similar plan was designed around the CCCs for Khyber Pakhtunkhwa/FATA. The principal activities were implemented by district.

Table 1: Emergency Preparedness and Response Plan for Sindh, 2011/2012 (summary)

<table>
<thead>
<tr>
<th>Principal programme results or key activities 2011/2012</th>
<th>Indicator</th>
<th>Districts included</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCC 1: Effective leadership of child protection and gender-based violence coordination mechanisms</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Result:</strong> Benchmark 1 of CCCs – Child protection and GBV coordination mechanisms provide guidance to all partners on common standards, strategies and approaches; information is provided on roles, responsibilities and accountability to ensure that gaps are addressed without duplication; MHPSS coordination mechanisms are established.</td>
<td>1. Number of organizations actively participating</td>
<td>All affected districts</td>
</tr>
<tr>
<td><strong>Principal activities:</strong> Coordination of the child protection sub-cluster at provincial and district levels, training of sub-clusters (including on GBV), rapid protection assessments and 3W matrix exercise to facilitate informed and collective decision-making.</td>
<td>2. Per cent of members satisfied, determined through survey</td>
<td></td>
</tr>
<tr>
<td>CCC 2: Periodic reporting on grave violations and other serious protection concerns</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Result:** Benchmark 2 of CCCs – Periodic reports on grave violations and other serious protection concerns for children and women are available and utilized. | Per cent of population covered by monitoring systems | 8 affected districts

20 Mental health and psychosocial support
21 The eight affected districts were in Sindh in 2011. Khyber Pakhtunkhwa/ has a separate EPRP.
### CCC 3: Key child protection mechanisms are strengthened

**Result:** Benchmark 3 of CCCs – Plan is in place to prevent and respond to major child protection risks, building on existing systems; safe environments are established for the most vulnerable children.

**Principal activities:** Technical support provided to CPUs for ID, assessment, documentation and referral of CP cases; establishment of PLaCES for children and women in affected areas to provide psychosocial support, recreational and learning activities and referral to services; promotion of integration with other services (community-based nutrition, health and WASH) into PLaCES

1. Number and per cent of children (boys and girls disaggregated by sex and age group) reached through PLaCES and other protective spaces
2. Number and per cent of women reached through PLaCES

<table>
<thead>
<tr>
<th>8 affected districts</th>
</tr>
</thead>
</table>

### CCC 4: Separation of children from families is prevented and addressed and family-based care is promoted

**Result:** Benchmark 4 of CCCs – All separated children and unaccompanied children are identified and are in family-based care or an appropriate alternative.

**Principal activities:** ID, assessment, registration and case management of separated children; strengthen familiarity of CP sub-clusters on standard operating procedures for separated children; support to helpline for separated and missing children.

| Number and per cent of separated and unaccompanied children identified and reunified. |
| All affected areas |

### CCC 5: Violence, exploitation and abuse of children and women, including GBV, are prevented and

**Result:** Benchmark 5 of CCCs – Affected communities are mobilized to prevent and address violence, exploitation and abuse of children and women; existing systems to respond to the needs of GBV survivors are improved.

**Principal activities:** Training and support to partners on mapping and linkages with social, medical and legal services related to the prevention and response to violence including GBV; delivery of relevant messages on prevention.

| Number and per cent of population in communities with ongoing work to mobilize and strengthen systems to prevent and address violence, abuse and exploitation, including GBV |
| All affected districts |

### CCC 6: Psychosocial support is provided to children and their caregivers

**Result:** Benchmark 6 of CCCs – All child protection programmes integrate psychosocial support in their work in line with IASC guidelines.

**Principal activities:** Children and caregivers receive psychosocial support, life skills-based education and recreation in through PLaCES, plus training to partners on psychosocial support and life skills.

| Number and per cent of PLaCES where psychosocial support is integrated in service delivery (through trained and experienced partners) |
| 8 districts (in Sindh in 2011 plus Khyber Pakhtunkhwa/FATA) |

### CCC 7: Child recruitment and use and illegal/arbitrary detention are addressed and prevented for conflict-affected children

**Result:** Benchmark 7 of CCCs – An interagency plan is developed and implemented for prevention of and response to child recruitment, advocacy against illegal and arbitrary detention for conflict-affected children is conducted.

| Number of children newly released from armed forces and groups and per cent reintegrated into communities |
| 8 affected districts |
**Principal activities:** None defined.

### CCC 8
The use of landmines and other indiscriminate weapons by State and non-state actors is prevented and their impact is addressed

**Result:** Benchmark 8 of CCCs – Children and communities in affected areas have access to mine/unexploded ordnance risk education and are better protected from the effects of landmines and other indiscriminate or illicit weapons.

**Number and per cent of population exposed to mine/unexploded ordnance risk education activities**

<table>
<thead>
<tr>
<th>Ki Khan and Tank districts</th>
</tr>
</thead>
</table>

**Principal activities:** Mine risk education with populations displaced from FATA.

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### Overview of Programme Components: EPRP Plan

The programme components within the EPRP Plan were as follows for the period 2011-2012:

**PLaCES:** The Protective Learning and Community Emergency Services programme was introduced as an emergency model in 2011 in the flood-affected zones, especially Sindh, and from early 2012 in the camps for internally displaced people in Khyber Pakhtunkhwa. PLaCES is aimed at children, adolescents and women and provides gender- and age-appropriate services or activities (see box 2) through community centres or is set up in buildings, tents or other temporary structures or as mobile services using buses or vans. This was by far the largest programme component and was allocated 84 per cent of the total CPiE budget implemented through operational partners. PLaCES is expected to establish and train community-based child protection committees as a link to the community. Most child protection activities under the CCCs (psychosocial support; identification, documentation, tracing and reunification of separated/unaccompanied children; preventing/addressing GBV and other forms of violence; mine risk education) were undertaken by partners implementing PLaCES beginning in 2011.

**Mine risk education:** This is provided especially in Khyber Pakhtunkhwa among displaced communities expecting to return to FATA. This component was allocated 11 per cent of the funds provided to operational partners in 2011.

**A system to monitor protection issues and violations:** This was set up through the Human Rights Commission of Pakistan, a national NGO.

**Helplines:** This service allows children and adolescents to discuss their concerns and issues including violence and sexual or physical health. It also supports reporting of separated or missing children. This component was implemented by three partners and was allocated 2 per cent of funding through partners in 2011.

**Community-based social services in Khyber Pakhtunkhwa:** These included, among others, child protection centres and a pilot cash transfer project, provided through a dedicated budget of $3.2 million over two years, aimed at populations affected by the complex emergency. The project specifically refers to the inclusion of children who have witnessed terrible acts of violence, have lost caregivers or who have been associated with armed groups. The project included support to the Sabaoon Academy, a residential centre offering education and vocational training for children released from armed groups. This component received significant start-up funding in 2009, but this was reduced considerably in subsequent years. UNICEF support to Sabaoon was phased out in May 2012 and the implementing NGO, Hum Pakistani, took over.

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22 Estimated from partner agreements in 2011 (see annex 6).
Budget and Donors

In 2010, the total budget for protecting children in emergencies in Pakistan reached $12.4 million as a result of fundraising for the floods, but it fell considerably afterward (see table 2 and section 3.4). Most of the activities in 2011 and 2012 were financed with funds raised during the 2010 response.

UNICEF funding to child protection overall, including emergencies, from 2009 to 2011 was sourced from global thematic funds for humanitarian response, which accounted for 27 per cent of funding overall.

Box 2: PLaCES

PLaCES is a protective services model developed by UNICEF in 2011/2012 for implementation in the response and early recovery phases in Pakistan. Supported and coordinated as a CPiE programme, it also integrates services from other sectors. The concept was developed to address challenges experienced in the 2010 floods, especially the need for:

- More interaction, exchange of information and referral of cases between temporary learning centres, child-friendly spaces and women-friendly spaces
- More organized activities for adolescents, especially girls
- More attention to issues of gender-based violence
- A mechanism to transition from emergency to early recovery to longer term sustainability.

The result is a community-based and community-organized protective environment for children and adolescents of both sexes and women (with a separate, private space for girls and women) that provides age- and gender-appropriate services, such as:

- Recreation (sports, games, cultural events)
- Health and hygiene awareness
- Psychosocial support, including individual counselling in some areas
- Awareness-raising, response and referrals related to gender-based violence
- Vocational skills training
- Support to access:
  - Temporary learning centres, functional schools or accelerated learning
  - Birth registration and adult identity documents
  - Health and nutrition services
- Life-skills education, including literacy, numeracy and disaster risk reduction
- Mine risk awareness
- Positive parenting and care, including feeding and nutritional awareness.

The intention is that services should be scheduled and displayed and external local services (health, education, other social services) should be mapped to facilitate referrals as appropriate. All PLaCES are expected to establish a community-based CP committee with membership of men, women and adolescents girls and boys (separately or together depending on the local situation). Committee members are expected to receive basic orientation from the implementing partner. PLaCES aim to be inclusive and non-discriminatory, including children and women with disabilities and minority groups. PLaCES are staffed typically by two child protection officers, one male and one female, together with volunteers.

The aim is to set PLaCES up within the first month, if possible, and as the situation moves towards early recovery, to identify which services could be sustained. Some CP committees could be set up as community-based organizations formally recognized by local authorities, enabling them to sustain linkages to external services and raise funds.

PLaCES has been used extensively in the flood-affected areas since 2011 and in the displaced camps in Khyber Pakhtunkhwa since early 2012. Off-camp displaced populations and those in remote flood-affected areas can access PLaCES through mobile services (buses or vans). In Khyber Pakhtunkhwa, longer term child protection centres supported by UNICEF with the local Social Welfare Department provide similar services and are ready to respond to newly displaced off-camp populations.

Source: PLaCES Concept Note; UNICEF 2012a
the period. This was followed by Japan (25 per cent), Italy (15 per cent), Canadian International Development Agency (9 per cent) and the Netherlands Committee for UNICEF (7 per cent).

Table 2: Funding for Child Protection, Classified as "Emergency", 2009-2011

<table>
<thead>
<tr>
<th>Funding source</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global thematic humanitarian response</td>
<td>718,107</td>
<td>2,763,125</td>
<td>2,415,789</td>
<td>5,897,021</td>
<td>27%</td>
</tr>
<tr>
<td>Japan</td>
<td>1,578,885</td>
<td>1,326,000</td>
<td>2,511,000</td>
<td>5,415,885</td>
<td>25%</td>
</tr>
<tr>
<td>Italy</td>
<td>3,237,310</td>
<td>3,237,310</td>
<td>1,231,751</td>
<td>1,525,432</td>
<td>7%</td>
</tr>
<tr>
<td>CIDA/IHA</td>
<td>300,000</td>
<td>1,699,444</td>
<td>77,379</td>
<td>2,076,885</td>
<td>9%</td>
</tr>
<tr>
<td>Netherlands Committee for UNICEF</td>
<td>157,948</td>
<td>385,775</td>
<td>777,410</td>
<td>1,327,133</td>
<td>4%</td>
</tr>
<tr>
<td>OCHA</td>
<td>375,370</td>
<td>208,897</td>
<td>584,267</td>
<td>1,178,534</td>
<td>3%</td>
</tr>
<tr>
<td>French Committee for UNICEF</td>
<td>560,303</td>
<td>1,231,751</td>
<td>1,525,432</td>
<td>3,317,486</td>
<td>3%</td>
</tr>
<tr>
<td>United Nations Mine Action Service</td>
<td>338,189</td>
<td>91,356</td>
<td>291,272</td>
<td>720,817</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Netherlands</td>
<td>303,301</td>
<td>303,301</td>
<td>303,301</td>
<td>909,903</td>
<td>1%</td>
</tr>
<tr>
<td>Spain</td>
<td>143,936</td>
<td>147,336</td>
<td>291,272</td>
<td>582,544</td>
<td>1%</td>
</tr>
<tr>
<td>Belgium</td>
<td>15,470</td>
<td>261,962</td>
<td>277,432</td>
<td>554,864</td>
<td>1%</td>
</tr>
<tr>
<td>UK Committee for UNICEF</td>
<td>197,794</td>
<td>197,794</td>
<td>197,794</td>
<td>593,372</td>
<td>1%</td>
</tr>
<tr>
<td>Denmark</td>
<td>168,141</td>
<td>168,141</td>
<td>168,141</td>
<td>494,424</td>
<td>1%</td>
</tr>
<tr>
<td>UN Joint Programme on HIV/AIDS</td>
<td>84,173</td>
<td>84,173</td>
<td>84,173</td>
<td>252,419</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Austria</td>
<td>59,009</td>
<td>59,009</td>
<td>59,009</td>
<td>177,017</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Australia Ausaid</td>
<td>13,000</td>
<td>13,000</td>
<td>13,000</td>
<td>39,000</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Total</td>
<td>3,412,416</td>
<td>10,426,212</td>
<td>8,059,490</td>
<td>21,898,118</td>
<td></td>
</tr>
</tbody>
</table>

Human Resources

Of a total of 37 child protection staff, 10 are dedicated to CPIE (including cluster coordination) and a further 11 are involved in both emergency and long-term development activities, while 16 are dedicated to development (see table 3).

Table 3: Human Resources in Child Protection (Long-term Development and Emergency)

<table>
<thead>
<tr>
<th>Level</th>
<th>Long-term Development</th>
<th>Emergency</th>
<th>Both</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOC</td>
<td>4</td>
<td>--</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>NOB</td>
<td>6</td>
<td>7</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>NOA</td>
<td>1</td>
<td>--</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>GS</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>International</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L5</td>
<td>--</td>
<td>--</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>L4</td>
<td>--</td>
<td>1</td>
<td>--</td>
<td>1</td>
</tr>
<tr>
<td>L3</td>
<td>--</td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>10</td>
<td>11</td>
<td>37</td>
</tr>
</tbody>
</table>

Of the CPIE staff, three are based in Islamabad and seven in the provinces, as shown in table 4. Each province has an information management officer. Two CP officers, one in Karachi and one in Peshawar, spend half their time convening the CP sub-clusters (see section 3.4d).

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23 Data provided by the country office; does not include USAID grant for children affected by armed conflict in Swat and Khyber Pakhtunkhwa.
### Table 4: Child Protection in Emergencies Team (March 2013)

<table>
<thead>
<tr>
<th></th>
<th>International</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Islamabad</td>
<td>CP specialist P4</td>
<td>1 information management officer, NOB</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 programme assistant, CP and education, GS5</td>
</tr>
<tr>
<td>Karachi</td>
<td></td>
<td>2 child protection officers, NOB</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 information management officer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 programme assistant, GS5</td>
</tr>
<tr>
<td>Peshawar</td>
<td></td>
<td>2 child protection officers, emergency, NOB</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 information management officer, NOB, child protection and education</td>
</tr>
</tbody>
</table>

### 1.6 Programme Components Included in the Case Study

The case study is structured around the EPRP and measured against the CCCs at the level of intermediate results. Although the review addresses all the CCCs, the focus was on:

- Protection mechanisms established in emergency-affected areas, especially PLaCES, including CPCs and their relationship to longer term CP systems. The role of the child protection centres in Khyber Pakhtunkhwa was also considered but information was collected only through telephone interviews; security constraints precluded visits.

- UNICEF leadership of the child protection sub-cluster, and to a lesser extent its role in the GBV area of responsibility and in coordination in MHPSS.

- The system for monitoring and reporting on serious protection concerns. Although Pakistan is not included in the Monitoring and Reporting Mechanism on Children Affected by Armed Conflict established by Security Council Resolution 1612 (MRM), UNICEF established a monitoring system together with the NGO Human Rights Commission that will be linked in the future with the Human Rights Ministry.

- Identification, documentation, tracing and reunification of separated and unaccompanied children in both the flood-affected areas and in the complex emergency.

- The mine risk education programme in Khyber Pakhtunkhwa/FATA.

One helpline provided by an NGO partner is referenced but it could not be evaluated as it was not possible to meet beneficiaries or triangulate with other sources.

Reference is made to two additional projects that were not evaluated as it was not possible to conduct visits or interviews due to the security situation. These are the Sabaoon Academy, which offers education, vocational training, Islamic education, counselling and training on non-violence, and the pilot project providing cash transfers to vulnerable children among the displaced population as part of the CPiE programme in Khyber Pakhtunkhwa.

### 1.7 Partnership Arrangements

UNICEF has worked with a wide range of partners, both directly as operational partners and within the sub-clusters. In 2011, UNICEF funded 24 operational partners, all national NGOs, in addition to working through the CP sub-cluster with 100 members (see annex 6 for a list of partners and projects). UNICEF also partnered closely with the NDMA and Social Welfare Departments and with the United Nations High Commissioner for Refugees (UNHCR) through the protection cluster. UNICEF led the child protection sub-cluster and UNFPA led the GBV sub-cluster, with UNICEF participating as a member.
2. EVALUATION SCOPE AND METHODOLOGY

This chapter addresses the evaluation scope, objectives, team, methodology and constraints.

2.1 Evaluation Scope and Objectives

Scope

The global evaluation covers the current medium-term strategic plan period, 2006-2013, with a focus on 2010 to 2012. This case study emphasizes the period since the 2010 flood response. The evaluation placed particular focus on the linkages between child protection systems and emergency preparedness, response and early recovery.

The case study addresses child protection in terms of both the complex emergency and the natural disaster. For that reason, the provinces selected for analysis of programming were Khyber Pakhtunkhwa, the area most affected by the complex emergency, and Sindh, the province most affected by the 2010 floods (and by subsequent flooding in 2011 and 2012).

To review systems strengthening and how it affected emergency response, the aim was to include government at central level (NDMA), provincial level (Department of Social Welfare) and district level (District Social Welfare). To address gender issues, the evaluation included groups of women and adolescent girls. Given that many of the key protection issues (early marriage, sexual violence, recruitment by armed groups) affect the adolescent age group more than younger children, participants in the focus groups were from this age group. Protection issues for girls and boys up to 5 years and 6-11 years were addressed with community leaders and interview respondents.

The evaluation focused on results achieved by operational partners funded by UNICEF as opposed to results achieved by the whole CP sub-cluster, which is analysed in relation to UNICEF’s convening role.

Objectives and Evaluation Questions

The objectives at global and country level were to:

- Analyse the programme in relation to the OECD-DAC criteria24 and against the CCCs, taking account of emergency preparedness, response and recovery phases
- Assess the integration of key organizational principles and approaches, including equity, gender, community participation and human rights
- Identify key successes and gaps (what works, what does not work and why) in armed conflict and natural disaster
- Provide recommendations for policy and management decisions.

