# CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Foreword</td>
</tr>
<tr>
<td>4</td>
<td>Maternal, Newborn and Child Health Care</td>
</tr>
<tr>
<td>22</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>34</td>
<td>Education</td>
</tr>
<tr>
<td>48</td>
<td>Child Protection</td>
</tr>
<tr>
<td>62</td>
<td>Evaluation</td>
</tr>
<tr>
<td>66</td>
<td>Financial Resources</td>
</tr>
<tr>
<td>70</td>
<td>Private Sector Partnerships</td>
</tr>
<tr>
<td>74</td>
<td>Risk Management and Operations</td>
</tr>
<tr>
<td>78</td>
<td>Acronyms, Glossary and References</td>
</tr>
</tbody>
</table>
In 2013, the rights of children to survival, growth and development came to the fore as the Government of Pakistan renewed its efforts to meet internationally agreed goals for children. The momentum gained throughout the year, at both federal and provincial levels, has catalysed action which could forever change the lives of the most vulnerable and disadvantaged. With increasing support from both public and private sector donors, UNICEF and its partners made unprecedented advances in leveraging laws, building capacities, providing technical assistance and supporting access to, and use of, basic social services.

This momentum was most evident in the maternal, newborn and child health care programme. During 2013, the Government reaffirmed its commitment to ‘A Promise Renewed’, and Pakistan became the first country in South Asia to roll out the pneumococcal vaccine. The UNICEF-supported Chief Minister’s Health Initiative for Attainment and Realization of Millennium Development Goals (CHARM) was expanded throughout Punjab as a good practice model for emergency obstetric care in disadvantaged communities.

A multitude of stakeholders, actors and donors came together to address the nutrition challenge in a joint effort which went far beyond the scope of previous years. The Pakistan Integrated Nutrition Strategy was tailored to local conditions in each province through multi-sectoral strategies. Provincial nutrition policies and plans were adopted and finance secured through government and specific donor support, and the implementation was monitored by Provincial Steering Committees comprising interdisciplinary teams. Pakistan joined the Global ‘Scaling-Up Nutrition’ movement connecting federal and provincial authorities, international and national NGO partners, the private sector and UN agencies. Indeed, a global evaluation highlighted Pakistan’s cutting edge community-based nutrition programmes as a good practice model.

In 2013, the Government of Pakistan endorsed the landmark fifth South Asian Conference on Sanitation (SACOSAN) declaration, recognizing the ‘right to sanitation’ and backed it with a commitment to spend PKR 2 billion on water and sanitation in Punjab and Sindh. UNICEF is an important partner in this effort as, through the Sanitation Programme at Scale, it mobilizes communities to eliminate open defecation.

The educational outlook for Pakistan’s children improved significantly as the Government reinforced Article 25A of the Constitution with a pledge to double budget allocations for education over four years. With the Global Partnership for Education supporting Education Sector Plans in Sindh and Balochistan...
these provinces are expected to significantly expand access to and quality of education, particularly for girls. The shift in UNICEF’s education programme towards upstream work on Simulations for Equity in Education, getting out of school children into school, strengthening social cohesion and peacebuilding in education, and responding to the learning needs of internally displaced children, significantly increased our footprint in the sector and in all the provinces.

Child protection action emerged prominently on the national agenda in 2013, with key policy amendments in most provinces and areas to align with international children’s rights standards. UNICEF, with the help of provincial authorities wanting to scale up registration, and members of the private sector offering both financial and technical support, launched innovative projects to improve birth registration, including low-cost mobile phone software.

Early recovery work in response to the 2012 floods continued into 2013. Though the waters have ebbed, many need assistance in recovering from successive years of flooding. In Khyber Pakhtunkhwa and Federally Administered Tribal Areas around one million people remain displaced, with uncertainty as to what 2014 brings, and with renewed population movements in the face of insecurity.

The National Polio Eradication Programme made significant gains in 2013 and enjoyed the highest commitment from the Government of Pakistan at all levels and impressive dedication from hundreds of thousands of polio workers throughout the country. Despite the risks faced, including the killing of polio workers and their police escorts, substantial inroads were made. Coverage during polio campaigns improved, refusals dropped to an all-time low, and religious leaders and parliamentarians joined to voice their support of the national polio programme. There are three main polio reservoir areas left in Pakistan and the main challenge now remains to reach children in security compromised areas.

The year 2013 not only saw the encouraging start of the UNICEF five year Common Country Programme, it was the first year of achieving results for children within a coherent UN programme involving 19 UN agencies. UNICEF was a solid partner in the UN Country Team as well as the UN Humanitarian Country Team. On behalf of the UN System in Pakistan, UNICEF co-led, with the Government of Sindh, the UN programme in that province. The overarching goal within the six Strategic Priority Areas of the common programme was to work effectively and coherently, with a view to generating sustainable results. From access and use of basic social services to food and nutrition security, from sustainable livelihoods to disaster risk reduction, from gender to governance and human rights, the need for action and results was great, requiring all partners to work innovatively and with complementarity within their respective areas of comparative advantage.

In 2014 we mark the 25th year of the Convention on the Rights of the Child which will require UNICEF to once more step up to the challenge. Nonetheless the achievements and results for children in 2013 give us a formidable momentum we can build upon, as investing in children is investing in the future of Pakistan.
Approximately 240m doses of polio vaccine procured by UNICEF on behalf of the Government were received by children during multiple public campaigns.

More than 200,000 children in flood-affected areas vaccinated against measles.

10m children & 7m women reached through Mother and Child Weeks.

2.1m children & 860,000 pregnant women screened for malnutrition.

440,000 children & 182,000 women received nutritional treatment.

350,000 children & women received micronutrient supplements.

7% of HIV positive pregnant women accessed anti-retroviral treatment.

190,000 out-of-school children in emergency-affected areas supported to continue their education.

From 2 to 4% increase in share of education in Pakistan’s national budget by 2018.

1.8m people benefitted from long term access to safe drinking water.

93,000 children & 30,000 women accessed recreation, protective learning and emergency services.

32m people reached through a national media campaign on birth registration.

1.1m people benefitted from long term access to improved sanitation.

870,000 children received birth registration certificates in southern Punjab and Balochistan.

Fifth periodic Country Report to the Commission on the Rights of the Child drafted.

www.unicef.org/pakistan
## MATERNAL, NEWBORN AND CHILD HEALTH CARE

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<th>Expenditure in 2013 (USD)</th>
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<tr>
<td><strong>Total</strong></td>
<td>38,716,010</td>
</tr>
<tr>
<td>Regular Resources</td>
<td>4,071,002</td>
</tr>
<tr>
<td>Other Resources (Regular)</td>
<td>23,098,941</td>
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<tr>
<td>Other Resources (Emergencies)</td>
<td>11,546,067</td>
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A children’s ward at Quetta Civil Hospital, Balochistan.

© UNICEF Pakistan/2013/Asad Zaidi
MATERNAL, NEWBORN AND CHILD HEALTH CARE

Pakistan has made steady progress towards Millennium Development Goals (MDGs) 4 and 5 related to maternal and child health, but is not on track to achieve targets set for 2015. Successive years of flooding in Balochistan, Punjab and Sindh, the on-going complex emergency in Khyber Pakhtunkhwa (KP) and the Federally Administered Tribal Areas (FATA), the volatile security situation in other parts of the country, and the shift in responsibility for delivering healthcare services from federal to provincial level, have all affected the pace of implementation of health programmes in Pakistan.

Pakistan is experiencing the slowest rate of child mortality reduction in Asia. Whilst under-five and infant mortality rates are declining steadily, the neonatal mortality rate is relatively stagnant and is actually increasing according to some measures (see FIGURE 1). Neonatal mortality is high across all provinces and quintiles, although the highest rates are seen in the poorest and most disadvantaged areas.

Despite significant improvement, the maternal mortality ratio (MMR) is still high in Pakistan at 276 per 100,000 live births. Moreover, the national figure masks considerable disparities: maternal mortality in Balochistan is shockingly high at 758 per 100,000 live births, and women in rural areas are twice as likely to die in childbirth. Consumption of iron and folic acid during pregnancy has been shown to reduce maternal mortality by up to a quarter, however only a fifth of women in rural areas receive this cost-effective intervention. Pakistan is also lagging behind in terms of access to Skilled Birth Attendants (SBAs) and quality prenatal and neonatal care.

Pakistan is now one of only three countries in the world where polio is endemic. Unfortunately the consistently low number of wild polio virus


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<tr>
<td>Neonatal mortality</td>
<td>51</td>
<td>39</td>
<td>19</td>
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<tr>
<td>Post neonatal mortality</td>
<td>54</td>
<td>24</td>
<td>18</td>
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<tr>
<td>Infant mortality</td>
<td>91</td>
<td>78</td>
<td>74</td>
</tr>
<tr>
<td>Child mortality</td>
<td>30</td>
<td>18</td>
<td>17</td>
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<tr>
<td>Under-five mortality</td>
<td>117</td>
<td>94</td>
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cases reported in 2013 were undermined by a spike towards the end of the year, bringing the total number to 93. However, the polio reservoir has narrowed from 28 to 23 infected districts over the past year due to mass immunization campaigns carried out by the Polio Eradication Initiative. 70 per cent of cases reported in 2013 were from inaccessible areas of FATA such as North Waziristan, where delivery of the polio vaccine has been banned by the Taliban as a reaction to drone strikes carried out in the region.

The major measles outbreak which began in 2012 and continued into 2013 highlighted severe weaknesses in Pakistan’s Routine Immunization system, which can be attributed at least in part to a lack of political commitment and budgetary allocation to immunization campaigns. Immunizing children from vaccine preventable diseases is the most cost effective way of reducing under-five mortality, yet little over half of Pakistan’s children are fully immunized. In Balochistan and Sindh, immunization rates have actually fallen over the past five years. Punjab and KP have the highest coverage (65.6 and 52.7 per cent respectively), whilst only 16.4 per cent of children in Balochistan are fully immunized.

Human immunodeficiency virus (HIV) prevalence in Pakistan is estimated at 0.1 per cent amongst adolescents and adults between the ages of 15 and 49. According to the latest UNAIDS figures, 42 per cent of women who had ever been married, and 69 per cent of men, said that they had heard of AIDS. The low awareness amongst women is a cause for concern, particularly as the majority of women outside of the key populations acquire HIV from their husbands. Regular testing and treatment is essential for all women. 'Concentrated epidemics' have also been observed amongst male and hijra (transgender) sex workers. In the most recent PDHS, 42 per cent of women who had ever been married, and 69 per cent of men, said that they had heard of AIDS. The low awareness amongst women is a cause for concern, particularly as the majority of women outside of the key populations acquire HIV from their husbands. Regular testing and treatment is essential for all women.

87,000 people are living with the virus including an estimated 1,700 pregnant women in need of anti-retroviral drugs to prevent transmission of the virus during birth. The HIV epidemic in Pakistan has steadily established itself within sub-populations such as people who inject drugs, among whom the prevalence is 37.8 per cent. 'Concentrated epidemics' have also been observed amongst male and hijra (transgender) sex workers. In the most recent PDHS, 42 per cent of women who had ever been married, and 69 per cent of men, said that they had heard of AIDS. The low awareness amongst women is a cause for concern, particularly as the majority of women outside of the key populations acquire HIV from their husbands. Regular testing and treatment is essential for all women.
treatment of those at risk is essential to reduce the risk of transmission to family members.

Nutrition assessments conducted from 2010 onwards revealed alarming rates of malnutrition in Pakistan. Nationwide, more than 15 per cent of children under five suffer from acute malnutrition (wasting), which is above the international emergency threshold. Nearly half of children suffer from chronic under-nutrition which leads to stunted growth. The 2011 National Nutrition Survey identified 3.39 million children with either moderate or severe acute malnutrition, many of whom live in remote rural areas. These figures tell a story of long term undernutrition amongst Pakistan’s children, linked to poverty and food shortages at the household level, inadequate health services, poor sanitation and hygiene, and suboptimal feeding practices. In addition, surveys carried out over the past decade have revealed consistently low rates of exclusive breastfeeding of infants aged under six months and complementary feeding thereafter, and only three per cent of mothers achieve the minimum dietary diversity recommended for infants under 24 months.


15 child in every 10 children dies before reaching the age of five

more than 1/3 of under-five deaths are caused by treatable illnesses and 60 per cent by water and sanitation-related diseases

140 maternal deaths per 100,000 live births

Although Pakistan’s maternal mortality ratio has declined significantly in recent years, immense resources and efforts will be required to achieve the MDG target of

35% malnutrition contributes to of under-five deaths, and more than 40% of children are either moderately or severely stunted

15 NNS 2011.
16 NNS 2011. 38 per cent of infants aged 0-6 months are exclusively breastfed; 69 per cent are predominantly breastfed.
This year a new Government renewed Pakistan’s commitment to high profile global initiatives such as ‘A Promise Renewed’, Polio Eradication and ‘Scaling Up Nutrition’. UNICEF responded by intensifying its support to strengthening systems and building capacity to deliver quality integrated health and nutrition services to the most disadvantaged children and women, including during times of crisis.

**Strengthening health care systems**

UNICEF’s upstream work aimed to build on Pakistan’s commitment to ‘A Promise Renewed’ and the momentum created by the launch of this campaign in 2012, working with newly elected governments at both national and provincial level to set the framework for tackling persistently high infant and neonatal mortality rates particularly amongst the most vulnerable and marginalized women, and strengthening Newborn Care. This was evident in UNICEF’s support to the development of the Every Newborn Action Plan and scale-up of the Helping Babies Breathe initiative. UNICEF worked to build consensus on priority areas for capacity development and budgeting across the Health sector.

This year, post devolution, UNICEF and Health Development Partners worked together in all provinces and areas to finalize strategies for delivering basic healthcare services based on detailed research.

In 2013 UNICEF continued its focus on piloting good practice models for the provision of maternal, newborn and child healthcare. The Chief Minister’s Health Initiative for Attainment and Realisation of Millennium Development Goals (‘CHARM’), through which women access round-the-clock emergency obstetrics and newborn care at Basic Health Units in under-served districts, was scaled up to all districts in Punjab in partnership with the Department of Health and UNFPA. Building on the success of ‘CHARM’, UNICEF supported the Sindh Health Department to develop a functioning model for 24/7 maternal and child health services in two pilot districts. The provincial government has committed to maintaining the 24/7 status of these facilities after completion of the project in June 2014.

Ten million children and seven million women were reached this year through Mother and Child Weeks, where children were dewormed and infants and pregnant women received vital immunizations. UNICEF and partners also used these events to cascade important health, nutrition and hygiene promotion messages to communities with little access to healthcare services and information. Following a positive five-year review provincial governments are beginning to plan for and fund Mother and Child Weeks.