The principal evaluation questions were:

- Long-term and intermediate results – What are the key results achieved in key phases of preparedness, emergency relief, response and recovery? What are the key measures to improve CP results in the context of emergencies?
- Relevance and appropriateness – What approaches and tools are used in situation analyses and needs assessments before, during and after the emergency? Is the information adequate for programme development, monitoring and evaluation? How explicit was programme design in relation to a theory of change (i.e., how change comes about)? How relevant and responsive

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24 Long-term or intermediate results, relevance, effectiveness, efficiency, connectedness/coordination, sustainability and scaling up, cross-cutting issues including equity, participation and monitoring and evaluation.
are programmes/interventions to the needs of children and women? To what degree do CP interventions in preparedness, early response and recovery build on existing systems and mechanisms?

- **Effectiveness** – Analysing effectiveness against the CCCs, how systematically has UNICEF engaged with national government and other partners in child protection? Has UNICEF delivered on its commitments to preparedness planning? How effective is UNICEF’s CP response in various emergency contexts? Which strategies/interventions are most/least successful? To what extent have UNICEF programmes succeeded in developing national capacities at central and decentralized levels? How effective is UNICEF’s advocacy and communication strategy with respect to CPiE? To what extent have CP interventions provided an opportunity to strengthen systems for protecting children?

- **Efficiency** – To what extent do CP services meet quality standards? How adequate was the funding allocation across different phases? How were funds used across different strategies and interventions? What conclusions can be drawn on value for money? Is there any evidence of any innovation that contributed to the CP response?

- **Connectedness and coordination** – To what extent has UNICEF met its commitment to country-level coordination in various phases? How effectively has UNICEF’s child protection programme coordinated with other sectors, notably with education, health, WASH, nutrition, early childhood development and HIV and AIDS during various phases?

- **Sustainability and scaling up** – How systematically and effectively have partnerships been mobilized to contribute to programme expansion and scale-up in various phases of an emergency? Are there clear plans for scale-up and phasing out of CP programmes?

- **Cross-cutting issues** – How effectively have CP programmes integrated UNICEF’s commitment to gender equality and the empowerment of girls and women? Have the distinct needs, vulnerabilities and capabilities of girls and boys (including adolescents) been identified and addressed? To what extent are age- and sex-disaggregated data collected, monitored and analysed? To what degree have women, girls and boys participated in the design, delivery and monitoring of UNICEF interventions? How has the distinct impact of the complex emergency/natural disasters been taken into account in the design and implementation of CPiE interventions? How relevant and adequate are data collection and management in monitoring and evaluation and use in policy and other decisions in emergency response?

### 2.2 Evaluation Team and Reference Group

The evaluation team comprised two international evaluators and eight local research assistants, four in each of the two areas. Each provincial team included two female and two male research assistants in order to work separately with girls, boys, men and women, in accordance with cultural practice. Data collection took place from 3 to 14 September 2012.

A reference group was formed of governmental and non-governmental partners who participated in an initial planning meeting and were invited to review the draft report (see annex 2). Due to security issues it was not possible to hold an initial feedback meeting in the country before the international evaluation team left the country.

### 2.3 Evaluation Methodology

Methods used for data collection were: (a) analysis of reports and databases (UNICEF annual reports, donor funding data, human resources data, assessments, reports to donors, government policies, research reports, sub-cluster partner reports, etc.); (b) semi-structured interviews with UNICEF staff, government officials at all levels and NGO implementing partners (see list of interviewees in annex 3 and interview guide in annex 5); (c) structured discussions with child protection sub-cluster partners at
central level in Islamabad and in Mirpurkhas in Sindh; and (d) focus/activity groups with adolescents in Badin, Mirpurkhas, Jalozai and the Swat Valley. The totals were 24 groups with 267 participants, 145 female and 122 male (see table 5).

Focus group discussions were held with programme participants of PLaCES separated by sex and subdivided by age band as below:

<table>
<thead>
<tr>
<th>Table 5: Focus Group Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 10-14</td>
</tr>
<tr>
<td>Sindh</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Measures were taken to ensure that participants in focus groups were selected randomly from the programme beneficiary lists, sub-divided by age band and sex. Partners were instructed to seek informed consent to participation, and consent forms were provided (see annex 4). The focus groups had two principal objectives: (a) to identify programme participants’ priority issues in child protection in order to contribute to the analysis of the relevance of programmes, and (b) to identify which activities were most important to participants and what had changed in their lives as a result. Participants were also asked if they had any recommendations for strengthening protection in the future.

Research assistants, in teams of two, were trained for two days. One research assistant from each team led each group and the second recorded the debate and conclusions as the focus group was being held. Given that some focus group discussions took place in the open, resulting in concerns about the quality of audio recording, the discussion was recorded on paper and transcribed. The aim was to capture the richness of the debate in addition to the group’s conclusions. This was achieved to some extent, but the international team observed that there was much more discussion in the groups than the research assistants captured in the notes (see limitations).

**Sampling Design**

The sampling design was based around the administrative system, with the objective of collecting data at national, provincial, district and community levels. The objective was to trace the effectiveness of system strengthening through each administrative level, which was partially achieved (see limitations). In Sindh, Badin and Mirpurkhas districts were selected for field visits as the areas most affected by the floods; in Khyber Pakhtunkhwa a visit was carried out to Jalozai Camp and the Swat Valley as two areas especially affected by the complex emergency, but security issues prevented the international evaluator from joining these visits.

To ensure effective organization of the focus groups, only two programme partners were engaged in establishing focus groups in Sindh and three partners in Khyber Pakhtunkhwa.

**2.4 Data Analysis**

The focus group data were analysed by grouping similar responses on protection risks and programme priorities in ranked order. The top five risks and programme priorities were ranked from 1 to 5 (1 for top ranking). Each score was multiplied by the frequency of citation as first, second etc. and then percentages were calculated. The focus group data were also reviewed against types of respondent by age and sex. Finally comments were drawn out to enrich the data.

The principal programme components were reviewed against the Minimum Standards for Child Protection in Humanitarian Action (GPC 2012). The semi-structured interview data were consolidated by theme (using NVivo software) and analysed against the evaluation questions and trends identified.
Financial and project support data were analysed for trends over three years, 2009 to 2011. Human resource data were reviewed in relation to when emergency staff came into post in relation to the timeline of the emergency.

2.5 Limitations to the Evaluation

There were four limitations to the evaluation. First, due to security issues, it was not possible for the international consultant to travel to Khyber Pakhtunkhwa, as planned. This was mitigated by some interviews and by representatives of the local research team generously travelling from Peshawar to Islamabad to meet with the evaluation team, including government representatives. Phone interviews supplemented the information from Khyber Pakhtunkhwa.

Second, and also for reasons of security, it was not possible for the team to meet with the Sindh province Social Development Department in Karachi. However, a team member did meet with district officials.

Third, some members of the local research team had had limited experience conducting focus group discussions, especially with adolescents. In spite of training before the field work, and the efforts of the research team to manage and record the discussion, much of the richness of the debate was not fully captured in the notes. In view of the latter limitation and the fact that each focus group took longer than planned, the evaluation team also took the decision not to complete a well-being scale that had been planned for the focus groups.

Fourth, time and access limitations meant that it was not possible to review the following programme components: (a) children released from armed groups who had been through a rehabilitation programme at the Sabaoon Academy, (b) the conditional cash transfer programme in Khyber Pakhtunkhwa and (c) outreach work through mobile PLaCES.
3. EVALUATION FINDINGS

The analysis of findings begins with a review of programme appropriateness in the light of priority protection issues identified by children and women and data on risks. Programme outcomes are subsequently identified against the structure of the CCCs, followed by analysis of effectiveness, efficiency, sustainability and cross-cutting issues of equity and participation.

3.1 Appropriateness of the Programme

The appropriateness of the programme was assessed in relation to four aspects:

(a) How well the programme design responded to the priorities of children and women and in relation to the data known about key protection issues and whether there were gaps

(b) The extent to which the design was in harmony with the global child protection strategy

(c) Whether situation analyses and assessments were undertaken before and after the crises and whether programmes were adapted accordingly

(d) How well programmes built on existing systems and mechanisms.

(a) Response to priority issues of children and women

The issues prioritized in focus groups were sub-divided by location (Khyber Pakhtunkhwa versus Sindh) given that the contexts are quite different.

Khyber Pakhtunkhwa

Regarding Khyber Pakhtunkhwa, evidence was also subdivided between people from Swat and displaced people in Jalozai camp (see box 3). This is because the Swat population endured more serious protection violations during attacks in 2009 than the more recently displaced population in Jalozai Camp.

In Swat, male community leaders described young boys being forced to witness beheadings and armed groups associated with the Taliban demanding that adolescent girls be “brought to them”. Community leaders also described women and adolescent girls being raped when men were away collecting food.

Male and female community leaders and one group of boys (12-15) described the Taliban kidnapping boys to train them as suicide bombers and fighters. One group of boys (aged 12-17) referred to “so many” children being victims of landmines due to the crises, while two groups of boys (mixed ages) described “many” children losing parents because of firing from the militants and shelling by the army. One group of boys aged 11 to 17 described their concern that their fathers and elder brothers “liked” having heavy weapons available at home and how it had affected their own interest in weapons. One group of younger girls (aged 11 to 14) was also concerned about the threat to life from disease and firearms and the difficulties of reaching hospital, as bridges were down.

Box 3: Focus Groups in Khyber Pakhtunkhwa: Risks and Threats to Displaced Children

What are the major threats and risks you have faced? (Percentage of ranking/frequency scores)

1. Shelling, bombing, attacks by the Taliban, including rape, kidnap and murder (27%)
2. Damage to schools, closure or lack of access to school after displacement (16%)
3. Psychological stress and trauma (13%)
4. Hunger, illness and death on long evacuation walk (11%)
5. Too many work duties in camp and time wasting at food and non-food-item hubs, preventing access to school and PLA-CES (7%)
6. Loss of identification or difficulties in registration (5%)
7. Flood damage to homes and livelihoods (4%)
8. Separation from parents (4%)
9. Death of one or both parents (3%)
10. General insecurity and violence in camps and availability of guns (3%)
11. Homes damaged in the conflict (2%)
12. Child labour increase after death of parents (1%)
13. Loss of livelihoods (1%)
In Jalozi camp, all five focus groups and the group of community leaders described psychological stress from the effects of shelling in FATA and during the evacuation to Khyber Pakhtunkhwa. One group of boys (aged 12-14) and the community leaders described the strain of the journey in which young children, elderly people and disabled people suffered badly en route, and some children died. One group (girls aged 11-14) referred to seeing dead and decapitated bodies en route and kidnapping and rape of women and girls by the Taliban. That group also referenced the risk of mines during displacement. Community leaders did not refer to such atrocities, but they did mention children being wounded during displacement. Community leaders (male and female) also described children becoming separated from families as parents ran from their homes in panic without picking up babies, young children and elderly people who could not walk. Male community leaders also pointed out that there was no special help for people with disabilities either at the time of displacement or in the camp.

Community leaders were asked to describe their perceptions of risks for children of all ages, subdivided by sex, in view of the fact that only adolescents participated in focus groups. The main risks for the youngest girls and boys (0-5 years) were described as the psychological effects of shelling; the risk of malnutrition, disease and death during the evacuation; and the pain and open wounds on their feet from walking. As noted, some of the youngest children had been left alone in their houses as families ran from the shelling. Some young children who had been sick and in hospital at the time of the crisis died en route as they were taken out of hospital before treatment was completed.

For girls aged 6-11, all three groups of community leaders described psychological stress and the loss of access to schools. Two male groups referred to parents not leaving young girls alone in the camps for fear of trafficking (Jalozi) and of girls being confined to homes because of kidnapping by militants (Swat). In Swat male leaders stated that there were examples of girls accompanied by other families during displacement, as these girls were trafficked. Also in Swat male community leaders claimed that some families gave boys preference over girls in protection during conflict.

Community leaders said some boys aged 6 to 11 years had been victims of shelling (Swat) because they tended to be playing outside at the time of shelling. They also noted that boys and girls suffered physical stress from walking for more than 12 hours to reach the camp. In Jalozi, boys of this age described spending hours in lines collecting non-food items, which competed with school time. This age group of boys was also considered by community leaders to be at risk of trafficking (Jalozi) and kidnapping (Swat).

For older girls (aged 12-17) in Jalozi, in addition to the points raised within focus groups, community leaders identified challenges related to living in the camp: lack of adequate medical services (including ‘girls’, no age given, dying in childbirth), problems of access to benefits for girls who had been widowed, being obliged to wear the same clothes for a long period, fear of using washrooms a long way from tents and loss of income due to leaving machinery and tools at home. In Swat, additional points about adolescent girls were that “many” girls were handed over by parents to other men (often older men) to protect and marry them.

In Swat, community leaders mentioned parents’ concern at losing control over their adolescent sons, as some become involved in terrorist activity, and observed that the Taliban gave them money to work for them against the army. They also expressed concern that boys lost their moral values because of mixing with girls and women in the camps.

**Sindh**

For girls, boys and women in Sindh, the floods themselves and the risk of recurrence were the greatest threat. They also described the loss of livelihoods, having no access to drinking water in the first days, lack of medical assistance for women in labour, the risk of all types of diseases, fear of separation from parents, the increased risk of snake bites and the general insecurity that ensued as order broke down.

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25 Additional information from the UNICEF CPiE Coordinator: The lesson learned from this was to ensure pre-positioning of alternative transportation, especially boats to reach stranded populations.
However, more than the risks directly associated with floods, it was striking how frequently the risk of kidnapping or abduction was mentioned by focus group participants. All three women’s groups in Sindh referred to the risk of kidnapping and forced marriage and the fear of rape. In order to explain the level of fear, participants were asked to elaborate on whether they knew of children or women who had been abducted, but most only had hearsay examples. In trying to clarify the issue with a local NGO, the explanation was that although some children did go missing during the evacuation, the fear was largely based on frequent media articles. The research assistants observed that religious minorities most frequently expressed fear of kidnapping. Regarding their concerns about kidnapping, women frequently mentioned fear about having to wash clothing in the river at some distance from the camps.

In terms of general lawlessness, theft of livestock was a concern in that it would leave the family further impoverished. When specifically asked whether some risks, such as stress on families and domestic violence, tended to increase with the floods, responses were that this was not common. It appears that harassment increased with the floods, however, as partners informed us of frequent reports of sexual harassment (touching, feeling) in the boats used to evacuate children and families and along the roadside while families were waiting to be moved to the camps. Partners also reported cultural problems such as the reluctance of some girls to use bathrooms if they had to walk through a mosque during menstruation.²⁶ There were reports of child labour (especially in agriculture and among adolescent girls and boys) but not necessarily related to the floods, although flood-related impoverishment would be expected to have increased this risk.

In relation to specific threats by age band and sex, community leaders felt that children under 5 years were especially vulnerable to disease during the floods, including skin disease, as it was difficult to keep clothing clean. Children referred to the risk of drowning and although they did not specifically mention the 0-5 age group, globally this is the age group most at risk of drowning (ILSF 2012). The Naala drainage system was considered to be a particular risk for drowning.

For school-aged children (6-11 years), both boys and girls were considered by community leaders to be at risk of kidnapping, with the greatest fear among the Hindu community. The risk is considered to be exacerbated while children are in the agricultural fields (again this was a long-term concern, not exclusive to the flood period). Girls were considered to be at risk of exclusion from school because many parents dislike co-educational systems and are reluctant to invest in school materials for girls. Boys aged 6-11 were at risk of not reaching school because of its distance from their homes.

Girls aged 12 to 17 are believed by community leaders to be at risk of sexual harassment, abuse and violence as well as early marriage. Reference was made to the Jirga system (a gathering of elders) that

²⁶ Additional information from the UNICEF CPiE Coordinator: Sanitation was particularly difficult in spontaneous camps by the roadside. Latrines were built along the main road as floodwaters limited the lack of space, and the resulting lack of privacy increased reluctance to use them.
can reinforce gender inequalities by deciding on the destiny of the girl, sometimes using early marriage to repay a debt. Girls of this age group complained in focus groups about their lack of freedom due to parents’ attempts to protect them from risks by severely curtailing their movement.

Boys aged 12 to 17 were considered to be at increased risk of child labour, mainly agricultural, and also of drug-taking, especially if out of school. Again these were longer term issues.

### Data on Protection Risks

This section compares key protection risks identified through the literature and available data with those addressed in the EPRP plan and multi-year plan. The questions asked are whether the programme design addressed key risks or whether there were gaps.

**Separated children:** Around 500 children became separated from families in the 2010 floods (UNICEF 2011) and a similar number were found among the off-camp displaced population in Khyber Pakhtunkhwa in 2011 (IVAP 2011). Separation was largely involuntary; there were no reports of secondary separation resulting from how services were provided.

**Gender-based violence:** Data on the prevalence of violence against women are available through the Aurat Foundation (based on press reports) and demonstrate a significant incidence of GBV at any time. There was a spike in 2010, as expected during natural disasters and armed conflict and flight, in camp settings and upon return, due to breakdown in social services, family support networks and the rule of law. Reported cases, however, typically represent only a small portion of actual cases, particularly those reported to the media, given the inherent risks and stigma associated with doing so. Survivors do not speak out for many reasons, including restricted mobility and insufficient access to information about the availability of services, fear, risk of ongoing violence, shame, social stigma/exclusion, fear of honour killings and reprisals, and lack of services that fully respect their confidentiality, rights, choices and dignity. This means that all data likely represent only a very small proportion of the actual number of incidents of GBV, including the data in table 6.

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abduction/kidnapping</td>
<td>172</td>
<td>160</td>
<td>246</td>
<td>152</td>
</tr>
<tr>
<td>Murder</td>
<td>240</td>
<td>288</td>
<td>308</td>
<td>255</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>186</td>
<td>134</td>
<td>136</td>
<td>137</td>
</tr>
<tr>
<td>Suicide</td>
<td>146</td>
<td>176</td>
<td>140</td>
<td>117</td>
</tr>
<tr>
<td>Honour killing</td>
<td>244</td>
<td>284</td>
<td>266</td>
<td>266</td>
</tr>
<tr>
<td>Rape/gang rape</td>
<td>139</td>
<td>122</td>
<td>157</td>
<td>68</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,137</td>
<td>1,164</td>
<td>1,253</td>
<td>995</td>
</tr>
</tbody>
</table>

**Source:** Aurat Foundation, 2012

Data from the GBV sub-cluster, which collected information through protective spaces during the response and early recovery phases, together with other sources, show that of 1,300 reported incidents (from early 2011 to February 2012) across the flood-affected areas and Khyber Pakhtunkhwa, 63 per cent (820), were cases of domestic violence (husband/wife). A further 8 per cent (101) involved physical assault of other female family members; 6 per cent (75), harassment; 3 per cent (44), forced marriage; 2 per cent (26), abduction/kidnapping; 2 per cent (26), murder; 2 per cent (26), suicide; 2 per cent (26), honours killing; 2 per cent (26), rape/gang rape; 2 per cent (26), other.