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**HIGHLIGHTS FROM 2013**

- Global New Born Action Plan and Global Action Plan for Pneumonia and Diarrhoea Prevention rolled out as part of Pakistan’s commitment to ‘A Promise Renewed’.
- Government endorsed the 2011 National Nutrition Survey and joined the global ‘Scaling Up Nutrition’ (SUN) movement.
- Health Sector Strategies and Intersectoral Nutrition Strategies developed in all provinces and areas.
- Essential Newborn Care scaled up and strengthened.
- Provincial plans for accelerated progress towards MDG 4 and MDG 5 finalized and are being consolidated into a national plan, with support from WHO, UNICEF and UNFPA.
- CHARM initiative scaled up across Punjab as a good practice model.
- Pneumococcal vaccine (PCV 10) rolled out across Pakistan (first country in South Asia).
- Federal EPI Cell strengthened, and a comprehensive community-level survey conducted to inform the development of a National Communication Strategy for the Routine Immunization programme.
Routine immunization

As part of the Global Alliance for Vaccines and Immunization (GAVI), UNICEF supported Pakistan to become the first country in South Asia to roll out the Pneumococcal Conjugate Vaccine (PCV 10) across the country in 2013. This breakthrough demonstrated the Government’s commitment to tackling pneumonia as one of the major killers of children under five. It also provided the impetus for increased advocacy by UNICEF and other development partners for the Government to do more in terms of strengthening Routine Immunization programmes in Pakistan. UNICEF worked with the Ministry of National Health Services (MNHS), Regulations and Coordination to restructure the Expanded Programme on Immunization (EPI) and, with funds from GAVI, to expand provision of the nine vaccinations which should be available to every child under five in Pakistan. UNICEF and WHO are now working with the Federal EPI Cell in coverage, assigning districts to different risk categories for illnesses such as maternal and neonatal tetanus, and supporting Health Departments and implementing partners to improve planning, service delivery and community awareness. Free Mobile Health Clinics reached almost half a million children with routine immunizations and the Oral Polio Vaccine in 2013. UNICEF also supported the Government to develop better procedures for all aspects of vaccine management and oversight (for example, transportation, stock management, monitoring and reporting).

UNICEF supported the Government of Pakistan’s response to the measles outbreak through the provision of vaccines and funds to meet operational costs in the worst affected districts in Sindh province, and supporting logistics, cold chain management, monitoring and social mobilization in Punjab province.

Since its launch in June 2013, the Pakistan Polio Eradication Initiative website www.endpolio.com.pk has received a significant growth of unique visitors from 75 countries and 380 cities around the world, and more than 13,000 page views. The website is accompanied by a vibrant Facebook and Twitter presence with 4,000 fans and more than 150,000 post views so far.

A government vaccinator, Nazir Ahmed (50), vaccinates a child in Sadar Shah, Jacobabad District, Sindh.
© UNICEF Pakistan/2013/Asad Zaidi
Polio eradication

The Polio Eradication Initiative (PEI) grew from strength to strength this year as the National Emergency Action Plan (NEAP) came into force and the Government exercised ownership by re-establishing the National Communication Technical Committee and setting up similar committees in provinces. UNICEF delivered training and capacity building to the bottom tier of public health administrators, in order to make the EPI system as a whole stronger and more effective. In line with the comprehensive training manual launched this year, UNICEF built capacity at various levels through training on vaccine management, routine immunization, communication and outreach for almost 2,000 government health personnel, as well as capacity building on data management for staff compiling cold chain inventories. PEI partners conducted an assessment to understand the winter migratory patterns of populations from North and South Waziristan. These were not previously incorporated into host district action plans, but are vital for planning service delivery to vulnerable and disadvantaged communities.

Despite huge constraints in terms of security and inaccessibility, the Polio programme achieved a missed children rate of less than two per cent and the refusal rate came down to just 0.14 per cent in November 2013. The extremely low refusal rate compared to other polio endemic countries has been achieved in part through the work of more than 1,400 community mobilizers who help to communicate the importance and safety of the polio vaccination in areas identified as high risk in terms of polio transmission, and collect data at the local level on why children are missed during vaccination campaigns. In addition, mass media campaigns were conducted that reached almost 80 million people on polio awareness. Pakistan conducted four National and five Sub-National Immunization Days, as well as several localized campaigns in 2013. Each National Immunization Day reached an estimated 35 million children with the oral polio vaccine and complementary child health interventions including Vitamin A supplements.

By the end of 2013 refusal rate for the Polio Programme came down to just **0.13%**

### IN FOCUS

Addressing misconceptions about the Oral Polio Vaccine through Religious Publications in Pakistan

Religious publications are the mouthpiece of the religious establishment in Pakistan. The content of popular publications has been shown to wield significant influence over the views and actions of subscribers in priority areas for polio eradication. To address misconceptions spread by these publications and by a minority of religious leaders about the purpose or potential effects of the Oral Polio Vaccine (OPV) – for example that OPV is forbidden in Islam, or that the vaccine could lead to infertility – Polio Eradication Initiative (PEI) partners are using the same publications that have propagated negative perceptions to foster positive perceptions about OPV. The Polio programme also engages editors of religious publications – the majority of whom are leading religious scholars who are respected amongst Pashtun communities in Pakistan and Afghanistan – to build relationships of mutual trust and seek their support in raising awareness on the importance of polio eradication and other child health interventions.
**HIV and AIDS**

UNICEF’s upstream work was instrumental in the use of resources from the Global Fund for AIDS, Tuberculosis and Malaria to create a good practice model for testing spouses of people who inject drugs and linking HIV positive pregnant women with Prevention of Parent to Child Transmission (PPTCT) services. The HIV and AIDS Communication Strategy for Pakistan was developed this year and the process of revising the National Anti-Retroviral Therapy (ART) and PPTCT Guidelines initiated. Pakistan’s HIV Testing and Counseling Strategy, developed in 2012, was also updated in light of new ART Guidelines published by WHO. UNICEF provided technical assistance to the eleven PPTCT centres across four provinces through government-run National and Provincial AIDS Control Programmes, and built the capacity of health workers (including 800 LHWs) in selected districts to identify and refer HIV positive pregnant women and provide quality PPTCT services. As a result, seven per cent of the estimated total population of HIV positive pregnant women in Pakistan accessed antiretroviral treatment in 2013 to reduce the risk of mother to child transmission of HIV.

**Nutrition**

The Government’s long-awaited endorsement of the 2011 National Nutrition Survey (NNS) demonstrated a new commitment to tackling malnutrition as a barrier to socio-economic development in Pakistan, paving the way for increased focus on reducing the prevalence of stunting and improving feeding practices. Strong advocacy efforts on the part of Nutrition Development Partners and UNICEF led the Government to sign up to the ‘Scaling Up Nutrition’ (SUN) movement in 2013. UNICEF provided technical assistance to the development of the SUN Road Map and supported the Government’s high level representation to the Global SUN Summit. Significantly, provincial Planning and Development Departments are now leading Nutrition Development Partners to go beyond curative interventions towards integrated preventive nutrition programmes. This can be seen in the new policy guidance notes and Intersectoral Nutrition Strategies developed in all provinces and areas, which identify complementary feeding for children aged 6-24 months as a priority.

UNICEF worked at different levels to expand and improve the provision of integrated nutrition services to the most vulnerable children and women in 2013. High level advocacy and consultations led to the approval of the Universal Salt Iodization Bill by the Sindh Provincial Assembly, in partnership with the Global Alliance for Improved Nutrition, Micronutrient Initiative, WFP and WHO. UNICEF’s engagement with the Drug Regulatory Authority of Pakistan resulted in a three-year waiver of regulatory barriers to importing and distributing Vitamin A, which allowed for the provision of Vitamin A supplementation to children during immunization.
campaigns all over the country from March to December. UNICEF trained field-level health workers and senior managers from government departments, implementing partners, WFP and WHO on community-based nutrition interventions, and provided technical support to the development of a more user-friendly Nutrition Information System (NIS).

Community-based nutrition programmes supported by UNICEF reached out to awareness of the importance of exclusive breastfeeding up to six months, and complementary feeding up to two years, through mother-to-mother support groups and broader community mobilization.

Together with WFP and WHO, UNICEF commissioned Valid International (a leading institution for research on emergency nutrition programming) to carry out a review of the Community Management of Acute Malnutrition programme. UNICEF also worked with Nutrition Cluster partners and the Government to conduct seven access and coverage surveys in project districts in Sindh and KP provinces and in Jalozai camp. The surveys looked at barriers to coverage and uptake of nutrition services, helping programme designers and managers to develop strategies to improve the quality of services and ensure outreach to the most vulnerable children and women. Key barriers identified by the surveys include difficulties faced by health workers in accessing remote and insecure areas, lack of engagement by community health workers and volunteers in the process of identifying malnourished children and women and referring them to appropriate treatment, and minimal awareness about nutrition programmes at community level.

A health worker, Janata Bibi, instructs a mother on how to feed her son therapeutic food at a UNICEF-supported nutrition centre in Umair Miana, Peshawar District, Khyber Pakhtunkhwa.

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EMERGENCY PREPAREDNESS AND RESPONSE

In 2013 UNICEF provided critical healthcare to children and their families affected by monsoon flooding in Punjab, Sindh and Balochistan in 2012, as well as those who continued to be displaced by insecurity in the northern areas.

With support from UN partners, Departments of Health in all provinces and areas updated their Emergency Preparedness and Response Plans and took the lead on coordination to avoid duplication in response. An evaluation of UNICEF’s Community Management of Acute Malnutrition (CMAM) programmes globally highlighted the programme in Pakistan as a good practice model. UNICEF worked with Nutrition Development Partners to develop the Sindh Nutritional Emergency transition strategy for 2014. UNICEF supported training of trainers sessions on Community-Based Disaster Risk Management to increase the capacity of public and civil society duty bearers to mitigate risks and to plan, prepare and respond effectively to disasters, in accordance with the UNICEF Core Commitments to Children (CCC) in Humanitarian Action.

Continued Response on 2012 floods: Early recovery

In 2013, UNICEF continued interventions to support early recovery framework on 2012 Floods. UNICEF supported the provision of measles vaccinations to more than 200,000 children under five years in areas affected by the 2012 floods, where families continue to be displaced. Children from non-affected areas in the same districts were vaccinated to ensure that the measles virus did not spread beyond the displaced populations. More than 45,000 children under two years benefitted from UNICEF-supported routine immunization programmes, and almost 31,000 children under five received Vitamin A supplements. UNICEF also provided cold chain equipment to health facilities in flood-affected areas.

Lady Health Workers (LHWs) provided life-saving curative treatment to 480,000 children under five with severe diarrhoea, pneumonia and other acute respiratory infections, and engaged more than 260,000 mothers in health education sessions. A further 330,000 mothers were reached through the UNICEF-supported Mother and Child Week. As a result of these interventions, more than 6,000 women gave birth with the assistance of a Skilled Birth Attendant, and over 23,000 women accessed antenatal care for the first time. UNICEF also provided long-lasting insecticide treated bed nets to more than 95,000 vulnerable households to protect against malaria and other vector-borne diseases.

1.3 million children under five and 478,000 pregnant and breastfeeding women in flood-affected areas were screened for malnutrition. Almost 77,000 children diagnosed with Severe Acute Malnutrition were admitted to UNICEF-supported Therapeutic Feeding Programmes, and over 30,000 received micronutrient supplements. 129,000 pregnant and lactating women were identified with Moderate Acute Malnutrition and admitted to the WFP-supported Supplementary Feeding Programme. UNICEF also contributed to improving infant and young child feeding practices at community level through outreach services provided to more than 93,000 caregivers and pregnant women.

Whilst there was no official response to the 2013 floods in Punjab, UNICEF bolstered Government supplies of Oral Rehydration Salts (ORS) and zinc for distribution to families in affected districts. More than 33,000 children under five received therapeutic nutritional treatment at UNICEF-supported health centres in Punjab in 2013.
Crisis in Khyber Pakhtunkhwa and Federally Administered Tribal Areas

UNICEF supported the provision of measles and other routine immunizations to more than 7,500 children from displaced communities in accessible areas of KP and FATA, in particular in Jalozai, Togh Sarai and New Durrani camps. This was significantly below the target set for 2013, primarily due to the lack of Health Cluster resources for displaced populations residing in host communities, the security situation and accessibility issues including challenges relating to securing permission to travel to restricted areas. More than 54,000 children under five received Vitamin A supplements.

In 2013 UNICEF supported Mother and Child Weeks in camps for displaced communities (inside and outside of camps), thereby reaching the most vulnerable children and women who are not served by the LHW programme with basic health services and health education. LHWs also engaged more than 44,000 women of child-bearing age in health education sessions. As a result of UNICEF supported interventions inside and outside of camps, more than 10,000 women accessed antenatal care for the first time. UNICEF also provided long-lasting insecticide treated bed nets to around 9,500 displaced pregnant women and women with infants.

Around 462,000 children under five and 211,000 pregnant and breastfeeding women were screened for malnutrition in crisis-affected areas of KP and FATA. Almost 37,000 children and 24,000 women received nutritional treatment. 300,000 children under five received micronutrient supplements, including amongst the additional influx of displaced persons and returnee populations. UNICEF also contributed to improving infant and young child feeding practices at community level through outreach services provided to more than 130,000 caregivers and pregnant women.

Prolonged insecurity and uncertainty over whether there will be renewed military action against militant groups has led to a sustained high influx of displaced families from FATA into KP. Additional resources will be required in 2014 to provide adequate quality health and nutrition services to those affected. UNICEF is working with provincial Departments of Health to ensure that specific allocations are made for emergency preparedness and response in 2014.
In 2014 UNICEF will:

- Expand the coverage of 24/7 EmONC services.
- Continue to build the capacity of SBAs and LHWs in newborn care, including ‘Helping Babies Breathe’, Kangaroo Mother Care and umbilical cord care under the Every New Born Action Plan.
- Facilitate consultations on the Global Action Plan for Pneumonia and Diarrhoea.
- Develop Government capacity through Monitoring Results for Equity Systems (MoRES).
- Support Government in holding Mother and Child Weeks to deliver integrated services and raise awareness across Pakistan.
- Support provincial governments implementing the Intersectoral Nutrition Strategies, and tackle stunting in Sindh through integrated services and community outreach.
- Provide vital health, nutrition and immunization interventions during crises.
- Enhance immunization coverage and use Polio infrastructure to strengthen routine immunization.
- Enhance the capacity of provincial and district governments to carry out mass communications campaigns for routine immunization.
- Reduce missed children in high-risk polio areas and focus on under-served populations.
- Focus on polio communications in areas linked to FATA and strengthen the transit point strategy.
- Reach under-served communities with polio messages through TV, radio and mobile phones.
- Improve inter-personal counselling skills of polio teams.