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27 Additional information from the CPiE Coordinator: The Jarga system is used in KP/FATA and Balochistan and different terminology is used elsewhere. Its influence can be positive in resolving disputes where codified law is not applicable.

28 The majority of incidents had occurred during 2011 but a smaller proportion dated back from previous years. Some incident dates were not recorded.
3 per cent (34), rape; and 3 per cent (31), forced sexual services. The overwhelming majority of perpetrators were family members.\(^{29}\)

GBV sub-cluster data also show that of the 1,081 survivors whose ages were recorded, 16 per cent (176) were under 18 years old while 66 per cent were women aged 26-35. It is notable that of the 1,248 survivors, only 19 per cent (233) were male, 66 of them under age 18. The majority of boys were survivors of domestic or physical assault. Regarding boys affected by gender-based violence, the Human Rights Commission of Pakistan, based on different data on protection issues and violations, noted that in the second quarter of 2012, in Tank District, Khyber Pakhtunkhwa, boys were the majority of children affected by sexual abuse (Human Rights Commission 2012). Again, it is not clear to what extent this is related to the complex emergency or whether the incidents were reported within the displaced population, but the information reminds us that boys as well as girls are at risk of GBV. Of incidents reported to the GBV sub-cluster, 60 per cent (759) were recorded in Sindh, due to more diligent reporting. It is too early to assess trends using these data, but they could be used as a baseline, particularly in relation to the typology of reporting, age and sex breakdown.

In these settings, humanitarian actors have a duty to ensure the safety, well-being and rights of those at risk for GBV, regardless of whether data exist on the true scope of the problem. Therefore, it should be assumed that GBV is an issue in every emergency. All humanitarian actors – such as those working within and across the sectors of water and sanitation, health, nutrition, logistics, education and protection, etc. – are required to take steps to address it.

**Casualties from explosive remnants of war and other violence in the complex emergency:** The Landmine Monitor\(^{30}\) shows an increase in child casualties over the last three years (from 57 in 2009 to 99 in 2011). It also shows an increase in the percentage of civilian casualties who are under 18 years, up from 6 per cent in 2008 to 30 per cent in 2011. Among casualties under 18, most are boys (75 boys versus 24 girls in 2011) but the specific age groups were not recorded. There was an even steeper increase in casualties among women, from 190 in 2008 to 332 in 2011. More than half (53 per cent) of casualties occurred in FATA, 31 per cent in Balochistan and 16 per cent in Khyber Pakhtunkhw.\(^{31}\) The International Committee of the Red Cross (ICRC) and SPADO, UNICEF’s partner in this area, both believe these statistics underreport the actual situation.

In addition to the shelling referenced by many children and community leaders in focus groups, the report of the Special Representative of the Secretary-General on Children and Armed Conflict to the Security Council refers to the impact on children of aerial bombardments and drone attacks (UN 2012).

**Lack of civil registration documentation:** UNICEF statistics show that only 27 per cent of Pakistani children have birth certificates, while many women (especially widows and divorced women) and children in child-headed households have no computerized national identity card (CNIC), required for adults. The lack of a CNIC is a major problem in emergencies as it is required for relief assistance.

**School access and attendance:** Net enrolment rates are relatively low at all times, at 60 per cent net primary enrolment for girls and 70 per cent for boys, according to UNICEF statistics. Attendance falls during emergencies due to teacher absence and destruction of schools. Another issue of school access and protection is destruction of schools in recent years. Armed groups associated with the Taliban have destroyed around 710 schools in Khyber Pakhtunkhwa/FATA, especially girls’ schools (SPARC 2011). This constitutes a grave violation of children’s protection rights, though Pakistan is not included in the MRM.

\(^{29}\) The statistics were incorrectly referenced so it was not possible to calculate the percentage.

\(^{30}\) Landmine Monitor (www.the-monitor.org) uses SPADO monitoring data. SPADO data draw on local information and press reports.

\(^{31}\) Ibid.
Recruitment or use of children by armed groups: Evidence shows that children continue to be recruited and used by armed groups associated with the Taliban, as both fighters and suicide bombers. In 2011, the Special Representative for Children and Armed Conflict referred to 11 incidents of children being used as suicide bombers by armed groups and to 170 children having been placed in the Sabaoon Centre for the rehabilitation of children formerly associated with armed groups (SRSG 2012). No data are available on the numbers of children recruited or on trends, but children in focus group discussions in Swat referred to the Taliban kidnapping children from schools and during evacuations. They specifically mentioned that children are being used as fighters and suicide bombers. No mention was made by children, interviewees or in the reports of illegal detention.

Discrimination against minority religious groups: The non-Muslim population makes up around 3 per cent to 4 per cent of the population and can be subject to discrimination and rights violations. This includes forced conversion of Hindu and Christian girls to Islam (SPARC 2011).

Conclusions on relevance in relation to child protection issues

Table 7 shows the principal protection issues that were clearly addressed in the design of the programme:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flood damage to homes and livelihoods</td>
<td>Disaster risk reduction education (PLaCES)</td>
</tr>
<tr>
<td></td>
<td>Vocational training (PLaCES)</td>
</tr>
<tr>
<td></td>
<td>Linking potential claimants to benefits (PLaCES)</td>
</tr>
<tr>
<td>Psychosocial stress, including attitudes to weaponry</td>
<td>Counselling (PLaCES)</td>
</tr>
<tr>
<td>Separation from parents</td>
<td>All sub-cluster partners engaged in tracing and reunification</td>
</tr>
<tr>
<td>Death of parents</td>
<td>Support to Social Welfare Department and operational partners on alternative care</td>
</tr>
<tr>
<td>Casualties from ERW</td>
<td>Mine risk education in the community and PLaCES (to 2011)</td>
</tr>
<tr>
<td>GBV, including early marriage</td>
<td>Addressed in awareness-raising on GBV (PLaCES) and by CPCs through direct advice to families to delay marriage</td>
</tr>
<tr>
<td>Risk of drowning</td>
<td>Disaster risk reduction training (PLaCES)</td>
</tr>
<tr>
<td>Loss of ID and difficulties in registration</td>
<td>Support to obtain ID (PLaCES)</td>
</tr>
<tr>
<td>Discrimination against minority religious groups</td>
<td>Ensuring that PLaCES planned to focus on areas of mixed populations</td>
</tr>
</tbody>
</table>

There were gaps in addressing some issues, and some received less emphasis in the design:

- Though the programme design adequately addressed psychological stress suffered after arrival in camps and among displaced people in the community in Khyber Pakhtunkhwa, it did not respond as well to protection issues affecting children caught in incursions, in the cross-fire in FATA or during evacuation. A CPC promoted by UNICEF partner PVDP in Swat believed that evacuation in the context of armed forces operations should be planned before operations begin, including provision of transport. This and other proposals are further discussed in the conclusions and recommendations.
- The multi-year plan addresses preventing the recruitment of children by armed groups, as it is regarded as a long-term issue. But there is as yet no inter-agency plan for prevention of
recruitment, which is one of the CCCs. The large programme in Khyber Pakhtunkhwa, with a two-year budget of $3.3 million, provided protection support, including to those formerly associated with armed groups, mostly through the Sabaoon Academy. But it did not include a direct objective of preventing recruitment. This issue is further addressed in the conclusions and recommendations.

- The overload of duties (in collecting non-food items) raised by children could be further addressed within PLaCES and with CPCs attached to PLaCES.

(b) Harmonization with the Global Strategy and Theory of Change

The multi-year CP programme in combination with the EPRP, based on the CCCs, fits closely with the Child Protection Strategy element on system-strengthening, which has the aim of ensuring coherence and synergy between emergency and non-emergency child protection programming. Table 8 compares key actions in each phase from the Global Strategy with progress made in Pakistan throughout the pre-crisis, crisis and post-crisis phases. It demonstrates the considerable investment made in system-strengthening, which has provided the legislative, policy and administrative structure to scale up CPiE programming in a crisis, despite the nascent stage of the administrative structure and its limited capacity. It also shows that preparedness as part of the CCCs builds on those efforts and that PLaCES, as the major vehicle in CPiE response, is aimed at harmonizing with existing systems. The outcomes of PLaCES are further addressed in section 3.2 and sustainability in section 3.6.

<table>
<thead>
<tr>
<th>Table 8: Summary of Progress in Systems Strengthening Related to CPiE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category of child protection system</strong></td>
</tr>
<tr>
<td>Development/DRR: Strengthen formal and less formal systems (structures, functions, capacities, policies, legislation, resources) to respond to CP challenges</td>
</tr>
<tr>
<td>Khyber Pakhtunkhwa: The Child Protection Act was approved in 2010 and a CP and Welfare Commission established, involving civil society. This commission supervises district CPUs that function as a single point of contact for children and families needing support, including during disasters or complex emergencies. Minimum standards for child care institutions have been introduced and case management systems are under development. At local level, UNICEF has supported establishment of a network of 30 CP centres that provide protection services, including psychosocial support, referral systems and vocational training. A network of CPCs links communities to CP centres. The system is intended to respond to both settled and displaced populations and during crises. Child-friendly desks have been established within police departments in some areas.</td>
</tr>
</tbody>
</table>

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32 Establishment of 30 child protection centres, pilot cash transfers, protective services for children without parental care, establishment of case management system, birth registration.

33 UNICEF support to the Sabaoon Academy was phased out in 2012.

34 This analysis feeds into the evaluation framework (annex 1).

35 Especially the CPUs within Social Development Departments, which were only set up in the last three years; some staff are still supported by UNICEF, and they have few administrative resources.
The PDMA has institutionalized CPIE through its frameworks for preparedness and response, training in communication for development and improved inter-agency coordination mechanisms for emergencies.

**Sindh:** A similar comprehensive child protection system is under development. The Child Protection Authority was approved in May 2011 with a legal framework, policies and an administrative structure. The Commission for Child Welfare and Development functions at provincial level as a unit of the Social Welfare Department. CPUs were established by at district level with UNICEF financial support, but these are gradually being absorbed into provincial budgets. CP centres have not yet been established at local level but some aspects of PLaCES aim to provide services sustainably, especially the CPCs, trained through PLaCES. Similar to Khyber Pakhtunkhwa, PLaCES is to provide the basis of permanent CP centres in some areas. Child-friendly desks have been established in police departments in some areas.

| Preparedness: Build on existing CP systems | Standard operating procedures for Unaccompanied and Separated Children are being developed, linking CPCs and NGOs to CPUs. Standard operating procedures are being developed for GBV. Training in CPIE is taking place for CP sub-cluster partners. |
| Planning and response: Build on pre-emergency coping mechanisms and systems. Avoid weakening systems. Strengthen the application of guidance and tools in programming and advocacy | CPIE response systems are designed to feed into and strengthen permanent CP structures. The CPIE programme established PLaCES beginning in 2011 and trained CPCs. Together they serve as a local system to identify and refer cases to CP units at district level (for tracing/reunification, alternative care, services/benefits for children with disabilities, etc.). PLaCES provides a base for multi-sector emergency response, including vaccination, water trucking, referral for health services, breastfeeding corners, psychosocial support and mine risk education. |
| Early recovery: Use the emergency to highlight gaps and protection issues to accelerate system strengthening | PLaCES provides early recovery services: (a) Child-focused DRR training, (b) literacy and vocational training for girls and women, (c) mobilization of adolescents to participate in CPCs and promote sports and recreation, and (d) training of CPCs on how to function sustainably. |

**(c) Use of Assessments and Situation Analyses**

The use of assessments (both multi-sectoral and protection specific) developed considerably over the 2010-2012 period, and the methodology, capacity and data are improving and becoming more useful to CPIE. In a recent multi-sector initial rapid assessment (MIRA) (PCWG 2012), detailed data were obtained on protection, including CPIE. However, the strategic action priorities tended to emphasize existing programme responses rather than identify appropriate interventions for the specific protection issues identified. For example, the MIRA assessment prioritized separate WASH facilities for girls and women, and the percentage was found to be very low, but this issue did not appear in the strategic priorities. Likewise, the assessment identified fighting at distribution points as a serious issue but no interventions were recommended.
At least eight large-scale assessments were conducted between September 2010 and April 2012 that included child protection issues, three in Sindh/Balochistan and five in Khyber Pakhtunkhwa, with UNICEF participation in all but one. However, the UNICEF child protection team expressed concern about elements of the methodologies of multi-sectoral assessments that weakened the results: (a) there was limited space for protection-related questions within inter-agency assessments; (b) there was a lack of enumerators trained in protection issues; and (c) the process for negotiating the inclusion of CP questions was enormously time consuming, leaving little time for assessment. In addition, multi-sectoral assessments did not make sufficient use of government data. The vulnerability assessment of displaced people and the Internally Displaced Persons Vulnerability Assessment and Profiling (IVAP) exercise in Khyber Pakhtunkhwa, which was effectively a census of displaced people in host communities, also collected a lot of data overall but very little CP or protection data.

On the positive side, UNICEF’s considerable investment in the working group to strengthen the MIRA tool in relation to CP was effective. When it was subsequently used during the floods in September 2012, it produced detailed data on protection issues, including CPIE. The report also advocated clearly for recognition of the importance of including protection issues in MIRA assessments in the future and drew attention to the important role of the coordinator in ensuring that protection is addressed.

In relation to dedicated CPIE assessments, preparedness has advanced considerably. A large number of enumerators were trained in a four-day training in Sindh and Balochistan provinces in 2011. The enumerators were subsequently placed on a roster to be available for rapid assessments and were used in the September 2012 assessment. Further, in late 2012, UNICEF decided to contextualize and test the global CP rapid assessment toolkit in Khyber Pakhtunkhwa. The assessment was started in December 2012 with participation by the CP sub-cluster and the Government.

3.2 Intermediate Results Against the CCCs

This section analyses the principal programme intermediate results against plans and indicators. Given that the emergency response programme was framed around the CCCs, the outcomes are analysed against that framework.

CCC 1: Effective leadership is established

The planned results in relation to leadership were (a) ensuring that effective leadership is established in the child protection and GBV areas of responsibility; (b) establishment of an MHPSS coordination mechanism; and (c) links from CP to other sectors. The intention was to coordinate at provincial and district levels, provide training to the sub-clusters in child protection and GBV, and promote rapid protection assessments to facilitate informed and collective decision-making. Indicators were the number of organizations actively participating and the percentage of members satisfied, determined through a survey.

Strong results were achieved in securing CP sub-cluster leadership and outcomes, integrating the IASC guidelines into all work and strengthening the technical aspects of GBV in collaboration with the GBV sub-cluster. UNFPA led the GBV sub-cluster with UNICEF’s active collaboration but it was considered to have been stronger at federal level than in the field.

More specifically, the protection cluster (and, by definition, the CP sub-cluster) was not activated by the NDMA or the Office for the Coordination of Humanitarian Affairs (OCHA) during the first-stage response in either 2010 or 2011, given that protection was not regarded as a life-saving sector similar to health, WASH and nutrition. In 2011, UNICEF had to advocate at national and global levels for the activation of the CP sub-cluster while the gender and child cell within the NDMA advocated internally. The CP sub-cluster was activated six weeks after other clusters/sub-clusters. UNICEF led the CP sub-cluster at federal and subnational levels (in Sindh, Balochistan and Khyber Pakhtunkhwa/FATA). At district level,

36 Five to six months and half the time of the CPIE information management officer.
CP working groups were led by the Social Welfare Department and co-led by operational NGOs from those areas.

The results of a survey on leadership among members of the CP sub-cluster showed a high level of satisfaction,\textsuperscript{37} and one member commented that UNICEF had been especially useful in representing the members to the NDMA. Meetings were well attended at all levels, particularly by local NGOs, although UNICEF felt the sub-cluster would benefit from more active participation by some international NGOs. There was also limited working level capacity in drafting standards and strategic development (UNICEF 2012a). Issues that arose regarding the effectiveness of leadership in the CP sub-cluster were that (a) meetings tended to be top down from federal level rather than bottom up from the districts; (b) the contribution of local organizations was not always recognized; and (c) there was more focus on process than outcomes.

Beyond UNICEF, concern was expressed that, with the NDMA holding the mandate for disasters but not for the complex emergency, issues arising from Khyber Pakhtunkhwa and FATA were not adequately addressed at federal level. However, it should be noted that response to the complex emergency is supervised by the PDMA in Khyber Pakhtunkhwa and the FDMA in FATA. A second issue raised was that although the NDMA participates actively, it had not nominated leadership of the sub-cluster.

In spite of critiques, the effectiveness of the CP sub-cluster is shown in the outcomes achieved, especially in securing common approaches and joint advocacy, and this was evident to partners during field visits. Sub-cluster members also felt that preparedness was much stronger in 2011 than in 2010. The CP sub-cluster developed standard operating procedures for separated children that have been rolled out to district level\textsuperscript{38} and minimum standards for protective spaces for children and women (2012)\textsuperscript{39} that were agreed and disseminated. It also collaborated with the GBV sub-cluster on the standard operating procedures for GBV (2011), which include a section on child survivors. Rapid protection assessments were undertaken and multiple trainings were provided, on technical subjects as well as on coordination in CP in emergencies. There was also greater focus on convergence with other sectors, and checklists for mainstreaming protection in all clusters/sectors were produced in 2011.

While the GBV sub-cluster is co-led by UNFPA and UNICEF at the global level, in Pakistan UNICEF withdrew from co-leadership in November 2010 in view of the demands required in leadership of the education and nutrition clusters and the CP sub-cluster. No agency criticized this action, and UNICEF provided strong support through a technical expert, who returned twice to aid in adoption of the survivor-centred approach, which was very effective and appreciated by partners in the field. However, there was consensus that UNFPA’s leadership was much stronger at federal level than at provincial and district levels, largely because of the lack of funding to keep field-level staff. Outcomes achieved include development of the standard operating procedures for GBV, which are awaiting endorsement by the NDMA.

The MHPSS area was effectively incorporated into programming through the CP and GBV sub-clusters. The IASC guidelines were disseminated and their influence is evident throughout the Minimum Standards for Protective Spaces (CP sub-cluster 2012).

\textsuperscript{37} Among 77 respondents in four sub-cluster locations, 90% found sub-cluster meetings to be somewhat or very participatory; 61% considered information in the CP sub-cluster was quite or very actionable; 71% found products to be quite or very useful and 85% said they received effective feedback on queries. Advocacy scored lower, with 67% considering it to be effective or very effective.

\textsuperscript{38} As yet, not approved by the NDMA but in use in preparedness and response.

\textsuperscript{39} Many partners in the CP sub-cluster implemented protective spaces within the joint Minimum Standards that were similar to those of UNICEF in promoting age- and gender-appropriate activities aimed at CPIE. However, only UNICEF used the terminology of PLaCES.
CCC 2: Monitoring and reporting grave violations and serious protection concerns is undertaken

The planned result for CCC 2 is production of periodic reports on grave violations and other serious protection concerns for children and women for use in triggering advocacy. Pakistan is not required to report to the Security Council as part of the MRM, although some of the violations committed by armed groups have been included in the Special Representative’s annual report to the Security Council.

UNICEF has supported two systems for monitoring and reporting on CP violations and issues. The first is through the Human Rights Commission of Pakistan, which collects information on CP issues across all provinces and regions, including Khyber Pakhtunkhwa and FATA. The Commission has produced quarterly reports with UNICEF support since early 2012, and the intention is to eventually link the system to the Human Rights Ministry. The system provides an effective platform for reporting on violence, sexual abuse, child labour, trafficking/abduction, children in conflict with the law, recruitment and destruction of schools. No reference was made to monitoring having triggered advocacy on violations up to mid-September 2012, when field work for this case study was performed.

The other system is local reporting on CP issues, established in Khyber Pakhtunkhwa and modelled in Jalozai camp, Togh Sarai and some host communities through CP monitors. For newly arriving people displaced from FATA, monitors set up a ‘children’s desk’ at the registration point to identify and refer children at risk. In addition, male and female CP monitoring teams for each phase (section) of Jalozai camp make tent visits and visit health and education facilities to identify and follow up children with protection issues. Findings on CP issues through this system have led to advocacy at camp level.

CCC 3: Key child protection mechanisms are strengthened in emergency-affected areas

The CCCs call for having a plan in place to prevent and respond to major child protection risks, building on existing systems and ensuring that safe environments are established for the most vulnerable children. In Pakistan, as previously shown in table 8, the CPiE programme went beyond planning and established community-based services closely linked to the existing system for longer term protection response. The question is how well the systems worked in practice.

UNICEF succeeded in operationalizing the PLaCES model and provided effective CPiE interventions (and referrals where necessary) and an increased range of emergency and early recovery services to the population (see discussion below under CCC 6). Adolescents were targeted for inclusion for the first time in 2011/2012, and coverage was enhanced compared to 2010. The focus was on the most vulnerable children, based on areas with high rates of children out of school.40 Participants included high percentages of minority groups. Fundamentally, some of the CPCs are thought to be sustainable if they receive sufficient support and follow-up, ideally by Social Welfare Departments. They could provide the foundation of a case management service expanding from community level into district services. This was achieved at an extremely low cost per capita (see section 3.4b).

There are many strengths to the model in practice, and significant progress was made in addressing GBV (see discussion below under CCC 5) and psychosocial stress (CCC 6). However, it took several weeks for PLaCES to scale up to help large numbers of beneficiaries due to the time required for social mobilization, especially for girls and women. In addition, the quality of some of the services had not reached the Minimum Standards41 (see section 3.4a), and the numbers of children, adolescents and women with disabilities accessing services was relatively low.

The number of beneficiaries versus the targets can only be measured by phases for each specific flood-affected or displaced population (see box 1 in section 1.4). The number of people reached was high

40 Of the 100,000 children who accessed TLCs in 2010/2011, 40% were first-timers in school (information from UNICEF education section). In 2011, TLCs were co-located with PLaCES and continued to focus on out-of-school children.
relative to the target for the flood-affected populations and for the camp-based displaced population in Khyber Pakhtunkhwa. In the areas affected by the 2011 floods, UNICEF established 195 of the intended 250 PLaCES in the early recovery phase, 78 per cent of the target, by June 2012. Similarly in Khyber Pakhtunkhwa /FATA, 104 of the target 116 PLaCES (90 per cent) had been established by June 2012. In Badin, Mirpurkhas and Nawabshah (flood-affected areas in Sindh), one UNICEF partner had reached 17 per cent of the total district population and exceeded planned beneficiary numbers (NRSP 2012).

The aim in Khyber Pakhtunkhwa was different. Rather than establish PLaCES to serve the off-camp displaced population, which was around 88 per cent of the total displaced population in September 2012 (OCHA 2012b), the aim was to reach the displaced and host populations together through the local CPCs. Trained in CPiE issues, they were to engage with the CP centres and to refer girls, boys and adolescents to CPUs if necessary. This model improved the outreach, but robust statistics on results are not available.

However, through the Humanitarian Performance Monitoring system, there is evidence that more adolescents, women and children were reached through PLaCES compared to the response to the 2010 floods, as reported by UNICEF to the case study/evaluation team:

- As neither child-friendly nor women-friendly spaces were directed at adolescents in the 2010 response, this group was underserved. Reaching out to adolescents was one of the lessons learned from the 2010 response, and UNICEF and partners worked hard to mobilize adolescents to attend, with good results. As shown in table 9, of the children under 18 attending PLaCES (implemented by an NGO partner, WISES), 34 per cent were aged 13-18 years, and 16 per cent were girls aged 13-18. Given that it is particularly difficult to mobilize girls, this was a significant achievement. In addition 2,544 women participated.

<table>
<thead>
<tr>
<th>Boys aged 1-12</th>
<th>Girls aged 1-12</th>
<th>Boys aged 13-18</th>
<th>Girls aged 13-18</th>
<th>Total aged 1-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>Per cent</td>
<td>Number</td>
<td>Per cent</td>
<td>Number</td>
</tr>
<tr>
<td>2,345</td>
<td>36%</td>
<td>1,955</td>
<td>30%</td>
<td>1,146</td>
</tr>
</tbody>
</table>

- PLaCES increased the inclusion of women. In 2010, 15,000 women accessed women-friendly spaces across areas affected by the floods, which represented 0.3 per cent of the women affected by the floods. In 2011 in Sindh the number of women accessing PLaCES was 75,000, and 6.3 per cent were women affected by the floods.
- The percentage of affected children reached by outreach services increased. In 2010 outreach services from child-friendly spaces extended to 1,200 locations and 413,000 children, or 4.1 per cent of flood-affected children. In 2011 the percentage reached through mobile outreach increased to 8 per cent of flood-affected children (totaling 191,858 children in 543 locations).

Religious minorities were also strongly represented. While around 6.5 per cent of the population in Sindh is Hindu and 1 per cent Christian, around 10 per cent to 15 per cent of PLaCES users came from religious minority groups.42

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42 Reported by a UNICEF operational partner.
PLaCES aimed to include people with disabilities, but this remains a challenge. The implementing NGO PODA reported that in Multan district of Punjab, just 4 per cent (109 children) of participants in PLaCES were children with disabilities, out of a total of 2,780 children and adolescents, between July 2011 and January 2012. UNICEF staff observed that recreation kits and services are not yet adapted for children with disabilities.

There was also an increase in services available compared to the 2010 response. While TLCs were integrated with only some child-friendly spaces in 2010, in 2011, PLaCES systematically integrated TLCs, and they were co-located in 90 per cent of PLaCES (UNICEF 2012c). A wider range of protection issues were addressed than in the child-friendly spaces, including direct interventions on disaster risk reduction, gender-based violence, counselling services for children and adolescents, and greater referral for social protection benefits.

In relation to linking PLaCES to local CP systems, UNICEF and partners were effective in strengthening referral systems and pathways from PLaCES to local government services (through district social welfare, education, health and other services) and to NGO services. The CP sub-cluster and working groups established lists of local services with contacts, and CP committees/PLaCES partners made referrals accordingly (see CCC 6).

Systems for CPIE were also strengthened by UNICEF’s provision of salary support to a dedicated CP coordinator within the provincial disaster management offices in Khyber Pakhtunkhwa, Punjab and Sindh. This was part of a technical support package that included development of province-specific standards, capacity development and communication for development.44

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43 Information from UNICEF CPiE Coordinator.
44 Information from PDMA and UNICEF’s systems mapping exercise, 2012.
CCC 4: Separation of children from families is prevented and addressed

The benchmarks for this commitment are that all separated children should be identified and cared for in families or a suitable alternative. The Pakistan programme aimed to measure the number and percentage of separated children who were identified and reunified.

Through UNICEF and partners, separated and unaccompanied children were quickly identified in both the floods and the complex emergency. The majority were with extended family, although separated from legal or usual caregivers, and most who needed support with tracing and reunification were rapidly reunified. The major programming gap identified was in follow-up and case recording to confirm that the care of separated children staying with extended family was adequate and considered to be permanent.

More specifically, from the early stages of the 2010 floods efforts were made to identify separated and unaccompanied children. Of the 505 separated children identified across sub-cluster members in 2010, 355 were reunified, a rate of 70 per cent (UNICEF 2011). This is a very effective response, although no information was found on the follow-up of the remaining 150 children. It is likely that the majority were with extended family; this was the consensus among partners and sub-cluster members. However, follow-up should have been made to ensure that care was adequate and appropriate.

Importantly, UNICEF reports a significant fall in the numbers of separated children identified in 2011 compared to 2010. Calculated from the multi-agency assessment data (OCHA 2011), one month after the 2011 floods 70 separated children remained, of whom only 2 required tracing, in one of the most affected districts (Badin), according to the Social Welfare Department. Although the source of the lower number is difficult to determine, factors that are likely to have contributed to it are the standard operating procedures developed by the CP sub-cluster after the 2010 floods and pre-prepared radio messages on prevention of separation.

In Khyber Pakhtunkhwa, separated children in the camps were reported to have been rapidly reunified, which was confirmed by children in the focus groups (although the evaluation team did not access data on tracing/reunification in the camps). However, a large survey of displaced families through IVAP in July 2011 found that among 94,389 families identified, 503 children were found to be separated. While most were reported to be in the care of extended families, the IVAP report recommended use of the database to provide follow-up to those children.

There is also a caseload of unaccompanied or separated refugee children from Afghanistan receiving tracing support from ICRC and UNHCR. UNICEF participates in all Best Interest Determination panels for separated or unaccompanied children, including for refugee children, as they are incorporated in the system as a whole.

CCC 5: Violence, exploitation and abuse are prevented and addressed

The planned results, in parallel with CCC benchmarks, were to measure the number and percentage of the population mobilized to prevent and address violence, abuse and exploitation, including GBV, and to strengthen systems to that end. The aspects reviewed were mobilization through CPCs to prevent and respond to protection issues and awareness-raising to prevent GBV.

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45 Separated children are those separated from both parents, or from their previous legal or usual primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.

46 These two children were rapidly reunified according to the Social Welfare Dept.

47 In the 2011 floods, the multi-agency assessment in Sindh and Balochistan (OCHA 2011) showed that within 1,914 households, 1% reported a missing or separated member (no indication of age), while 3% of households in Balochistan and 2% in Sindh reported hosting children separated from parents or regular caregivers.

48 See www.ivap.org.pk/.

49 ICRC reported having closed files on 183 unaccompanied children in late 2012 and finding ‘many’ children who had not been formally registered as refugees.
The programme was effective in mobilizing populations to establish CPCs in all PLaCES “to monitor, identify and report on protection issues or individual cases and to find, wherever possible, local solutions, or agree on referral of cases that cannot be addressed locally”.\textsuperscript{50} The programme mobilized 113 CPCs in the flood-affected areas during the early recovery phase\textsuperscript{51} and 181 in host and camp communities in Khyber Pakhtunkhwa (over a longer period of time), both up to June 2012. In the flood zones, the target was to reach 750 female and 750 male CPC members. By June 2012 60 per cent of the female target and 61 per cent of the male target had been reached. In Khyber Pakhtunkhwa, there were 3,345 male and female committee members, although the gender and geographical breakdown was not clear. CPCs had 8 to 10 members and were intended to act as positive agents of change within communities. The CPC was expected to provide sustainability on child protection issues at village level, including maintaining their role in the case of returning displaced populations. They were provided with basic training by operational partners on child protection in emergencies and GBV.

Six CPCs were interviewed for the evaluation,\textsuperscript{52} and they were well informed on protection issues, understood the differences in issues by age and gender, and were motivated to resolve local protection and development issues. They could cite which agencies provided which services. In Sindh, they were effective in delaying early marriages – in Badin, the CPC in one village helped to postpone 12 early marriages, some of which were prompted by feudal landlords seeking girls. They also brought health and WASH services into the village. Contacts with the Deputy Commissioner had led to the establishment of a dispensary and regular visits by a doctor. In one CPC Hindus and Muslims worked together. One male CPC in Sindh mentioned (unbidden) that training on GBV had shifted their own attitudes towards domestic violence, leading them to understand that it should not be tolerated. This is especially important given that 86 per cent of cases reported through protective spaces to the GBV sub-cluster were of domestic violence or physical assault by a family member.\textsuperscript{53}

In Khyber Pakhtunkhwa the focus was on protection in the camps, and some partners had organized CPC membership by area with representation from local CPCs to a district-level CPC. A meeting with a district CPC involved representatives of 12 union councils, covering the whole project target area. They were in the process of registering the district-level CPC with the Social Welfare Department as a civil society organization. The group meets monthly to share issues and case follow-up. The members described their own interventions in identifying and referring children for birth registration, identifying child protection cases and monitoring and supporting the activities of the partner in child protection centres. They made clear recommendations on improving camp management to protect children\textsuperscript{54} and organizing displacement in the future to mitigate risks (see recommendations).

Generally, case monitoring was weak and it was difficult to obtain firm data. However one partner, PODA, reported that of 2,671 children (1,368 boys,1303 girls) registered in its centres in Multan district, the CPC had intervened directly with 76 children engaged in child labour and in 39 early marriages.\textsuperscript{55} The reports of violence were more centred on boys than girls, except for early marriage. Four children (all boys) reported sexual abuse, 21 (18 boys) reported physical abuse, 228 (169 boys) reported child labour and 128 (49 boys) reported early marriage.

CPCs and PLaCES were to provide opportunities to refer serious protection cases involving both children and women to legal support services, which is essential in reducing impunity. Data from UNICEF-supported partners alone is very limited, but the consolidated data from the GBV sub-cluster

\textsuperscript{50} Citation from PLaCES Concept Note, UNICEF Pakistan, February 2012.
\textsuperscript{51} Additional CP committees had been established in the relief/response phase.
\textsuperscript{52} Of the six CPCs included in the evaluation, one was female and the remainder were male. This was due to time limitations and the fact that women’s groups were of PLaCES participants.
\textsuperscript{53} GBV sub-cluster consolidated analysis of incident referral forms.
\textsuperscript{54} To have women distributors of non-food-items and security guards during distributions to displaced females, separate washrooms for girls and access to female doctors.
\textsuperscript{55} These statistics are from the PODA monitoring sheets, which did not state how they had intervened or to what they were successful.
show that of 1,300 survivors of GBV, 93 were referred for health services but only 25 for legal aid, probably due to a reluctance to officially report GBV.

Although UNICEF did not co-lead the GBV sub-cluster, it provided technical expertise through two lengthy consultancies from the Rapid Response Team. This led to adoption of the survivor-centred approach by the Government and operational partners and the development of standard operating procedures for GBV. There was extensive training in both Sindh and Khyber Pakhtunkhwa on the procedures, although they were still awaiting adoption by NDMA in September 2012. Referral pathways were also drawn up, building on the Rapid Response Team expertise. Through capacity-building efforts, all PLaCES visited were clear about GBV and which kinds of cases to record and refer. Community members were sensitized to the risks of GBV and how to avoid them. Focus groups mentioned the usefulness of advice on domestic violence and how their perceptions had shifted on early marriage and the risks of early pregnancy.

**CCC 6: Psychosocial support is provided to children and their caregivers**

<table>
<thead>
<tr>
<th>Box 5: Support Services Considered Most Useful by Focus Group Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Formal education – 17%</td>
</tr>
<tr>
<td>2. Recreation (painting, drawing, drama) – 10%</td>
</tr>
<tr>
<td>3. Health and hygiene education – 10%</td>
</tr>
<tr>
<td>4. Vocational training – 9%</td>
</tr>
<tr>
<td>5. Child rights education – 7%</td>
</tr>
<tr>
<td>6. Games and sports – 7%</td>
</tr>
<tr>
<td>7. Referral or provision of health services or vaccination – 6%</td>
</tr>
<tr>
<td>8. Counselling – 6%</td>
</tr>
<tr>
<td>9. Assistance with house or shelter repairs – 2%</td>
</tr>
<tr>
<td>10. Interpersonal relations, family strengthening, reunification – 4%</td>
</tr>
</tbody>
</table>

*Note: Percentages reflect those citing these services across all ages and in both locations.*

The commitment to integrating psychosocial support in all work is in line with the IASC MHPSS guidelines. The intention was for children and caregivers to receive psychosocial support, life-skills education and recreation through PLaCES. Progress was to be measured by the number and percentage of PLaCES providing psychosocial interventions through trained and experienced partners.

UNICEF succeeded in providing psychosocial support through services in counselling, recreation, sports activities, life skills, health education and vocational skills in all PLaCES visited. Lists of local organizations and their services were available and often displayed on walls. However, no detailed data were available on the number of adequately trained personnel per capita of PLaCES users. Comments on the quality of services were generally positive although mention was made of the need for more investment in staff training.

Participants were referred to more specialized services if necessary, though CPCs felt referral procedures could improve and be more systematic. They were also referred to state services and benefits such as birth and ID registration and access to social protection benefits. Activities considered most helpful by participants are shown in box 5. Older children from Sindh particularly emphasized formal education and disaster risk reduction while older children from Khyber Pakhtunkhwa were more mixed in their preferences but cited counselling sessions with the psychologist. Younger children from both locations placed greater emphasis on child rights education, life skills and games and sports. Women ranked health interventions highest, including hygiene education, vaccination and referrals. Health education was particularly important because it was viewed as useful not only to reduce disease but also to save money on treatment.

Specific psychosocial intermediate results achieved were:

- Women were supported to obtain a CNIC and helped (with contacts and form filling) to apply for cash benefits. One partner visited had helped 130 women to obtain a CNIC and a second partner had helped all women in the local PLaCES to obtain one (as confirmed by the women).
One partner had helped 22 orphaned children to receive benefits through Bait al Mal,\(^{56}\) and in another group 22 of the 76 women present were receiving substantial funds from the Benazir Income Support Programme\(^{57}\) with the help of PLaCES.\(^{58}\) In addition to cash transfers, women had learned new vocational skills and were able to sell some goods. Given the level of poverty in Pakistan, social protection and increasing incomes is fundamental to reducing child labour, child marriage and other abuses, so this is a substantial outcome.