UNICEF works with the Ministry of National Health Services, Regulations and Coordination, Prime Minister’s Polio Cell and provincial and area Health Departments to support maternal and child health care and Polio Eradication Initiative. In 2013, UNICEF and its partners supported all provincial and area Health Departments in developing Health sector strategies and budgets. UNICEF also collaborates with UN agencies, such as WHO and UNFPA, to develop policy documents and other interventions, for example, in support of the Accelerated Plan of Action to reach MDGs 4 and 5, and the Global Every New Born Action Plan.

UNICEF’s partnerships with the Bill and Melinda Gates Foundation, GAVI, USAID, CDC, JICA, CIDA, Rotary International and the Global Fund for AIDS, Tuberculosis and Malaria are critical for strengthening Routine Immunization and to fight polio and other diseases. In 2013, these partnerships were expanded through new collaborations with the private sector. For example, UNICEF embarked on the SMS for Behaviour Change initiative with a local mobile service provider, Zong, reaching a wider population with messages on polio and routine immunization.

Under the leadership of the Ministry of Planning, Development and Reforms and provincial Planning and Development Departments, UNICEF advanced the Intersectoral Nutrition Strategy, SUN process, and government-owned nutrition projects, including multi-donor trust fund arrangements coordinated by the World Bank. Regionally, UNICEF hosted the South Asian Association for Regional Cooperation (SAARC) mission and contributed to the development of the SAARC Nutrition Framework presented to ASEAN in May 2013.
FROM THE FIELD

UNICEF supports the Community Action Process to improve and save lives

“Life seemed to have lost its meaning as my newborns would die every time soon after birth. My family had become distant and with everyone, I too became convinced that God is not happy with me.”

Zareena Bibi
Rajanpur District
November 2013

Zareena is a resident of Jampur, a Union Council (UC) of Rajanpur district, Punjab Province. She is now a mother of two-year Muhammad Tayyab, her only surviving son after five stillbirths. Zareena represents a number of women who live in far flung rural areas of Pakistan, with little access to or awareness about health services. Community leaders and traditional birth attendants are their guides to health related problems and daily life issues.

“I found Zareena in a very sad state. She had become psychologically disturbed upon not being able to give birth to live babies or losing them soon after birth.” says Sughra Bibi, the local Community Support Group (CSG) Coordinator. CSGs are small groups formed by UNICEF’s local partners in supported communities. The groups comprise volunteers working on a specific health issues under the umbrella of the Community Action Process (CAP). These members are sensitized, trained and mobilized to carry out activities in their communities. The activities include awareness raising sessions, mobilization, and improving access to health care centres in coordination with local Lady Health Workers and other health care providers.

Maximizing vaccine coverage

The increase in measles cases in Balochistan has incited health service providers to escalate their response. From vaccinators like Ms. Parveen to senior health managers in major hospitals, the providers are mobilizing to maximize vaccine coverage and treat children with measles on a priority basis.

“Measles is quite common here. We are receiving measles cases even after vaccinating the children. If we do not stop it here, measles will spread very fast – and, because of it, [tuberculosis] will also spread among our children to a dangerous extent. We still have time and must wipe out measles before it
Kauser Parveen, a government vaccinator, prepares the measles vaccination for 9-month-old Muntazir at a Hussainabad vaccination centre in Quetta, Balochistan.

© UNICEF Pakistan/2013/Asad Zaidi

Nayab (4) stands outside her home in Quetta, Balochistan, Pakistan.

© UNICEF Pakistan/2013/Asad Zaidi

Nayab, 4, lives on the outer periphery of Hussainabad. The terrain is hilly, and chances are that families like Nayab’s are not reached by mobile vaccination teams. Lack of awareness and social seclusion prevent families from taking their children to a vaccination centre. In the recent outbreak of measles in Balochistan, many of the children brought to medical facilities had not been vaccinated against the disease. The most disadvantaged and marginalized communities – like Nayab’s – must be reached with vaccination services before measles reaches their children.

Trying to save others from what I have suffered

Pakistan has a come a long way in polio eradication from more than 20,000 cases per year in 1994 to 93 cases in 2013. However the last mile is proving to be a huge challenge. Repeated attacks on polio workers have tried to break the resolve of those working for polio eradication, the real heroes of Pakistan, but this resolve is not easily broken.

Dr Bashir Kakar
Head of the Paediatric Department
Civil Hospital Quetta

Reaching the hardest-to-reach children

Thirteen year old Rukhsana is a student of Grade 10 in Quetta, capital of the restive province of Balochistan. She knows all too well what it means to grow up with disability as she has suffered the consequences of not being immunized against polio.

“Polio makes a child disable for their entire life and I have suffered the consequences of not being immunized. If children are not vaccinated they might have to bear the pain of disability throughout their life just like I have. This is why I feel that is vital for me to...”

Dr Bashir Kakar
Head of the Paediatric Department
Civil Hospital Quetta
Rukhsana, who is now reliant on crutches after suffering a bout of polio, is now an advocate for polio vaccination.

**© UNICEF Pakistan/2013/Asad Zaidi**

encourage parents to getting their children vaccinated against the crippling polio virus.”

*Rukhsana*

Student

Quetta

Rukhsana started advocacy for polio eradication just over a year ago and believes there much work to be done. She belongs to a religious family which according to her works to her advantage.

“A large number of women come to my house to meet my mother to get religious advice. I use this opportunity to tell them about the effectiveness of the polio vaccine and the consequences of not vaccinating their children. I give them my example and explain that prevention is the only cure. I have convinced a number of women to immunize their children.”

While Rukhsana’s war against polio continues in Quetta, there are numerous people like her all over the country, people that have dedicated their lives towards ensuring a better future for the children of Pakistan. They sincerely believe that once enough awareness is spread, they will rid Pakistan of the virus for good.

A young girl holds up the ink-stained finger which confirms she has received the polio vaccine during the National Immunization Day in Quetta, Balochistan.

**© UNICEF Pakistan/2013/Asad Zaidi**
IN FOCUS

Transitioning from emergency nutrition services to an integrated primary health care model in Punjab

In 2010-11, the flood emergency led to large scale donor-funded Community Management of Acute Malnutrition (CMAM) programmes implemented by NGOs in Punjab. However, recognizing that high levels of Severe Acute Malnutrition were persistent, the government of Punjab sought to bring the treatment of malnutrition into ongoing primary health care services under the National Programme for Primary Health Care and Family Planning. During the emergency phase, the government led the coordination of CMAM programming from the outset, which ensured integration of Outpatient Therapeutic Programmes (OTP) into health facilities. The Government ensured that government leadership resulted in good coordination and, with support from UNICEF, government laid out a clear integration strategy. NGO partners reported that the handover ran smoothly, noting that the early policy on programming in health facilities made this possible.

During 2012, the Government of Punjab scaled down the number of OTP sites from 225 at the peak of the emergency to 155 current sites during the handover phase lasting six months. Integration does not always involve expansion of OTP, but rather consolidation of services in a feasible manner prior to scale-up. The Punjab government operational plans fully integrate OTP into the primary health care system with functional links to the National Maternal, Newborn and Child Health (MNCH) programme. Within 3 years, the target is to integrate OTP into 931 basic and regional health facilities (30 per cent

Strong government leadership is the cornerstone of successful transition from an emergency focused CMAM program to an integrated primary health care program.

19 Taken from Valid International’s Review of Community Management of Acute Malnutrition (CMAM) in Sindh, Punjab and Balochistan conducted in September 2013.
of all health facilities) in 30 of 36 districts by 2017 (see FIGURE 2).