- Families were accessing health services with the support of PLaCES. In Sindh, PLaCES collaborated with local health services to bring vaccination services to villages, as mentioned by women in the focus groups. Pregnant women were referred for prenatal check-ups, women were accessing family planning services, nutrition services were provided by IMC and Merlin with support through PLaCES. The programme had also provided transportation to hospital for those who needed it. In one area, a sustainable link had been made to local health services such that the doctor visits twice a week to provide services to children, including free medication.

- By bringing NADRA\(^{59}\) teams to PLaCES, large numbers of children obtained birth registration. PODA, for example, recorded 1,198 children with no birth registration, of whom 524 were helped to register and 277 received certificates.\(^{60}\) In Khyber Pakhtunkhwa, 6,328 (2,299 girls and 4,029 boys) were assisted with birth registration just between April and June 2012 (UNICEF 2012d). However, the women clearly prioritized obtaining a CNIC over birth registration, in view of its social protection benefits. In one PLaCES visited in which 76 women were present, all but 8 had a CNIC, but none of their children had been registered. Similar results were found in other groups.

- Several women in groups reported learning to write their own names as a result of literacy classes and were proud of their success. However, UNICEF reported that literacy classes were not always well attended and that vocational training had greater participation.

- Children from Khyber Pakhtunkhwa talked in focus groups about how counselling and recreational activities had helped them to manage aggressive behaviour. One group expressed concern that this progress could go backwards when PLaCES closes. One girl in the younger age group commented that when she had come to the camp, initially “I was stressed and didn’t want to talk to anyone. Now I am controlling my emotions and taking things positively.”

**CCC 7: Child recruitment and use and illegal detention are addressed and prevented**

The intended result was to develop and implement an inter-agency plan to prevent and respond to child recruitment and to advocate against illegal and arbitrary detention for conflict-affected children.

This was the least effective area reviewed and requires further attention in the future (see recommendations). There is currently no inter-agency plan or programming in place for preventing and responding to child recruitment, though the recruitment of children as fighters and suicide bombers for armed groups remains an issue. UNICEF provided financial and technical support to the Sabaoon Academy from 2009 to June 2012. Managed by the NGO Hum Foundation under the security of the armed forces, it serves children released by fighters, offering education and vocational training as well as Islamic education, training on non-violence and counselling. Of 193 children supported by UNICEF at Sabaoon, 117 were reintegrated into families and, of these, 94 were enrolled in local schools and 64

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\(^{56}\) A government body that provides poverty alleviation support to the poorest people.

\(^{57}\) Also a government poverty alleviation programme.

\(^{58}\) An initial cash grant of 9,000 Rupees, or $92, followed by 1,000 Rupees or $10 a month.

\(^{59}\) National Database and Registration Authority.

\(^{60}\) PODA database.
had completed vocational training courses (UNICEF 2012d). For reasons of security and confidentiality they could not be interviewed for this evaluation so it is not possible to further assess the effectiveness of the intervention. There is currently no continuity with programmes to promote the release and reintegration of children with armed groups.

Regarding detention, the Human Rights Commission has produced data from the provinces of Punjab and Sindh but not for areas affected by the complex emergency. Thus there is no information on possible illegal detention of conflict-affected children on which advocacy could be based.

**CCC 8: Use of landmines is prevented**

The intended result was ensuring that children and communities in affected areas have access to landmine/unexploded ordnance risk education and are better protected from the effects of landmines and other indiscriminate and/or illicit weapons. Mine risk education was planned for populations displaced from FATA.

During 2009-2012, UNICEF was very active in providing mine risk education to many people, including children, in Khyber Pakhtunkhwa through SPADO. UNICEF also established and led the Mine Risk Education Working Group. A very significant outcome from MRE was hundreds of sightings of explosive remnants of war following these sessions, as reported through a local focal point system established as part of the programme. Although recording was not systematic throughout the period, in the seven months from October 2009 to April 2010, 42 cases of sightings were recorded in Malakand, including in the vicinity of schools. The ERW identified were safely destroyed through the local administration and police. The system for reporting sightings and destroying ERW demonstrated that individuals had understood and heeded the messages of MRE and also reduced the risk to others. The system established was especially important in the context of the floods, as unexploded ordnance was carried by floodwaters, increasing the risk to the population.

However, due to funding constraints, UNICEF’s partnership with SPADO has been limited since late 2011, although there are plans to develop a more sustainable and less costly approach. All international actors have withdrawn from mine action in Khyber Pakhtunkhwa/FATA as a result of funding constraints and access issues. The MRE Working Group established by UNICEF in 2009 moved from Islamabad to Khyber Pakhtunkhwa/FATA in 2012 under the coordination of SPADO and Handicap International and was subsequently incorporated into the protection and inter-cluster meetings to mainstream the issue. The reduced action in MRE is happening at a time when casualties are increasing (see section 3.1).

UNICEF played a fundamental role in introducing MRE to Pakistan in 2009, following a visit from a specialist from New York who provided training and educational materials and helped to develop radio spots over a period of two months. Materials were also introduced from UNICEF Afghanistan, given its similar context and language. A mass MRE campaign in partnership with SPADO was launched with a focus on Swat, Buner and Dir, reaching 229,500 children and adults. In 2011 UNICEF supported SPADO to train the media, teachers and community focal points. The community focal points were local elders or active community members, teachers or health workers who delivered MRE and then acted as referral points for sightings of ERW. Female focal points delivered MRE to women. By the end of 2012, the cumulative figures for coverage had reached 85,000 (for that phase), 76 per cent of the target.

Less successful in this system was government involvement. The Government has not demonstrated full commitment to mine risk education or to civilian demining, influenced by the fact that Pakistan is not a signatory to the Mine Ban Treaty, on the grounds of needing to defend border areas. There is currently no national strategy for MRE.

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61 Members were SPADO, MAG, FSD, ICRC, RI and Handicap International.
62 Information from SPADO.
63 Information from UNICEF CPiE team.
UNICEF funding for MRE fell from $1.3 million in 2010 to $483,000 in 2011 as a result of reduced CPiE funding. Beginning in 2013, UNICEF and SPADO plan to embed MRE within the CP system, including through the Department of Education, through child protection centres in partnership with the NDMA and PDMAs and with the Social Welfare Department. Sightings will be reported to the authorities as previously. Statistics on casualties should be fed into the CP information management system. MRE should also be integrated into humanitarian coordination forums and related advocacy.

Ideally, MRE should also be provided in FATA, where the highest percentage of casualties occur, but security issues limit access. SPADO had provided MRE in South Waziristan, close to the border with Afghanistan. It observed that MRE could serve as an entry point into peacebuilding by using a message that MRE is relevant for all children regardless of their class, ethnic group or religion. SPADO has found that this message finds some resonance among all population groups, especially when local leaders and community members are engaged.

3.3 Programme Effectiveness

The review of effectiveness analyses which strategies and interventions have been most and least successful and the factors that contributed to success or gaps. In the context of phasing, consideration is given to how far preparedness helped to enhance protection programming during the crisis phase and whether opportunities were identified during the response and early recovery phases to strengthen systems in the longer term.

Principal strategies used in the programme were system strengthening; support for positive social change; advocacy and communication; and knowledge management.

System strengthening: UNICEF’s work in system strengthening, which began in 2008, has been intensive and continuous. The point here is to identify examples of how system strengthening and preparedness planning have enhanced response and how CPiE may have provided opportunities to strengthen systems for the longer term.

There was a consensus that preparedness planning was effective in improving the CPiE response in flood-affected areas in 2011 compared to 2010 and that preparedness had continued to strengthen since the 2011 response. Some examples are:

- Training CP sub-cluster members at federal and provincial level, both governmental and non-governmental, ensured that partners had a common perspective on what constitutes CPiE by 2011/2012. It also ensured that sub-cluster/working group members were clearer about standard operating procedures related to separated children, GBV and minimum standards for protective spaces.
- The investment in developing CPUs at district level paid off by providing a structure for linking CPCs (which are key in CPiE response) for referrals and to promote longer term sustainability.
- Mapping staff of the CP sub-cluster with CPiE experience allows for rapid mobilization of trained personnel in an emergency.
- Training CPiE enumerators has allowed for their rapid engagement in CPiE assessments.

In terms of how emergency response has strengthened systems for the longer term, two aspects have been particularly strong. The first is promoting broad recognition of the need for more effective case management and data systems, especially in relation to the CP information management system. This came across strongly in a meeting of the CP working group in Sindh. The second is that the demands

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64 Following the Bucharest meeting that set UNICEF’s agenda on system strengthening
of the emergency provided opportunities for systematic capacity building of civil society and government partners\textsuperscript{65} in child protection overall.

\textbf{Support for positive social change:} Strategic actions to support positive social change during emergencies include strengthening capacities to promote a culture of peace\textsuperscript{66} This takes place by mobilizing youth for positive social change and developing approaches to address social change during transitions, including the changing roles of family members as a result of emergencies.

There was considerable investment through PLaCES in influencing the evolving roles of family members through awareness-raising on early marriage, sensitization of male CPC members on domestic violence and radio messaging on these issues. The \textit{Meena} comic books, used in PLaCES, also address early marriage among younger children, as well as the importance of education for girls, health and hygiene, mine risk education and birth registration.\textsuperscript{67} Radio messages prepared before emergencies cover birth registration (as part of DRR), separated children, early marriage and mitigation of the risk of trafficking.

A forthcoming programme component led by CP under the Peacebuilding and Education Initiative will provide an opportunity to address issues around the culture of violence.

\textbf{Advocacy and communication:} UNICEF’s strongest advocacy on CPIE has been through technical leadership on substantive approaches to child protection, systems strengthening and GBV, bringing together government agencies with civil society partners. In terms of communication during the disaster response phase, UNICEF concentrated on information for the public, emphasizing prevention of separation. Messages for donors were effective in 2010, especially through the regional office director, who spoke on television and radio about the risks of trafficking, prompting a more generous response to child protection (UNICEF 2011).

However, there has been less evidence of advocacy in relation to the complex emergency. There has been limited engagement regarding destruction of schools in FATA and Khyber Pakhtunkhwa and child recruitment and kidnapping. The CPCs in Khyber Pakhtunkhwa and adolescents in focus groups have raised an issue concerning how evacuations are organized and the need to prepare the population. These highly complex issues could present risks to personnel and difficulties in reaching target audiences given that they are groups related to the Taliban. There are also risks of doing harm to the local population if messages provoke a negative reaction. However, there are arguments for the strategic analysis of options on these issues that could include other UN agencies.

\textbf{Knowledge management:} Knowledge management remains a challenge for UNICEF Pakistan although progress is certainly being made on:

- The information management system, which is locally designed\textsuperscript{68} with UNICEF financial and technical support and is being installed in child protection units. Though only at the pilot stage, the system is expected to aid in mitigating data gaps and supporting case management once it is embedded. The system is based on seven child rights issues, including justice for children, violence against children, sexual exploitation, family and alternative care and child trafficking, and will serve CP needs in all phases.
- Data on child rights issues from the Human Rights Commission of Pakistan through field-based networks across the country, which will eventually be linked to the system in the Ministry of Human Rights.

\textsuperscript{65} Multiple capacity-building workshops were held in Khyber Pakhtunkhwa and the flood-affected areas on child-friendly spaces/PLaCES, communication for development, psychosocial support, GBV, separated children and CPIE as well as on developing training resource kits in many of these areas.

\textsuperscript{66} Global CP Strategy (UNICEF, 2008)

\textsuperscript{67} The \textit{Meena} stories are comic books in Urdu and Sindhi aimed at younger children.

\textsuperscript{68} The system is not based directly on the international CPIMS system.
• The GBV information management system. Though it has not yet been rolled out, GBV cases (largely identified through protective spaces) have been reported to the GBV sub-cluster. The specialist who provided technical support to programming was concerned about inconsistent and limited reporting and believes the number of GBV cases is much higher than the numbers indicate. Concern was also expressed about confidentiality and, as a result, reluctance to report. UNFPA believes that a single system should be in place that integrates GBV and child protection data to avoid overlaps and confusion in reporting.

3.4 Quality and Efficiency of Programming

Analysis of the quality and efficiency of programming reviews components against national and international quality standards and identifies which standards were met or not met and what bottlenecks or constraints existed. The Minimum Standards for Child Protection in Humanitarian Action (based on UNICEF and inter-agency technical guidelines) were used as the basis for this review together with the Minimum Standards for Protective Spaces of the CP sub-cluster in Pakistan. Given the importance of adequate funding to programming, the review includes an analysis of funding.

(a) Standards in Programming

Psychosocial services: PLaCES has been reviewed against the Minimum Standards for Child Protection in Humanitarian Action and against the CP sub-cluster Standards for Protective Spaces for Children and Women in Pakistan (June 2012). The principal conclusion is that UNICEF’s psychosocial interventions met the minimum standards from the global protection cluster, but when they were reviewed against the more detailed standards drawn up by the CP sub-cluster in Pakistan, more gaps and quality issues emerged.

On the positive side: (a) all PLaCES had spaces that could be used for private counselling; (b) there were male and female staff in all locations; (c) literacy and numeracy classes were available and materials were in local languages, although insufficient in quantity; (d) activities did not replace formal education and children were encouraged to return to school as soon as it reopened; (e) all PLaCES taught life skills as recommended, and health and hygiene training was considered especially useful by women beneficiaries, as was DRR; (f) recreation, games and sports were provided as recommended and highly valued by children and adolescents, although girls complained that there were no separate girls’ playgrounds; (g) religious and ethnic minorities were adequately represented among beneficiaries, and partners reported greater interaction and friendship among groups as a result.

Problems identified were: (a) lack of privacy in WASH facilities and lack of facilities separated by sex; (b) overcrowding -- in one PLaCES 76 women (many with babies) were crowded into a single small room,69 (c) inadequate staff training (based on comments by focus group participants); and (d) lack of accommodation for children and adults with disabilities as services were not adapted for people with learning, sensory or motor disabilities.

One group of boys in a focus group said that female counsellors were most effective in understanding the issues and urged that they be given preference in the future. No local staff had been hired in one location, which CPC members felt was not appropriate. Efforts had been made to reach out to adolescents and provide recreational and life skills services of interest to that age group.

CPCs had been formed in all PLaCES, although it appeared that the men’s groups were more active. However, one woman commented that “women are more confident through the leadership skills acquired in committee activities in PLaCES”.

Bottlenecks principally result from lack of funding and efforts to keep costs low. Regarding the inclusion of children and adults with disabilities, the constraints involved staff training, funding limitations and social attitudes.

69 Although some women may have been encouraged to come on that day because of the evaluation visit.
**Separated children:** Measured against the Minimum Standards for preparedness, the framework and systems responsible for separated children have been mapped (by UNICEF); standard operating procedures have been drafted though not yet approved by NDMA, a database is being established within CP units but was not fully operational at the time of the evaluation; a common reporting form is in place; and radio spots have been developed on preventing separation and on what to do if separation occurs.

For the response phase, there were strong efforts to identify separated and unaccompanied children from the early stages of the emergency, and in 2011 a system was quickly established with trained personnel and volunteers. There were no reports of deliberate abandonment of children in order to gain assistance, but there were reports of successful and rapid tracing, especially within the camps shortly after displacement.

The weakest area concerns interim care arrangements for children and ensuring effective follow-up and case management of separated children. This is true in all caseloads: children affected by the floods living with extended family but not with usual or legal caregiver; children in Khyber Pakhtunkhwa displaced from FATA with extended family, especially those identified by IVAP within the host community who do not have access to PLaCES; and Afghan children, who are much less likely to be with extended family members. Ideally, interim care arrangements should be followed up every 12 weeks until a decision is made about permanency of the placement.

**Sexual violence:** UNICEF has met most of the standards for preparedness and response in sexual violence. This included understanding how sexual violence is viewed by youth, children and community leaders; supporting community networks to prevent sexual violence; disseminating key messages; increasing awareness; mapping services for referral; and training social workers.

**Children associated with armed groups:** Overall this is the weakest area in relation to the Minimum Standards, though it is recognized that the situation is extremely complex and access is highly problematic. In the context of preparedness, the Minimum Standards require a joint review of information on the presence of children in armed groups. This should be followed by a context analysis; work with leaders/communities to prevent recruitment and to change norms that favour children’s participation in armed groups; development of national strategies in which the DDR process is led by government authorities; mapping of legislation and advocacy for laws that end and prevent recruitment; and community-based early warning systems on incidents of recruitment. Some work in these areas has taken place in Khyber Pakhtunkhwa, including CP centres, as well as work to strengthen life skills through PLaCES in camps. The forthcoming peacebuilding programme is expected to deepen engagement with adolescents in contexts where recruitment is a risk. However, an overall strategy on the prevention of recruitment is lacking.

During the response phase, the Minimum Standards call for coordination among all actors working on prevention of recruitment. This should involve work with local leaders, public information campaigns, identification and support to children vulnerable to recruitment, safe access to school for all children, a process for trained CP staff to identify and verify children associated with armed groups, advocacy with the leaders of armed groups to engage release of children, taking boys and girls to a safe civilian location, and initiating family tracing and reunification wherever possible. Of these actions, UNICEF has provided broad CP support for children affected by armed conflict, and the planned peacebuilding project will address some of these areas. However, while recognizing the extreme difficulties of working in this area, there is a need for strategic thinking on how to work towards more focused actions on prevention of recruitment.

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70 However, they have been endorsed by PDMAs in Punjab and Khyber Pakhtunkhwa /FATA and by CP sub-clusters at national and provincial levels.

71 Through the USAID-funded programme in Khyber Pakhtunkhwa, an NGO (KK) in Khyber Pakhtunkhwa and peacebuilding activities with SPADO.
(b) Budget Allocation and Cost Effectiveness

Over the last three years CPIE project funding for implementing partners has increased in percentage terms for work with flood-affected populations and decreased for the complex emergency (table 10). This was influenced by the large donations for the floods, much of which was earmarked, and the fact that the flood-affected population was six times higher than the population displaced from FATA.\(^{72}\)

Based on data in annex 6 on projects implemented by partners and classified as principally aimed at CP in the floods or the complex emergency, the percentage allocation to the complex emergency fell from 100 per cent in 2009 (when there was no large-scale flood emergency) to 68 per cent in 2010 and 22 per cent in 2011.