Stabilization centres (SCs) will be scaled up from the current 25 to 36 (one per district). All SCs are integrated into district level hospitals and supported by UNICEF and WHO. The SC is recognized as an integral component of paediatric critical care management at the district level. The focus in an integrated programme must be on early case finding and coverage at the outpatient level with tertiary level care referral only for the few that need it. Punjab has recognized that prevalence of acute malnutrition is high amongst children and women living in urban slums and the scale-up plan includes the treatment of Severe Acute Malnutrition in nine large cities. LHWs will be trained to manage malnutrition as well as other health concerns through an ‘Extended Health House’. This initiative will be pilot tested prior to scale-up.

Integration into the primary health system has resulted in good quality programming and an evident increase in demand and uptake of other services such as immunization, family planning and Infant and Young Child Feeding counselling. However, there remain challenges in the government-led implementation. Notably, there are insufficient LHWs in the community. This human resource limitation impacts on coverage default rates and hinders implementation of the prevention package. Recording mechanisms are cumbersome and need to be streamlined to reduce workload. Impact indicators need to be determined and incorporated into district and provincial level information systems. Supplies of Ready-to-Use Therapeutic Food and essential drugs are largely contingent upon UNICEF.

Based on the experience of Punjab, a key lesson for governments seeking to integrate the management of malnutrition into ongoing health services is to establish strong leadership and coordination from the outset. A clear policy and strategy for handover and scale-up plan which includes human resource needs, clear job descriptions for core staff and a training plan is essential. The training and deployment of large numbers of LHWs is central to the successful integration and scale-up of community-based nutrition services.
Reduction in newborn and maternal mortality cannot be achieved without the collective resolve and contribution of all stakeholders. The government is fully committed to taking every action needed to make it happen as maternal, newborn and child health play a key role in reducing poverty and promoting social and economic development.

- Saira Afzal Tarar
Minister of State for National Health Services, Regulations and Coordination at the launch ceremony for the Pakistan Demographic and Health Survey 2012-13
Children return home after collecting clean water from a UNICEF-supported hand pump in Faqir Wala, Dera Ghazi Khan District, Punjab. © UNICEF Pakistan/2013/Asad Zaidi

WATER, SANITATION AND HYGIENE

Expenditure in 2013 (USD)

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The Millennium Development Goals (MDGs) set a target of halving the number of people without access to safe water and sanitation globally by 2015. Although the target for access to improved drinking water has been achieved, approximately 768 million people, or around 10 per cent of the world’s population, are still without access to an improved source of drinking water.20 The target for sanitation is one of the most off-track of all the MDGs. Nearly a third of the global population – 2.5 billion people – are currently without improved sanitation.21

Pakistan is off-track to meet the projected MDG target of 67 per cent access to improved sanitation. Access varies widely across the country with rural-urban inequities and wealth-related inequities. Just 48 per cent of the population has access to improved sanitation, and approximately 40 million people defecate in the open. Recent survey data indicates that the proportion of the population using improved sanitation facilities increased from 37 per cent in 2000 to 48 per cent in 2009-10.25

Pakistan has formulated a National Sanitation Policy (2006), National Drinking Water Policy (2009) and National Climate Change Policy (2012), which provide the legal basis for various government initiatives and interventions in the Water, Sanitation and Hygiene (WASH) sector. The Government also committed to implementing the Pakistan Approach to Total Sanitation at the South Asian Conference on Sanitation (SACOSAN IV) in 2011. Despite significant strain on the economy following the 2005 earthquake, the internal displacement of 3 million people in 2009 and the deluge of floods in 2010, 2011 and 2012, Pakistan has not only sustained its commitment but also increased public spending on sanitation and drinking water fivefold (around 300 per cent in real terms) since 2005.

The economic impact of poor sanitation and hygiene results in an annual loss of 3.94 per cent or more of GDP in Pakistan.26 Demographic transitions over the last 30 years have led to a marked increase in urban and peri-urban populations, compounded by ongoing conflicts and humanitarian crises, which have collectively had an enormous impact on planning for sanitation and drinking water services.

One seventh – over a billion people – still defecate in the open.22

In Pakistan 100-150 children die every day as a result of diarrhoeal-related illnesses.23 Many of these deaths can be prevented by adequate sanitation, safe drinking water and improved hygiene. Between 60 and 75 million people are affected by diarrhoeal-related illnesses annually, and 60 per cent of under five deaths are due to water- and sanitation-related diseases.24

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UNICEF’s Water, Sanitation and Hygiene (WASH) programme prioritizes access to safe drinking water, basic sanitation and improved hygiene behaviour, in line with WASH Cluster and Sphere guidelines, where sanitation remains the main challenge. This includes ensuring effective coordination, gender- and culturally-appropriate facilities and, as rapidly as possible, shifting to sustainable and cost-effective gains.

Advocacy and technical support to the WASH sector

This year UNICEF’s upstream work was rewarded by the Government’s endorsement of the landmark South Asian Conference on Sanitation (SACOSAN)-V declaration recognizing the ‘right to sanitation’, as well as the adoption of the Pakistan Approach to Total Sanitation (PATS) as a sector-wide approach (SWAp). The SWAp rallies national and provincial government departments, donors and other stakeholders around a set of principles guiding them towards meeting commitments made in the Accra Agenda for Action. UNICEF’s advocacy on eliminating open defecation has resulted in the allocation of substantial government funds and human resources to WASH-related projects under the umbrella of PATS. The Government increased its commitments for sanitation to PKR 1 billion in Punjab and the same amount in Sindh over the next five years. The National Committee for Implementation of Drinking Water and Sanitation Policies was re-established, together with the four provincial task forces (scaling-up rural sanitation, addressing urban and peri-urban challenges, Disaster Risk Reduction, and research), and WASH Cells were activated in all provinces.

UNICEF’s technical support to the Government includes assisting provinces to develop evidence-based policies to improve on key WASH indicators, for example increasing access to safe water in the most disadvantaged communities and eliminating the practice of open defecation. In 2013 all of the newly elected provincial governments developed WASH Sector policies and associated strategies which focus on promoting water and sanitation as human rights and reducing inequalities in access to adequate water and sanitation, particularly for children and women. UNICEF is also supporting the development of technical manuals on WASH infrastructure, strengthened water quality monitoring systems, and harmonized technical standards for WASH in schools.

This year UNICEF commissioned several research projects to contribute to the evidence base for sustainable WASH interventions in Pakistan. For example, the Sector Mechanism for Sanitation Marketing study provides guidance to WASH sector partners on good practices in low-cost, community-based latrine construction, and particularly on women’s participation. UNICEF also initiated an action research project on menstrual hygiene management (MHM) in schools, which has helped girls in Punjab and KP to access improved and customized WASH services.

The Sanitation Programme at Scale in Pakistan

Through the Sanitation Programme at Scale in Pakistan (SPSP), UNICEF continued to apply PATS in areas affected by successive flooding since 2010. About 1.1 million people gained long-term access to culturally-appropriate, secure sanitation
The Pakistan Approach to Total Sanitation (PATS) is a national strategy promoting improved sanitation and hygiene outcomes in peri-urban and rural areas. PATS builds on the community-led total sanitation model applied in other countries, focusing on ending the practice of open defecation by facilitating behavioural change, as well as sanitation marketing, waste water collection, solid waste disposal and drainage management.

PATS was re-designed in 2013 based on a series of programme reviews, analysis of the context in different programme locations, and assessments of the capacity building needs of local partner organizations. Provincial governments are now assuming responsibility for service delivery through a phased approach.

UNICEF’s School Health and Nutrition Project (SPSN) was re-designed in 2013 based on a series of programme reviews, analysis of the context in different programme locations, and assessments of the capacity building needs of local partner organizations. Provincial governments are now assuming responsibility for service delivery through a phased approach.

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Disaster Risk Reduction and Sustainable Solutions

UNICEF works to find long term solutions for the provision of safe water and improved sanitation to all children and their families, which are both environmentally friendly and disaster resilient. In 2013 UNICEF established PATS model villages in all provinces and initiated pilot projects in KP to mainstream Disaster Risk Reduction (DRR) into WASH (see IN FOCUS).

Sustainable water and sanitation projects in Pakistan are hampered by regular interruptions to the power supply due to loadshedding which limits the efficiency of water supply schemes, and the limited availability of low cost sanitation solutions. This year UNICEF demonstrated how appropriate technology and social solutions can go some way to addressing these issues, by facilitating pilot projects in all four provinces and by sharing lessons learned during the implementation of PATS. UNICEF-supported pilot projects promoted the use of alternative energy sources such as solar water pumps, solar declinators and solar desalination, as well as facilitating the construction of wetlands and disaster-resilient infrastructure. UNICEF also supported the construction of Eco-San facilities in five schools in former earthquake-affected areas of Pakistan Administered Kashmir (PAK), aiming to develop a blueprint for ecological sewage treatment in the school environment.
EMERGENCY PREPAREDNESS AND RESPONSE

Eighty-four percent of UNICEF’s funding for WASH was utilized for emergency work in 2013. Most of this work took place within the Pakistan Approach to Total Sanitation (PATS) programme rather than as separate emergency interventions.

UNICEF-supported projects provided access to safe drinking water, improved sanitation facilities and critical WASH-related information for children and their families recovering from the effects of the 2012 floods in Balochistan, Sindh and Punjab, as well as those displaced by the complex emergency in KP and FATA (in camps for displaced persons, hosting communities and areas of return). Fortunately this year there was no major natural disaster requiring a response by the international community. However, as part of WASH emergency preparedness planning by UNICEF and partners for potential widespread flooding in 2013, contingency supplies were procured and pre-positioned for 400,000 people.

2012 floods: Early recovery

In 2013 UNICEF’s emergency response in areas affected by the 2012 floods transitioned to the early recovery phase under the umbrella of the existing PATS programme. UNICEF provided sustainable access to safe water for 665,000 people in areas affected by flooding during the previous year. More than 25,000 children accessed safe water, sanitation and hygiene facilities through Temporary Learning Centres and PLaCES. In addition, 486,000 children and women received critical WASH-related information to support them to prevent childhood illnesses.

Crisis in Khyber Pakhtunkhwa and Federally Administered Tribal Areas

UNICEF’s work in host communities and areas of return in KP and FATA took place within the framework of PATS, whereas activities in camps were part of standalone emergency projects.

In 2013 UNICEF supported around 270,000 individuals to access safe drinking water through water trucking and pipe networking in Jalozai, Togh Sarai and New Durrani Camps, as well as rehabilitation or water supply schemes and installation of pumps in host communities and in areas of return. Almost 90 per cent of the displaced persons supported by these interventions are living outside of the official camps. More than 95,000 displaced persons in the three camps were provided with sanitation facilities which met or exceeded international standards, through the installation and maintenance of thousands of secure, culturally-appropriate latrines, washrooms, washing pads and solid waste collection points and provision of NFIs.

Reaching out to displaced families living beyond the camps is more challenging due to the volatile security situation and logistical challenges, which limit the provision of basic services as well as social mobilization campaigns. For these reasons coverage of improved sanitation in off-camp settings is estimated at only 29 per cent. About 550,000 people, mostly children and women, were reached with key hygiene messages in camps and host

---

communities, and around 30,000 families received kits containing basic hygiene items including sanitary towels as well as water buckets and jerry cans for safe storage of water. In addition, around 30,000 girls and boys were able to access WASH facilities in Temporary Learning Centres and PLaCES in camps and in host communities, as well as at government primary schools.

In 2014 UNICEF will:

○ Continue to support provincial governments in stimulating both demand and supply of adequate sanitation using the PATS approach.

○ Expand the response to critical WASH needs, including in disadvantaged districts of Balochistan, KP, GB, AJK, FATA, Sindh and Punjab.

○ Continue work towards improving equitable access to WASH, including consideration of populations affected by successive years of flooding and crises, and integrate with poverty reduction programmes.

○ Scale up School Led Total Sanitation, and advocate for the integration of Menstrual Hygiene Management (MHM) in school WASH programmes.

○ Build the links between WASH and Polio, Education, Health, Nutrition and Child Protection, for example by providing technical support to school WASH through the Education Sector Plans.

○ Continue to support crisis-affected populations based on Emergency Preparedness and Response Plans developed with Government and other partners.
UNICEF works with the provincial Public Health and Engineering Departments and Local Government Rural Development Departments. UNICEF also coordinates with the Ministry of Climate Change on advocacy, developing guidelines and participating in national and international forums. In 2013 UNICEF facilitated a Sanitation Sector Partners Workshop for 700 sector professionals and officials to share lessons on PATS implementation and to discuss it as a sector-wide approach. UNICEF supported the Pakistan delegation to the South Asian Conference on Sanitation which endorsed the SACOSAN-V declaration recognizing the ‘right to sanitation’.

UNICEF leads the WASH Cluster and programme convergence within the UN. In 2013, UNICEF worked with Government, WHO and UN-Habitat to launch a flagship One UN Programme on WASH-Polio Eradication in urban informal settlements of Sindh, Punjab and KP. In 2013 UNICEF forged successful partnerships with private sector partners, such as mobile phone companies to widely disseminate hygiene messages, and with UNILEVER to promote PATS.

The Pakistan Approach to Total Sanitation (PATS) stimulates demand for safe water and sanitation in remote communities

On World Water Day 2013, the theme ‘Water Cooperation’ emphasized the need to maximize improved access to safe drinking water and sanitation especially for marginalized and disadvantaged communities. In Pakistan, where water-related diseases cause up to 60 per cent of child mortality, UNICEF is supporting the Government to reduce the gap in achieving water and sanitation-related Millennium Development Goals.

Having realized the positive impact of safe drinking water and sanitation on her children’s health, Asma, 25, treasures the contents of a hygiene kit she received from UNICEF after her...
village was hit by floods nearly six months ago. She is the daughter-in-law in an 18-member household in Faqir Wala Village, Dera Ghazi Khan District. The entire population of around 1,000 people in this village drank polluted water and defecated in the open until not so long ago. Asma says:

“We used to take water from the nearby canal or the hand pump in the village. The water was dirty and got even worse after the floods. My children would often fall sick due to diarrhoea and stomach worms. Everyone in the village suffered. After the floods, we got this new [UNICEF-installed] hand pump which has clean water. We also use medicines [water purification sachets] to make drinking water clean. Thank God, my children are much healthier now.”

**Relief activities raise awareness**

In September 2012 torrential floods inundated Faqir Wala. Food became scarce and people were forced to drink polluted water. This aggravated existing health issues, especially amongst children. As the flood water receded, UNICEF and local partner Muslim Aid started conducting community hygiene sessions in the village. For the first time, the people of Faqir Wala were sensitized on the linkages between hygiene and health. Since raising awareness also raised the demand for services, UNICEF installed a hand pump, constructed toilets, bathing areas and distributed hygiene kits in the village.