<table>
<thead>
<tr>
<th>Project classification</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Programme budget</td>
<td>Per cent</td>
<td>Programme budget</td>
</tr>
<tr>
<td>Complex emergency</td>
<td>132,672,534</td>
<td>100%</td>
<td>517,314,152</td>
</tr>
<tr>
<td>Flood affected</td>
<td>0</td>
<td>0%</td>
<td>244,452,266</td>
</tr>
<tr>
<td>Total</td>
<td>132,672,534</td>
<td>100%</td>
<td>761,766,418</td>
</tr>
</tbody>
</table>

In terms of allocations in 2011, of 539,915,626 Pakistani Rupees ($4.3 million) allocated to implementing partners, by far the largest share (84 per cent) was invested in community child protection systems, including PLaCES.\(^{74}\) Of the remainder, $483,000 (9 per cent) was allocated to mine risk education; $124,000 (3 per cent) to helplines for tracing, legal services and family planning; and $86,500 (2 per cent) to rehabilitation of children released from armed groups through the Sabaoon Academy. A further $500,000 was allocated to a cash transfer pilot project in Khyber Pakhtunkhwa. No questions were raised by any respondents on programme allocations, as opposed to concerns raised about the reduction in the total volume of funding.

The PLaCES strategy cost $6 per beneficiary over the first three to four months in Sindh during the 2011 response. The figure rises to $11 when the whole package is taken into account, including CP coordination, training and UNICEF staffing.\(^{75}\) The global synthesis report for this evaluation, which compares costs per capita of psychosocial interventions, demonstrates that PLaCES has been provided at very low cost for the outcomes achieved and is strongly cost-effective.

The costs per capita to reintegrate children through the Sabaoon Academy were much higher. Considering 2011 alone, the investment was $86,500 for a total of 193 children, for a per capita cost of $445 per year, relatively high compared to other countries.

(c) Funding

Funding for the UNICEF child protection in emergencies team has dropped considerably over the last three years, a result of donor fatigue and falling contributions in the years after the floods. UNICEF received 99 per cent ($12.4 million) of the appeal for child protection in 2010 in response to the floods,\(^{76}\)

\(^{72}\) Four million displaced people in the complex emergency compared to 25 million affected by the floods.

\(^{73}\) The figures are presented in Pakistani Rupees with no exchange to dollars because it is difficult to obtain historical exchange rates.

\(^{74}\) Calculated from information provided for the evaluation in annex 5.

\(^{75}\) Figures supplied by UNICEF Pakistan child protection section.
but in 2011 that figure fell to less than 10 per cent of the total appeal.\textsuperscript{76} Within the Early Recovery Framework in 2011, child protection did not receive any funding at all. However, CP received two lots of Central Emergency Response Fund (CERF) funding in 2011/2012 for the complex emergency, totalling around $400,000, and in September 2012 was still using thematic funds from the 2010 floods. Nevertheless, in Khyber Pakhtunkhwa in June 2012, UNICEF faced a 68 per cent funding gap relative to planned activities (UNICEF 2012f).

Funding flexibility also declined. This was because the percentage of regular UNICEF resources for child protection fell in both 2011 and 2012 and because CERF funding must be spent within 12 months.\textsuperscript{77} In the context of responding to emergencies within a broader platform of systems-strengthening, such restrictions are difficult to manage.

The allocation of state budgets to social welfare and child protection is also relevant in the context of systems-strengthening. As an example, the Khyber Pakhtunkhwa Government allocated 15 million Pakistani Rupees ($154,200) to the child protection commission for 2012/2013, an increase of 50 per cent over the previous year (Government of Khyber Pakhtunkhwa 2012). Given the region’s 12 districts, that would have meant $12,850 per district if the Government had planned to establish CPUs in each district. Clearly, to establish an effective regulatory and normative service that addresses child protection during periods of crisis as well as periods of development (and including the management information system) would require considerably more funding, even if most service delivery was provided by NGOs.

\textbf{(d) Human Resources: The Child Protection Team}

When the floods took place in 2010, UNICEF headquarters quickly sent child protection specialists to support the response. Several of them provided technical support over a number of weeks, and their contribution in the early stages was much appreciated by the permanent child protection team. There was also a rapid scale-up of staff in the UNICEF country office, and 22 child protection personnel (17 national staff) were appointed between August and December 2010, 17 in the month of October alone,\textsuperscript{78} three months after the response began. This was reasonably rapid scale-up for the phase beyond eight weeks (based on the CCCs) but not for the first-stage response. While the headquarters and regional staff were especially important in the first eight weeks, the recruited staff supported the subsequent response.

Efforts were made to retain some of these new staff, and of those recruited in October 2010, six remain in post to date and eight had contracts for at least 12 months. Nevertheless, one partner felt that high staff turnover made continuity in the administration of projects extremely difficult, and that linkages between temporary staff and the permanent team were tenuous. Surge technical specialists from partner agencies were especially appreciated, including one from RedR Australia for communication for development and two or more visits from the CPWG Rapid Response Team, which helped with CP sub-cluster coordination.

Leading the sub-cluster in four locations (Federal [Islamabad], Sindh, Balochistan and Khyber Pakhtunkhwa/FATA) has required considerable investment in time for one UNICEF international staff member and three national staff members, all at 50 per cent of time (combined with programme responsibilities), plus three information management officers.

\textbf{3.5 \ Connectedness and Coordination}

Analysis of coordination through the sub-clusters has already been addressed in section 3.2 under CCC 1. Regarding coordination across sectors, the child protection sector has coordinated most closely with

\textsuperscript{76} Submitted as part of the health cluster appeal, given that the CP sub-cluster was not activated at that point in 2011.
\textsuperscript{77} The Underfunded Emergencies stream.
\textsuperscript{78} Analysis of human resources data provided by UNICEF.
education colleagues, focusing on out-of-school children most vulnerable to protection violations. While there was also coordination with health, nutrition and WASH services, these sectors were not as integrated with CP as was education. Senior staff of WASH, health and nutrition observed that integration must be defined at the preparedness stage or it is highly unlikely to take place during response. In that context, mainstreaming child protection across sectors was included in the CP sub-cluster preparedness and response plan completed in mid-2012. The protection section believes that joint planning is essential to a coordinated response.

Senior UNICEF staff of other sectors also said they felt that integration is easier to achieve in a camp context than in a host community, but that community centres for children and women used for mobile PLaCES also provide an opportunity for greater integration.

### 3.6 Sustainability and Scaling Up

The strategy for scale-up was impressive in the sense that all members of the sub-cluster followed the same principles and invested in the same type of protective spaces, supporting achievement of large-scale coverage. Regarding phase-out, the questions are more complex and address sustainability versus phase-out of PLaCES, CPCs, CPUs and the CP sub-cluster and working groups.

**PLaCES and CPCs:** Although PLaCES was conceived as an emergency strategy, the reality is that PLaCES and CP centres are highly valued by users and provide a wide variety of services beyond child protection in emergencies. Users in many areas expressed the hope that they would continue.  

In practice, the phase-out strategy was clear. It was expected that only some components of PLaCES should be sustainable, particularly the CPCs trained through it. The aim was to maintain them intact if possible, even as the population returned to areas of origin. CPCs were to be encouraged to take over the management of CP services and to link to CP units at district level to provide them with an institutional ‘home’. They should also link the community to local nutritional and health services.

Promoting the sustainability of CPCs has been most successful in Khyber Pakhtunkhwa, where UNICEF and partners are encouraging them to register with the authorities as community-based organizations so they become legal entities and can raise and manage funds. A hierarchy of representation is being established through some partners in Khyber Pakhtunkhwa such that CPCs at community level provide representation to a CPC at the level of union council and in some cases district. At district level representatives meet monthly and discuss CP issues with government CP units. If this system is sustained over time, it will provide a model that could be replicated in other provinces and could serve as an excellent stand-by resource for CPiE. Another partner in Sindh, NRSP, is considering a similar representational model at union council level to address CP issues.

The services currently provided within PLaCES (among them non-formal education, vocational training, recreation and sports) are unlikely to be sustained except through CP centres in Khyber Pakhtunkhwa which are intended to be longer term, and these were the services especially valued by programme beneficiaries. One partner pointed out that the level of literacy in Sindh is so low that it takes many months to achieve sustainable educational advance and that beneficiaries have seen only a brief glimpse of education during the emergency and early recovery periods. A UN partner reported concerns about the model exactly for that reason: because of its brief time frame, it is set for closure just as it is becoming effective. Another partner observed that one PLaCES visited had sustained the work of volunteers for about three months after the funding ended and then ceased to function. However, the opposite experience has also been found. Following new floods in Sindh in 2012/2013, the Social Welfare Department established some PLaCES independently of external support, drawing on its own

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79 Ibid.
80 NRSP has many years of experience in mobilizing families and communities at three levels (street, village and union council) for rural development. They proposed merging the CPCs with the lowest level (community organizations at street or local level) such that CP issues are fed into their existing system.
staff. The longer term aim of supporting some PLaCES to become permanent CP centres will succeed if communities are able to mobilize funding and volunteers.

In summary, it is too early to assess which aspects will be sustainable in the long term. However, there are at least three models that could promote the sustainability of some aspects of the CPIE structures: (a) legalizing CPCs as community-based organizations with close links to CPUs such that they could continue to monitor CP issues at community level and refer to CPUs as required (whether or not they have a CP centre as a base); (b) introducing child protection in emergencies into existing community structures such as the approach of NRSP, which has trained rural development community organizations on CPIE; or (c) maintaining local knowledge and capacity to rapidly establish PLaCES in an emergency such as the Social Welfare Department has done recently in Sindh. These modalities should be monitored and assessed over time for lessons on sustainability and/or on a stand-by resource for CPIE.

Child protection units: CPUs have received financial support from UNICEF for staffing but are gradually being incorporated into state budgets. In Khyber Pakhtunkhwa CPUs have been established in 8 of 24 districts, and UNICEF is negotiating with the Government to take over the posts and manage the CPUs. The intention is to gradually extend them to all districts. The same process is happening in Sindh, where some of the posts have already been taken on by the Government.

CP sub-cluster/working groups: The child protection sub-cluster itself will continue to function as a technical working group and a repository for institutional memory, possibly through the Child Rights Movement, an alliance of child rights NGOs with the United Nations and the Government as observers, and through the Social Welfare Departments and PDMAs at provincial and district levels.

3.7 Cross-cutting Issues

The cross-cutting issues review equity and participation in CPIE.

(a) Equity

In terms of gender equality, PLaCES achieved relatively equal participation of boys and girls in Sindh (48 per cent girls); less so but still impressive in Khyber Pakhtunkhwa (43 per cent girls).81 Much has already been done to increase the participation of girls, especially adolescent girls, but further progress will likely depend on separate washrooms for girls and women and separate play areas for girls. The involvement of girls and women in planning services and layouts is essential.

PLaCES were established in areas with high concentrations of minority populations and were effective at engaging minorities and at bringing different groups together. In addition, mobile outreach targeted areas off the main roads and minorities. In Sindh around 6.5 per cent of the population is Hindu and 1 per cent Christian but minorities make up around 10 per cent to 15 per cent of users of PLaCES established by NRSP. As already observed, the inclusion of people with disabilities was less effective. NDMA believed that addressing equity and inclusion should also focus on inclusion of widows and the poorest people.

(b) Participation

There was a consensus in the focus groups of adolescents and women that they had participated in planning some specific activities (such as the Meela festival, cricket matches or initiatives to address disaster risk reduction) but they had not been a part of the overall planning process. However, participation in CPCs was extremely important. Members demonstrated a strong awareness of CP issues in emergencies and interest in developing capacity to participate in dialogue on them. However, given gender differences in access to education, the training and empowerment of women’s CPCs is likely to require considerable sustained investment.

81 Child protection sub-cluster monthly bulletin, issue 15, December 2012.
4. CONCLUSIONS

Conclusion 1: UNICEF has made impressive progress in supporting the integration of child protection in emergencies into longer term child protection systems.

CPIE preparedness and response has been integrated into the longer term work of CP system strengthening. The groundwork for CPIE was laid through provincial level legislation and policies, and mapping processes are articulating the role of all key agencies (including the national and provincial Disaster Management Authorities, Social Welfare Departments, CP commissions and CP units) in child protection, including during emergencies. In addition, CP specialists have been placed within the PDMAs, so that child protection issues are fully incorporated into contingency planning. Referral pathways from CPCs to CP units have been defined and are being used in emergencies. As a temporary structure, PLaCES provides community-level services while CP centres, as a longer term structure, provide similar services in Khyber Pakhtunkhwa. The parameters of CPIE within broader CP systems are being established, although the administrative capacity is still in the early stages, with few resources and technical capacity.

Conclusion 2: PLaCES is a good practice model that provides area-based child protection services, fits well with the systems-strengthening approach and increases the participation of adolescents and women.

PLaCES was effective in providing age-appropriate and gender-appropriate services, more so than child-friendly spaces. The model successfully increased attendance by adolescent girls and boys and women (compared to women-friendly spaces) and improved access by all groups through mobile outreach services. PLaCES provided a greater range of services than typical child-friendly spaces, and most were integrated with temporary learning centres and provided primary health and nutrition interventions. The model has been shown to be appropriate for populations affected by complex emergencies as well as disasters, with some differences in the emphasis of services. Strong mobilization efforts in a very unequal society led to good participation by girls, though better in Sindh than in Khyber Pakhtunkhwa. To increase the participation of girls would likely require the establishment of separate washrooms and play/learning areas. Strong efforts were made to include various minority groups; inclusion of people with disabilities was less effective. Child protection committees, trained through PLaCES, were effective in intervening with some specific cases at community level, such as by counselling families to delay early marriage.

Scale-up to significant beneficiary numbers was achieved by around the third month. By week 10 in the 2011 floods, 33,911 beneficiaries had been reached, and this increased to 200,000 by the third and fourth months. This locates PLaCES in the relief and early recovery phases of the NDMA classification but into the continued response and early recovery phase (beyond the first eight weeks) of UNICEF’s CCCs. Services provided were valued by users and costs were kept low, at $11 per capita. There were some quality issues, including the lack of adequate WASH facilities, but these could be improved over time.

Overall this is a model that should be further developed, documented and shared with other countries.

Conclusion 3: Some aspects of the PLaCES model, particularly child protection committees, may be sustainable, but more time is needed to reach firm conclusions.

Ensuring the sustainability of CPCs has made the greatest progress in Khyber Pakhtunkhwa, where UNICEF and partners are encouraging them to register with the authorities as community-based organizations so that they become legal entities and can link to CP centres and CPUs. A hierarchy of representation of CPCs is being established through partners in Khyber Pakhtunkhwa, which will allow them to communicate with authorities at union council level and in some cases at district level. If the Khyber Pakhtunkhwa model is sustained over time, it could be replicated in other provinces and would serve as an excellent stand-by resource for CPIE. Another partner in Sindh, NRSP, is considering a
similar model at union council level. Various models (see section 3.6) could be compared over time to assess relative effectiveness in providing CPiE during emergencies.

Conclusion 4: Disaster preparedness worked effectively through the CP sub-cluster and working groups and with the national and provincial disaster management agencies.

Considerable efforts have been made in disaster preparedness through CPiE training and development of standard operating procedures and minimum standards through the CP sub-cluster, led by UNICEF. There was consensus among CP working group members in Sindh that these investments had reached the field and improved the response in 2011/2012 compared to 2010. Specifically, they felt that members were clearer about what constitutes CPiE, psychosocial support and GBV and about how to manage referrals for services and benefits. Improved preparedness is due in large part to UNICEF’s effective leadership of the sub-cluster and to strong working relationships with the NDMA and Social Welfare Departments. Aspects that worked less well were vertical linkages (especially bottom up) from provincial CP sub-clusters to the CP sub-cluster at federal level and the participation of some international NGOs in the CPiE sub Cluster.

Conclusion 5: There are gaps in programming and advocacy, mostly related to prevention and complex emergencies.

(a) The psychosocial distress of the population displaced from FATA was addressed effectively after they arrived in the camp, but the serious protection challenges facing girls and boys of different ages, women and other vulnerable groups during military operations and displacement were not adequately addressed in programme design. Doing so would require an advocacy response to prevent or mitigate CP issues and joint advocacy by the UN country team or protection cluster rather than the UNICEF child protection team alone. Proactively addressing these protection threats would require drawing on information provided by representatives of CPCs in Khyber Pakhtunkhwa, especially those with experience articulating issues to child protection units at district level.

(b) CPCs informed the evaluators that children are recruited to the armed groups by kidnapping or enticement. Although prevention of recruitment by armed groups is a benchmark of the CCCs (commitment 7), the programme has not yet developed an inter-agency plan to do so.

(c) The distance to WASH facilities in Sindh and the camps in Khyber Pakhtunkhwa led to deep fear of abduction (despite few examples of actual abduction). While collaboration and co-location of WASH facilities with PLaCES was clearly intended, it was not always adequate in practice, partly due to funding constraints. Given the degree of concern, it is important for WASH and CPiE to revisit forms of collaboration and what can be done to reduce anxiety. Possible modalities for addressing these issues are presented in the recommendations.

(d) Mine risk education has been very effective, but government engagement has been weak. A national mine risk education strategy is needed, particularly in view of the fact that casualties among children are increasing.

(e) There was a strong (and appropriate) emphasis on rapid identification and reunification of separated children. However, less attention was given to reviewing the care arrangements of separated children living with extended families that were not their usual caregivers. The Minimum Standards for Child Protection in Humanitarian Action provide guidance on this aspect up to the point of taking a decision on the permanency of the placement.

82 NRSP has many years of experience in mobilizing families and communities at street, village and union council for rural development. It proposed merging the CP committees with the lowest level (community organizations at street or local level) such that CP issues are fed into their existing system.
Conclusion 6: Mine risk education led to the safe destruction of explosive remnants of war by the authorities and increased awareness and avoidance of risks.

The system established to train focal points to provide mine awareness and receive reports of sightings of ERW encouraged people in the community, including children, to report suspicious items that resembled what they had seen in the MRE sessions. This led people to report to the authorities and to the safe removal of ERW. In that sense, the system increased the safety of everyone in the community.

Conclusion 7: The survivor-focused approach was effectively introduced into humanitarian response in Pakistan but will need to be consolidated.

The survivor-centred approach, which helps to prevent GBV and create capacity to respond to it, was adopted by the Government and operational partners. Practical measures for implementation were set out in the GBV standard operating procedures, though as of September 2012 these still await NDMA adoption. There was evidence that operational partners were clear about which kinds of cases to record and refer and about confidentiality. In terms of prevention, community members had been sensitized to the risks of GBV in group discussions, and one group of male community leaders mentioned changing their own attitudes on domestic violence as a result of the training and debates on GBV. Adolescent girls in focus groups mentioned the usefulness of advice on domestic violence and how their perceptions on early marriage and the risks of early pregnancy had shifted. These changes take years to consolidate, but the participants’ comments point to the importance of sustained investment in prevention and response frameworks, addressed in the recommendations.

Conclusion 8: Reporting of gender-based violence increased through the GBV sub-cluster, and the data can guide future interventions.

PLaCES provided a safe space in which girls, boys and women could report GBV. Only 16 per cent of survivors were under 18 years; the great majority, 74 per cent, were women aged 19-35 years. Just under a fifth of survivors were male and 28 per cent of them were boys under 18 years. The overwhelming majority of perpetrators were family members. Of the incidents recorded, 63 per cent were of domestic violence. These data suggest that protection from GBV should focus on intra-familial relations. One male CPC concluded that training on domestic violence through PLaCES had shifted the members’ perceptions and behaviour.

Conclusion 9: Knowledge management is improving but needs more work.

A system for monitoring and reporting child protection issues has been established, and the data could be used in advocacy. The quality of the data collected in assessments has improved a great deal, but programme design could be more aligned to the results of assessments.

UNICEF is supporting the Human Rights Commission (an NGO) to collect data on child protection issues, and reports are being produced that supply strong information on CP issues across Pakistan. That data could be analysed with the Government and CP sub-cluster partners and used to design advocacy and programmatic strategies.

Regarding assessments, UNICEF has invested a great deal of time in improving the MIRA process, which resulted in much stronger CPIE data in 2012. However, the strategic priorities identified for interventions in the MIRA assessment tended to emphasize existing programme interventions rather than create new protection approaches for the specific issues identified. Specifically, water points were identified as a risky area for protection in the MIRA as was fighting at distribution points but neither of these issues was addressed directly in the recommendations for response.83

Conclusion 10: UNICEF headquarters, the regional office, Pakistan and the Rapid Response Team were effective in rapidly scaling up human resources.

UNICEF scaled up rapidly, contracting with 17 CP staff within three months after the floods began and recruiting 22 additional staff by December 2010. UNICEF headquarters had quickly supplied technical staff during the immediate response phase, and assistance from RedR Australia and the CPWG rosters was valued. This endorses the effectiveness of the organization-wide approach in major emergencies.

Conclusion 11: Budgets fell quickly after the initial flood-related fundraising efforts, reducing capacity to implement.

Budgets would be expected to fall after a massive, emergency-related fundraising effort. But it is a concern that they fell from 99 per cent of plans in 2010 to less than 10 per cent of the appeal in 2011.

This global issue is analysed in the global synthesis report so no recommendations are made here.
5. RECOMMENDATIONS

The following recommendations are addressed to the UNICEF country office, but many would be undertaken together with government departments and/or child protection colleagues in the CP sub-cluster or working groups as proposed.

For UNICEF child protection in emergencies staff

(a) Continue to invest in integrating CPIE into longer term systems and, more specifically, into PLaCES/CP centres and CPCs and their linkages to CPUs. The sustainability of CPCs will be particularly important, and UNICEF CPIE should document and compare different models of CPCs\textsuperscript{84} and their effects on child protection performance (in terms of capacity to scale up rapidly and effectiveness) during emergencies. (See section 3.6 and conclusion 3).

(b) Consolidate the gains made in introducing the survivor-centred approach in GBV. This involves promoting formal adoption of GBV standard operating procedures, ensuring that technical orientation on humanitarian response supports the mitigation of violence (see recommendation below in relation to WASH) and ensuring that orientation on community-level work guides the engagement of men and boys on GBV issues, in addition to girls and women. In light of the finding that the majority of GBV cases reported are of domestic violence, analyse with male and female CP committees how domestic violence could be more systematically addressed within protective spaces. With support from GBV specialists, consider how attitudes and practices could be monitored in conjunction with this work.

Overall, continue to provide technical support to the GBV sub-cluster, with the goal of improving adherence to national and international standards in the quality of care and mobilizing risk reduction strategies.

For UNICEF and the United Nations country team

Strategies to protect children in complex emergencies need to be strengthened, particularly through consideration of the following:

(a) Engage all relevant child protection structures and stakeholders in developing a plan to improve protection of girls, boys, adolescents, women and other vulnerable groups during military operations and displacement. Participants should include in particular the child welfare commission and Social Welfare Department in Khyber Pakhtunkhwa and political agents in FATA. Their participation should draw on information and proposals from the CPCs (female and male) to plan displacement and transportation for the most vulnerable people. (See conclusion 5a)

(b) Based on the CCCs, Minimum Standards for Child Protection in Humanitarian Action and Paris Principles, identify the risk factors that lead to child recruitment. Work with relevant authorities to develop an inter-agency plan to prevent recruitment of children and adolescents. (See Conclusion 5b)

(c) Advocate for a national mine risk education strategy that draws on the positive experience in Khyber Pakhtunkhwa with MRE and reporting ERW through focal points. The strategy should address how to reach the civilian population in the areas most at risk (FATA, Balochistan and Khyber Pakhtunkhwa). It should also consider how to reach the most at-risk civilian groups based on Landmine Monitor statistics. (See Conclusions 5d and 6)

For UNICEF WASH and child protection in emergencies staff

\textsuperscript{84} The types of models that should be considered include: (a) CPCs that have registered with the authorities and are receiving support from CP centres or CP units; (b) CPCs that have been built around pre-existing community organization; (c) CPCs that include representation from community to union council or district levels; and (d) PLaCES that have been established by Social Welfare Departments without additional support.
(a) Given that protection challenges both on and off camp were linked to the distance to WASH facilities and to risks around water points, the WASH and CP sectors should review all possible options to address this source of anxiety as well as improvement of WASH facilities in PLaCES. (See Conclusions 2 and 5c)

**For UNICEF child protection and CP sub-cluster/working group members**

(a) Analyse how to strengthen vertical linkages within the sub-cluster and provincial level working groups to encourage bottom-up participation in decision-making and consider how some of the larger international NGOs focused on CPIE could participate more actively in the technical development activities of the CP sub-cluster. (See Conclusion 4)

(b) Ensure that the CPIE issues identified in multi-sector initial rapid assessments (e.g. risky locations identified as water points, fighting among recipients at distribution points) are matched with recommended programme interventions; avoid restating existing programme activities. (See Conclusion 8)

(c) Review the follow-up and care of children separated from legal or customary caregivers in both flood-affected areas and areas affected by the complex emergency, with a view to supporting the Government to ensure that children have an adequate standard of care and do not need family tracing, allowing their cases to be closed. (see Conclusion 5d)

(d) With the CPWGs, CPUs and CPCs, consult children and adults with disabilities about what support they most needed during emergencies and how that could be provided in PLaCES to ensure more inclusive service. (See Conclusion 2)
REFERENCES


Annex 1. Evaluation Framework

Figure 1: Theoretical Framework for Global Evaluation Child Protection in Emergencies

<table>
<thead>
<tr>
<th>CROSS CUTTING AREAS</th>
<th>Strengthen National and subnational child protection systems</th>
<th>Support Positive Social Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence building and knowledge management</td>
<td>• DRR Strengthen formal and less formal systems to respond to CP challenges (structures, functions, capacities, policies, legislation, resources)</td>
<td>• DRR Public education and social dialogue on CP, promote culture of peace, understand coping mechanisms. Strengthened role of children/adolescents, families and communities in protection.</td>
</tr>
<tr>
<td></td>
<td>• Preparedness: implement preparedness actions of CCCs</td>
<td>• Preparedness: actions from CCCs - develop messages, ensure key actors are aware of local values and culture</td>
</tr>
<tr>
<td></td>
<td>• Planning and Response Build on pre-emergency coping mechanisms and systems. Avoid weakening systems. Strengthen the application of guidance and tools in programming and advocacy</td>
<td>• Planning and Response Challenge negative attitudes and practices to gender, ethnicity, disability and a tolerance of violence</td>
</tr>
<tr>
<td></td>
<td>• Early Recovery Use the emergency as way of highlighting gaps and issues in protection to accelerate system strengthening</td>
<td>• Early Recovery Use transition as an opportunity to accelerate positive social change</td>
</tr>
</tbody>
</table>

Intermediate Results

Measured by the CCCs

i) Effective leadership ii) MRM grave violations addressed iii) CP mechanisms strengthened iv) child separation prevented and addressed v) violence, exploitation and GBV addressed vi) psychosocial support provided vii) child

Long Term Impact

Result Area 3 of the MTSP - Better protection of children from the immediate and long-term impact
Annex 2. Evaluation Reference Group

We are grateful to all members of the Reference Group as follows:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position, Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zeb-u-Nisa Gandapur</td>
<td>Director, Disaster Risk Management, National Disaster Management Authority</td>
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<td>National Program Manager, Violence Against Children, Society for the Protection of the Rights of the Child (SPARC)</td>
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<td>Chief Child Protection, UNICEF</td>
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<tr>
<td>Pashmina Ali</td>
<td>Chief Planning, Monitoring, Evaluation &amp; Reporting, UNICEF</td>
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<td>Elizabeth Cossor</td>
<td>Child Protection in Emergencies Specialist, UNICEF</td>
</tr>
</tbody>
</table>
Annex 3.  Interviews Conducted

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Karen Allen  Deputy Representative
Smaranda Popa  Chief Child Protection
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Abu Baker Waqar  Child Protection Information Management Officer
Umar Daraz  Child Protection Information Management Officer
Bart Vrolijk  Chief of Education
Pashmina Naz Ali  Chief Planning, Monitoring and Evaluation
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Azra Hussein  Executive Director, Pak Women
Jawad Ullah          Save the Children
Quindeel Shujaat     Executive Director, Child Rights Legal Centre
Mohammad Alam        Project Coordinator PVDP
Muhammad Aamir       Snr. Programme Officer, Social and Human Protection, NRSP
Muhammad Ali         President, Roshni Helpline
Rafiullah Khalil     World Vision International
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ICRC
Alfredo Mallet       Protection Coordinator, ICRC Pakistan
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Oliver Gamel         Protection Delegate

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Muhammad Khan Kaburo  Save the Children
Naeemullah Khan      Save the Children
Mujeeb Machhi        NRSP
Ghulam Haider Birhamani IRC
Usman Memon          Roshni Help Line
Sher Muhammad Solangi Roshan Samaj Welfare Organization
Kewal Ram            Education Department
Mehrab Khan Khaskheli Civil Defence
Atta Ullah           Zakat and Ushr
Afroz Begum          Police Department
Shafqat Hussain Dahri Health Department
Muhammad Bux Kapri   Baanhan Beli
Shoukat Ali Rahimoon District Bar
Asghar Narejo        Cause
Annex 4.  Focus Group Protocol

EVALUATION OF UNICEF PROGRAMMES TO PROTECT CHILDREN IN EMERGENCIES

ORIENTATION FOR PARTNERS ON PREPARING FOCUS/ACTIVITY GROUPS

We are very grateful to your organisation for participating in the Evaluation of UNICEF Programmes to Protect Children in Emergencies. The Evaluation is aimed at ensuring that UNICEF programmes are as relevant and useful as possible to children and adolescents affected by emergencies.

This set of notes is intended as a guide to preparing the visit of the Evaluation Team.

We hope that you will be able to help the evaluation in three ways: a) Organising Focus/Activity Groups with adolescents – to be planned in advance of the visit. You will be informed by UNICEF staff in country how many and which groups to prepare. You will agree on the date/time together with UNICEF staff. b) Organizing a meeting of project staff with the Evaluation Team that will take place at the same time as the Focus/Activity Group and c) Providing key documentation prepared in advance to give to the team.

1. FOCUS/ACTIVITY GROUPS

We will be holding Focus/Activity Groups with the adolescent age group – girls and boys – in view of the fact that this age group is most at risk of key protection issues: gender based violence, trafficking, child labour and recruitment. In addition, we will be meeting with members of child protection committees (or similar) and with some groups of women.

We are calling them Focus/Activity Groups as they will be participatory and engage the participants in activities, as opposed to a more traditional focus group.

SIZE OF FOCUS/ACTIVITY GROUPS

All Focus/Activity Groups will have 10 participants only. In all cases boys and girls will be separated – so there will be 10 boys or 10 girls in each group.

LENGTH OF GROUP

Group activities will last 1.5-2 hours. We will provide drinks/snacks during that time.

VENUE FOR GROUP

Please could you try to select a venue that has space to move around and to divide into two subgroups. But it should also have sufficient privacy that the group can work without being disturbed by other members of the community. In particular, we should try to ensure that groups are not watched by others or that others try to join the group.

TIMING OF THE GROUP

Please ensure that the timing of the group is outside of school hours. We do not want to take children out of school for the group.

SELECTION OF PARTICIPANTS

This is where we most need your help.

We want to ensure that group participants are representative of all project participants. To do that, we request that you randomly select adolescents to participate in groups from the whole beneficiary list.
Please divide the whole beneficiary list by:

- Adolescents **girls** aged 11-14 and 15-17
- Adolescents **boys** aged 11-14 and 15-17

Then randomly select groups of 10 in each category. To do that you could put all the names in a box, shake them up and select 10.

Or if you have a very long list of names (such as 200 in each group) you can divide the total number in each subgroup by 10 (the number you need) and then select names on multiples. For example, with a list of 200 divided by 10, you would select every 20th child.

**REQUESTING PARTICIPATION**

Each participant should be contacted in advance of the session to ask whether they are willing and interested in participating. It may be wise to contact one additional child from each age group so that if some do not turn up on the day, numbers will not be badly affected.

Please explain in simple language that the purpose is to listen to their views on how best to ensure that they are protected from harm in emergencies and that we also want to talk about the programme they are participating in. We aim to use the information to make sure that the way we work with young people in the future is as helpful as possible to all children and young people when they are displaced from home or have had to live through a flood or similar situation.

They should be told that the exercises they will do are aimed to be enjoyable and interesting and that we are very keen to hear what they think. But that nobody should feel **obliged** to participate.

Please share with them the points on the consent form below:

- That they have been randomly selected to participate – so they do not wonder ‘why me?’
- We will not name the individuals that participated in the group and no photos will be taken so they will not be identified. Their comments are confidential.
- The group will last no more than 1.5-2 hours
- There will only be girls or boys present (they will not be mixed)
- If there is anything that concerns them about the group, they can talk to the facilitators at the end of the session and they will be invited to evaluate what they liked/didn’t like and what they found useful so we can learn for the future.

All exercises and work will all be in their own local language.

Their parents should also agree to their participation. We have attached a simple consent form for both child and parent to sign (we would be grateful if you could translate the form into the local language).

Finally, we would be grateful if a member of staff who knows the programme participants could be available in case a child gets upset. We hope this will not happen as we are not asking children about their individual experiences of harm but we would prefer to be prepared.

**2. VISIT TO THE PROJECT**

While the Focus /Activity group is being held, we would also be grateful for time to talk to staff of the project about its aims, how it functions, what works well and what has worked less well. We will need about 1 hour of your time for this.
3. **PROJECT DOCUMENTATION**

We would be very grateful if you could prepare any project documentation in advance of the meeting. That means proposals, reports, monitoring data:

- Numbers of children entering/leaving the project (by age/sex, period of participation and type of activity)
- Any information available on hard-to-reach children in the project (children with disabilities or from minority groups)
- Progress against project indicators

**WE MUCH APPRECIATE ALL YOUR HELP**

**EVALUATION OF UNICEF PROGRAMMES TO PROTECT CHILDREN IN EMERGENCIES**

**AGREEMENT TO PARTICIPATE IN FOCUS/ACTIVITY GROUP**

I agree to participate in the focus/activity group to discuss how best to protect children and young people from harm in emergencies. I understand we will also talk about the programme I am involved in.

I understand that the aim is to help to ensure that programmes in the future are as useful as possible to children and young people in a situation of emergency response or recovery after emergencies.

I also understand that:

- I have been randomly selected to participate (*please explain the idea of ‘random’*)
- The group should be interesting and enjoyable
- I am not obliged to participate
- No photos will be taken
- It will last no more than 1.5-2 hours
- There will only be girls or boys present (they will not be mixed)
- My name will never be used in the report so nobody will know what I said (except for other children in the group)
- If I am not happy about anything I will be able to say so in confidence to one of the staff
- I will be able to say what I thought of the session at the end (evaluation)

Name:

Signed by ………………………………………

Date

Parent’s signature ………………………………………

Date
FOCUS GROUP EXERCISES

The moderator explains that the purpose of the group is to understand more about the programme that they are participating in. The kinds of activities they are involved in and whether the programme is useful to them.

Then explain that we will be doing a number of exercises to find out. We hope participants will find them interesting and enjoyable but if anyone feels uncomfortable at any time they are free to leave the session. Tell them that we will not be writing anyone’s name down and we will never tell anyone what each child said. But we will be writing down many of their comments/ideas – so that their valuable ideas are not lost.

How will the information be used? We will be writing a report that includes their ideas plus the ideas of many other children and young people. The report will be used to help to advise on ways to help other children and young people who have to (live in camps, are affected by complex emergency etc.)

INTRODUCTIONS

The Facilitator and Co-Facilitator introduce themselves and then invite the group participants to introduce themselves. The ideal is to use a fun exercise to this.

EXERCISE 1 – PROGRAMME ACTIVITIES

What Activities you have done at this centre? What is most useful to you? (warm up exercise and practicing ranking)

- What activities have you done in this centre/programme?

**List of the activities** participants they have done on cards – either in written and/or objects or in picture form. If the group uses objects, please make a brief note of what each object represents.

Then get the participants to group smaller activities together to make big areas of activities – about 5 in total.

Put the activities in order of those that are most useful to you – stick them in order on the wall/ or on the ground. The Facilitator and Co-Facilitator ask:

  - Why have you chosen the top activities? What makes them particularly useful?
  - Why is the bottom ranked activity least useful?

Record all comments and responses, including any points about body language during the exercise.

  - We have come up with different activities that are most and least useful. Why do you think that may be?

The Co-Facilitator records responses.

- Did you participate in **planning any of the activities**?

To the whole group, the Facilitator asks whether any of the children were asked about which activities they wanted to do? Or how those activities were planned?

The Co-Facilitator records responses.

- Are there any activities you are **not doing but would like to do**?
- Then thanks them and says we will come back to these. We will leave them on the wall/ground.
**EXERCISE 2: TYPES OF RISKS/DANGERS WE FACE LIVING HERE**

The Facilitator explains that we are going to consider the kinds of risks/dangers to your personal safety that you face living here.

Discuss first what we mean by risks/dangers to your safety i.e. the risk of getting hurt in some way, abused, exploited or separated from your family.

a) **List of risks/dangers on cards** – in pictures or words. Facilitator has large sheet made up as below

b) Then ask the group to **think specifically about any risks/dangers from other people?** The group produces around 5-6.

c) While the group is doing the ranking, the Facilitator and Co Facilitator prompt each sub group by asking **why they have chosen to rank each risk** in that way. And then record everything that is said verbatim.


d) Then ask **whether the programme you are in has done anything about each risk/danger.** If so, what has it done?

At the end, the group comes back together and the Facilitator and Co Facilitator ask of the sub groups 'did anyone answer more than before’ to the questions? If yes, then ask:

- **Who or what made that aspect of your life change for the better?**

Then the Facilitator and Co Facilitator ask:

- **Has the programme been involved in any of these changes? If yes, how?**

And finally ask whether you, the Facilitator, can keep the individual sheets – nobody has recorded their name.
COMMUNICATION AND ADVOCACY FOCAL POINTS

Social change
1. Has C4D worked with Child Protection on social change related to specific negative practices e.g. early marriage? How effective has it been? What were the principal methodologies? How was it measured?
2. Has there been any joint work on violence in general or on gender based violence specifically? Again, how was it measured?

Advocacy strategy – focus on Khyber Pakhtunkhwa/FATA
3. Is there an advocacy strategy for the protection of children and women in emergencies? And especially in relation to the complex emergency?
4. Has UNICEF undertaken a political analysis of the actors and their forms of influence in order to develop an better understanding of advocacy targets?

Communication/Advocacy during the floods
5. How effective was messaging on CP during the floods?
6. Were specific advocacy targets established at that time? How effective were they in protection?

Partners
7. Which partners have been most effective in communication/advocacy on protection? Why? Have there been attempts to work with CBOs?

GOVERNMENT

PAKISTAN BAIT UL MAL http://www.pbm.gov.pk/
1. How does Pakistan’s social protection system function in emergencies? What provisions are made and how do they link to child protection?

Examples taken from UNICEF Integrated Social Protection Systems

Eg. Social transfers: cash transfers (inc. child benefits, poverty-targeted and short term seasonal benefits), food transfers, nutritional supplementation, ARVs, public works
Access to services – birth registration, user fee abolition, health insurance, exemptions, vouchers, subsidies, anti stigma programmes
Social support and care services family support services (eg. care of under 5s), home based care
Legislation and policy reform: eg. employment guarantee schemes, inheritance rights.

2. We know that child labour is likely to increase in emergencies and is already high in Pakistan. Also that trafficking may increase. Was there any attempt to monitor these areas in the floods or
in the complex emergency? And to monitor in relation to the provision of social protection. Likewise early marriage.

3. Has Bait ul Mal partnered with UNICEF on social protection? In relation to the cash transfers in Khyber Pakhtunkhwa? How has that programme compared with the child transfer programme together with the World Bank?

4. What more do you think needs to be done in emergencies?

5. What added value can you identify that UNICEF brings to your partnership?

6. Do you see their priority areas as being on target? If not what is missing?

7. What have been the challenges and opportunities in partnering with UNICEF?

OMBUDS OFFICE

We know that UNICEF has provided training to the Ombuds Office, including five Child Complaints Offices established under Federal and Provincial Ombudsmen.

1. Could you explain your role a little more, please?

2. How does the Ombuds Office contribute to child protection in emergencies? Were reports made during the floods in relation to violence against children or women?

3. Does the Office also exist in Khyber Pakhtunkhwa/FATA? What types of complaints are received?

4. Does the Ombuds Office help to ensure that the police work effectively in camps and that the justice systems function effectively for children and women? How is that done?

5. What added value can you identify that UNICEF brings to your partnership?

6. Do you see their priority areas as being on target? If not what is missing?

7. What have been the challenges and opportunities in partnering with UNICEF?

National Disaster Management Authority.

1. We are aware that the NDMA is engaged in developing a Contingency Plan for Protection in emergencies. How has this process progressed? What are the main challenges from your perspective?

2. Do you have any views on how the cluster system has worked and in particular on UNICEF’s work with the Child Protection sub Cluster and the GBV Sub Cluster?

3. What is your perspective on protection issues in the context of disaster response, including cross sectoral coordination?

4. The Gender and Child Cell seemed to be important in ensuring that the protection of children and women were a focus in emergencies but we understand it is no longer functioning. Do you have any thoughts on its role?

NATIONAL COMMISSION FOR CHILD RIGHTS

Ministry of Human Rights

1. What is the note of the National Commission for Child Rights in the broader context of the Ministry?

2. What does the Ministry consider as the principal protection issues for children in the complex emergency?

3. What are Ministry perspectives on monitoring protection issues for children in the complex emergency? This is in the context of UNICEF’s responsibility to monitor child protection in
armed conflict though the Optional Protocol for the Involvement of Children in Armed Conflict (OPAC) and through the UN General Assembly and Security Council Resolutions.

4. We know that the Ministry had a joint project with UNICEF in 2009 (Children and Armed Conflict). Has there been any further collaboration since that time?

5. Does the Ministry have any views on UNICEF’s work in this area? (in terms of added value, challenges/opportunities in partnership)

POLICE

We know that violence against children and women tend to increase in the context of emergencies, especially in camp contexts. And especially gender based violence. But it is more difficult to make services reach into those contexts.

1. What is the perspective of the Police on how to be most effective in protecting children and women in disasters/complex emergency and ensuring that the rule of law is maintained?

2. We understand that Child-Friendly Desks have been established in some areas to make it easier for children to report violence and abuse. How are they are working? Are there are plans for expansion of CF Desks and could they be expanded into emergency affected populations?

3. Do the Police have any views on UNICEF’s work to prevent violence against children and women?

DEPT SOCIAL WELFARE (PROVINCES/DISTRICTS ONLY)

Two issues.

1. How the Social Welfare system at Provincial/District/local levels aim to identify vulnerable children in emergencies and what protection services are provided.

2. How does the system links to less formal services - especially civil society provision and perspectives of Social Welfare on the work done by NGOs.

3. What is the approach of Social Welfare to social norms, culture, traditions that do not favour child protection e.g. child marriage - that can increase in an emergency.


NATIONAL NGO PARTNERS

National NGO Partners in Islamabad or Provinces

SPARC- Takes up individual advocacy cases, works with the media. Including in Khyber Pakhtunkhwa.

PODA – national NGO. Doing DRR and PLaCES work in Sindh

SSD

Issues for children

1. What do you see as the main protection issues for children/women in the disaster compared to the complex emergency?

2. Which are your programme priorities?

3. What are your perspectives on the relevance, effectiveness and coverage of protection services? What are the main gaps? Any perspectives on UNICEF’s support to partner programmes?
Partnership with UNICEF

4. Please give us an overview of your partnership with UNICEF and the components?
5. What added value can you identify that UNICEF brings to your partnership?
6. Do you see UNICEF’s priority areas as being on target? If not what is missing?
7. What have been the challenges and opportunities in partnering with UNICEF?

Sub Cluster

8. Can you please describe UNICEF’s role and performance in the sub cluster?
9. Advocacy for child protection in emergencies - what are the principal issues that have been addressed jointly by the CPWG or separately by agencies. Achievements and gaps.
10. How active has UNICEF been in sharing technical guidance? Specific examples?
11. How effective have joint assessments, indicators and monitoring systems been?
12. How effective has advocacy been in relation to child protection violations? Either jointly or by UNICEF?

Systems

13. Are there any examples of using the disaster response and complex emergency as a catalyst to protection system development? e.g. in terms of legislation, policies, regulations, capacity etc. Or strengthening linkages between state and non state actors?

Disaster preparedness and phasing

14. Perspectives on disaster preparedness, risk reduction in protection and the contingency planning work.

Social norms

15. Perspectives on work to change negative social norms, cultures, traditions in relation to protection e.g. on child marriage. Has there been any sub Cluster work specifically to prevent violence against children and women by working on social norms?

NATIONAL NGO PARTNERS IN PLACES

Services provided at PLaCES

What PLaCES has provided in terms of services? Which services were most used and by who (women/men/ girls/boys – ages)? Are there registers to be viewed of participation in different service types?

What referrals were made from PLaCES to other services external to PLaCES? How did that work? Was there any follow up?

Inclusion

Were any disabled people (women/girls, boys/men) included?

Any people of ‘excluded’ ethnic groups?

Do you think PLaCES reaches everyone who needs that kind of support?

Protection Issues/Threats for Women and Children
What were the principal protection issues for women in the early days of the floods? What were the main issues later during the recovery phase?

How far did the services respond to the protection threats? What other types of protection or services did women need?

What kinds of measures can be taken to prevent violence against girls and women in disasters?

What are the main issues for children (aged 0-5, aged 6-11 (girls/boys) and 12-18 (girls/boys)? What did women most need to protect their children?

Complaints

Was there any system established for complaints from users if they were not happy? How did systems reach all groups of users?

Longer Term use of PLaCES

Do you think the PLaCES model could apply after the recovery phase? Is the outreach mobile programme useful?

COMMUNITY CHILD PROTECTION COMMITTEES

The composition and functioning of Committees

How many men, women?

Roles played by women (decision makers or mirroring usual gender structures?)

Do the groups actually address CP violations and violations of women’s protection rights?

How do they maintain the confidentiality of cases?

What kind of support/training have they received?

? Utility of model in emergencies? Utility in non emergency?

? Scale up?

GROUPS WITH WOMEN WHO HAVE PARTICIPATED IN PLaCES

Services provided at PLaCES

What PLaCES has provided in terms of services? (use photos as prompts)

Which services the women have used and how often? Which were most and least useful and why?

Has anyone been referred by PLaCES to services provided by the State or another organisation? If so, probe for the type of service and how useful it was.
Do you think PLaCES reaches everyone who needs that kind of support?

Protection Issues/Threats for Women and Children

What were the principal protection issues for women in the early days of the floods? What were the main issues later during the recovery phase?

We have talked about the activities at PLaCES – which activities actually address the protection threats? What other types of protection or services did women need?

What are the main issues for children (aged 0-5, aged 6-11 (girls/boys) and 12-18 (girls/boys) What did women most need to protect their children?

Well Being

How do you feel since being in PLaCES

Longer Term use of PLaCES

If you need this kind of help in the future, where will you go if PLaCES does not exist? Or do PLaCES could continue in the recovery phase? Is the outreach mobile programme useful?

INGOs and MEMBERS OF SUB CLUSTER

INGOs - PLAN, World Vision, Save the Children

Issues for children

What do you see as the main protection issues for children/women in the disaster compared to the complex emergency?

Which are your programme priorities?

What are your perspectives on the relevance, effectiveness and coverage of protection services? What are the main gaps? Any perspectives on UNICEF’s support to partner programmes?

Sub Cluster

Can you please describe UNICEF’s role and performance in the sub cluster?

Advocacy for child protection in emergencies - what are the principal issues that have been addressed jointly by the CPWG or separately by agencies. Achievements and gaps.

How active has UNICEF been in sharing technical guidance? Specific examples?

How effective have joint assessments, indicators and monitoring systems been?

How effective has advocacy been in relation to child protection violations? Either jointly or by UNICEF?

Systems

Are there any examples of using the disaster response and complex emergency as a catalyst to protection system development? e.g. in terms of legislation, policies, regulations, capacity etc. Or strengthening linkages between state and non state actors?
Disaster preparedness and phasing

Perspectives on disaster preparedness, risk reduction in protection and the contingency planning work.

Social norms

Perspectives on work to change negative social norms, cultures, traditions in relation to protection e.g. on child marriage. Has there been any sub Cluster work specifically to prevent violence against children and women by working on social norms?

UN AGENCIES

RESIDENT COORDINATOR

How has the Cluster system worked in your opinion – especially the Protection Cluster and CP sub Cluster?

There were constraints on funding when CP was not included in the early appeals for the floods – why was CP not considered a life-saving sector in emergencies as it is now in the CERF guidelines.

There appears to have been some separation between the clusters and the complex emergency. What was the reason for that? Was there any orientation on that from head offices of the UN Agencies? Was it the most appropriate decision in retrospect?

How should the complex emergency be addressed going forward?

UNHCR Protection Cluster

What were the major protection issues in the disaster?

What has worked well and less well in the Protection Cluster overall?

What have the principal constraints been? (? Funding?).

What is the current position of the Protection Cluster – has its role come to a close? What about the complex emergency?

What is your view on how the CP sub Cluster has functioned and on UNICEF’s role?

How should coordination function in the future?

UNFPA

What were the major incidents reported of GBV during the floods – early stages and recovery?

What are the ongoing issues of GBV in Khyber Pakhtunkhwa?

How has the GBV sub Cluster functioned? How important has UNICEF’s role been?

What were the major successes and aspects that went less well?

How is the GBV MIS working?
Who are the main actors and what do they do? What are the gaps? What should UNICEF be doing?

Have there been any examples of the disaster acting as a catalyst to strengthen permanent system to protect women and girls from GBV?

How well do you think technical guidance has been known and used?

**UN WOMEN**

What was the principal role of UN Women in the floods? What is your role in the complex emergency?

UN Women supported the Gender and Child cell in the NDMA – how did that work?

UN Women has worked to ensure that gender issues were included in the appeals. Was it effective?

How has UN Women worked with GBV and with the sub Cluster?

Where does /should GBV sit in the formal systems?

How has your collaboration with UNICEF worked and what is UNICEF’s added value?

What is your perspective on the PLaCES programme that has worked to ensure women and children access all relevant services from one place?

Have there been any examples of the disaster acting as a catalyst to strengthen permanent system to protect women and girls from GBV?

How well do you think technical guidance has been known and used?

**OCHA**

Why did the cluster system focus on the floods and not on the complex emergency?

How have the information systems worked?
### Annex 6. Projects Implemented by Partners

#### CP PARTNER AGREEMENTS 2009-11 IN EMERGENCIES

<table>
<thead>
<tr>
<th>Counterpart</th>
<th>PCA Ref No</th>
<th>Duration</th>
<th>Amount of funding agreed (in Pak Rupees)</th>
<th>Type of programme</th>
<th>Title of Agreement</th>
<th>Coverge (Responsibl e office)</th>
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<tr>
<td>Global Vision Organisation</td>
<td>/PAK/09/82</td>
<td>08-Jun-09 to 07-Dec-09</td>
<td>1,564,200</td>
<td>Conflict Emergency</td>
<td>Provision of services for displaced &amp; vulnerable children affected by conflict</td>
<td>Islamabad</td>
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<td>Centre of Excellence for Rural Development</td>
<td>09-16/PAK/09/97</td>
<td>15-Jun-09 to 31-Dec-09</td>
<td>9,525,976</td>
<td>Conflict Emergency</td>
<td>Protecting internally displaced girls and boys from the consequences of armed conflict in Dir &amp; Mardan</td>
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<td>Aurat Foundation</td>
<td>09-16/PAK/09/98</td>
<td>01-Jul-09 to 31-Dec-09</td>
<td>24,828,850</td>
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<td>01-Apr-09 to 31-Dec-09</td>
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<td>Child protection services for vulnerable children in district DI Khan &amp; Tank</td>
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**2010**

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**Total**: 132,672,534
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<td>Save the Children</td>
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<td>15-Jan-10 to 31-Mar-11</td>
<td>17,647,530</td>
<td>Conflict Emergency</td>
<td>Jalozai Camp CAP activities</td>
<td>Peshawar</td>
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<td>Code</td>
<td>Start Date</td>
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<td>10-04/PAK/10/24</td>
<td>01-Jan-10</td>
<td>28-Feb-10</td>
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<td>10-04/PAK/10/25-01</td>
<td>01-Feb-10</td>
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<td>52,636,826</td>
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<td>01-Feb-10</td>
<td>31-Mar-11</td>
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<td>10-06/PAK/10/28-01</td>
<td>01-Mar-10</td>
<td>31-Jan-11</td>
<td>48,801,800</td>
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<td>Protecting conflict affected children in 10 Ucs of Swat</td>
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<td>Khpal Kor Foundation</td>
<td>10-06/PAK/10/29</td>
<td>01-Mar-10</td>
<td>31-Dec-10</td>
<td>3,330,000</td>
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<td>10-12/PAK/10/65-01</td>
<td>20-Apr-10</td>
<td>31-Jan-11</td>
<td>34,750,700</td>
<td>Conflict Emergency</td>
<td>Monitoring the status and protecting vulnerable displaced children from the consequences of the conflict through CFS and Kohat and Hanu camps</td>
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<td>10-13/PAK/10/83</td>
<td>01-May-10</td>
<td>31-Jul-10</td>
<td>6,168,337</td>
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<td>30-Nov-10</td>
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<td>Advocacy, awareness and services for protection of children victims of abuse, neglect and exploitation</td>
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<td>10-32/PAK/10/204</td>
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<td>10-Dec-10</td>
<td>6,672,000</td>
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<td>10-32/PAK/10/211</td>
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<td>31-Mar-11</td>
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<td>CAP services in flood affected areas of Jamshoro, Sukkur, Shikarpur and Kahsmore districts</td>
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<td>10-32/PAK/10/213-01</td>
<td>01-Oct-10</td>
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<td>30-Oct-11</td>
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<td>Conflict Emergency</td>
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<td>Duration</td>
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<td>Type of programme</td>
<td>Title of Agreement</td>
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<td>31-Dec-11</td>
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<td>FE11: Protecting child and women through 5 places in Badin</td>
<td>Karachi</td>
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<td>PAK/11/29</td>
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<td>Enhancing the protection of vulnerable children from flood and conflict in 15UCs of</td>
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<td>29-Feb-12</td>
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<td>Peshawar</td>
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<td>29-Feb-12</td>
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<td>PAK/11/31</td>
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<td>Enhancing the protection of vulnerable children from flood and conflict in 10UCs of</td>
<td>Peshawar</td>
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<td>Hayat Foundation</td>
<td>PAK/11/33</td>
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<td>Enhancing the protection of vulnerable children from flood and conflict in</td>
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<td>Amount</td>
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<td>10-Oct-11</td>
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<td>31-Jan-12</td>
<td>5,322,327</td>
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<td>7,715,770</td>
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<td>15-May-12</td>
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<td>15-Feb-12</td>
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<td>31-Oct-11</td>
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<td>09-Dec-11 to 08-Feb-12</td>
<td>5,362,542</td>
<td>Flood Emergency</td>
<td>FE11: providing protective learning and community emergency services to flood affected children and women in Badin, Karachi</td>
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<td>41-2</td>
<td>01-Oct-11 to 30-Dec-12</td>
<td>52,370,584</td>
<td>Flood Emergency</td>
<td>Providing Protective Learning &amp; Community Emergency Services (PLaCES) to flood affected children &amp; women, Karachi</td>
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<td>539,915,626</td>
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Informal systems and structures: Panchayat / Jirgas; Madrassas; Kinship / extended families, tribal leaders