“The hand pump in the village prior to the flood was installed at a shallow depth of about 35 feet and water testing was not done to ensure provision of safe drinking water. We had a new hand pump installed which draws water from more than 60 feet deep. This water was tested and approved by the Pakistan Council for Research in Water Resources before we advised people to use it for drinking.”

Tufail Khan
UNICEF Water and Sanitation Officer

**A community motivated to help itself**

As a result of UNICEF’s post flood relief and rehabilitation activities in Faqir Wala, the community is all charged up to learn and adapt to a healthy way of life. A WASH committee has been formed which comprises

Najma (12) and her brother collect clean water from a UNICEF-supported hand pump in Faqir Wala, Dera Ghazi Khan District, Punjab.

© UNICEF Pakistan/2013/Asad Zaidi
volunteers who try to ensure that people in the village adhere to health and hygiene practices. Members of the WASH committee motivate fellow villagers to maintain cleanliness in and around the village, drink water from the UNICEF-installed hand pump, defecate only in latrines and wash hands with soap after defecation and before meals. Amir Hussain is a voluntary member of the committee who not only follows hygiene practices himself but also propagates them to others.

“*We want every house in the village to have a latrine and at least one more source of drinking water,*” says Amir Hussain.

“*We do not have the resources as our land holdings are small and most men in the village work as labourers on daily wages. With UNICEF’s support, we are willing to make our own latrines and install the hand pump ourselves as we realize the benefits of drinking clean water and the convenience of using a latrine.*”
IN FOCUS

Disaster Risk Reduction and WASH

Water, Sanitation and Hygiene (WASH) facilities are critical to communities and save lives in both routine and emergency situations. Natural hazards can compromise WASH infrastructure and service delivery, and this interruption to WASH services can increase the number of affected people beyond the area of direct impact. Disaster Risk Reduction (DRR) interventions are thus required to protect WASH investments and ideally should be integrated into ongoing development programmes rather than treated as a separate intervention. It is essential that WASH investments are designed so that they do not introduce new vulnerabilities or reinforce existing ones.

UNICEF aims to achieve the following by integrating DRR into existing WASH programmes:

- To reduce the potential impacts of disasters of WASH services.
- To prepare for the rapid recovery of WASH service delivery following a disaster.
- To ensure that the design of new WASH systems addresses existing vulnerabilities.

UNICEF’s work on DRR and WASH sits within the framework of the second cycle of the UN in Pakistan’s One Programme, which aims to achieve the following by the end of 2017:

- Build government capacity to institutionalize adaptive measures to address climate change and climate change variability in the WASH sector.
- Strengthen vulnerable physical and social WASH assets in response to the impact of climate change in Pakistan.
- Strengthen awareness and ownership of adaptation and climate/disaster risk reduction in highly vulnerable communities.

Mainstreaming Disaster Risk Reduction in WASH: The pilot PATS Plus project in Khyber Pakhtunkhwa

Pakistan is prone to natural disasters. Flooding, in particular, affects millions of people each year. Patterns from recent years suggest that the intensity of flooding is increasing and may continue in the coming years as a result of the increased strength of monsoon rains. WASH interventions will form a major part of future humanitarian responses to these situations, with the aim of providing immediate access to safe drinking water, basic sanitation and improved hygiene awareness among affected populations. However due to the increased frequency of these disasters it has become critical to respond in a more sustainable manner, including interventions transitioning from saving lives to early recovery and eventually development in affected communities. In view of this UNICEF Pakistan is supporting a pilot project in Khyber Pakhtunkhwa (KP) to demonstrate how Disaster Risk Reduction (DRR) can be integrated effectively into WASH interventions in areas prone to flooding.

The area in KP selected for the pilot WASH-DRR mainstreaming project is predominantly urban but also contains peri-urban settlements. It lies at the junction where three small rivers, the Sardaryab, Khialay and Shalam, meet the Kabul River. The area is flooded almost every year in the monsoon season due to the rise of the water level in these rivers, causing damage to houses and crops and inundating water and sanitation facilities. Communities rely on their own coping mechanisms and survival strategies but have not yet developed disaster preparedness to any significant degree. The lack of human capital, in terms of technical and managerial skills at the local government and community levels, constitutes a key
constraint to effective disaster risk management.

The pilot project, PATS Plus, is implemented by UNICEF’s local partner Social Efforts for Education and Development (SEED) and supports the integration of UNICEF’s child-centred DRR mainstreaming activities into projects based on the Pakistan Approach to Total Sanitation (PATS), which in turn fosters the mainstreaming of DRR into PATS. The project thus capacitates residents of a disaster-prone area to minimize their vulnerabilities to future disasters, at the same time as achieving an open defecation free environment.

FIGURE 3 shows the various components of PATS Plus. The project design is based on solid evidence from the local level, including a participatory disaster risk assessment and mapping of vulnerabilities of existing water and sanitation systems, including those in schools and health facilities, and a cost benefit analysis of DRR interventions (carried out by a third party). UNICEF’s role is to implement (through SEED) the Pakistan Approach to Total Sanitation (PATS) programme with integrated risk-informed programming, resulting in strengthened WASH assets in those communities that are most at risk from the effects of climate change (components 1-6 are core elements of the PATS approach).

PATS Plus aims to provide improved WASH facilities to targeted villages in some of the most disaster-prone areas of Khyber Pakhtunkhwa and to sensitize communities to good health and hygiene practices. UNICEF is supporting the construction of low cost demo latrines in these villages and capacitating community members to build similar structures in their own homes to overcome the widespread practice of open defecation (50 per cent of the population in the villages supported by the project inCharsadda defecate in the open). UNICEF is also supporting the installation of hand pumps in villages and schools to ensure consistent access to safe drinking water. Male and female WASH Committees are formed in each village to identify individuals to undergo broader training in setting up Village Disaster Management Committees and Early Response Teams. WASH and DRR clubs are formed in schools so that participating school children can pass on messages about health and hygiene to other children and family members. The project aims to reach more than 1,200 households (with around 7,800 inhabitants) with a complete package of WASH services including improved water and sanitation facilities, health and hygiene education and training in disaster risk management. Through UNICEF support, government officials, school teachers and students are also undergoing capacity building in effective disaster preparedness and response.

PATS Plus aims to achieve the following specific objectives:

- To improve local WASH facilities through disaster-resilient infrastructure, capacity building and promotion of improved health and hygiene practices.
- To scale up the provision of improved sanitation facilities through the Pakistan Approach to Total Sanitation (PATS).
- To build the capacity of government line departments to mainstream DRR into WASH interventions.
- To raise community awareness about Disaster Risk Management and introduce mechanisms to increase resilience amongst communities to future disasters.
- To incorporate DRR measures into WASH infrastructure and to construct model facilities in institutions and at the communal level.
- To document and advocate for scale-up of tried and tested models.

FIGURE 3: WASH Programme - Mainstreaming DRR into PATS

Integrated risk informed programming to strengthen vulnerable physical and social WASH assets in response to climate change impact and climate induced hazards
There is probably no greater basic human need and fundamental right than access to safe drinking water and adequate sanitation.

- Rana Muhammad Farooq Saeed Khan
  Former Minister for Climate Change, Sanitation and Water for All (SWA)
  Pakistan Sector Status Report 2012
EDUCATION

Expenditure in 2013 (USD)

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Noor Mut (6) attends a lesson at a UNICEF-supported school in Jalozai Camp, Khyber Pakhtunkhwa.

© UNICEF Pakistan 2013/Asad Zaidi
UNICEF’s work on education takes place within the framework of Millennium Development Goal (MDG) 2 on Universal Primary Education and MDG 3 on Gender Equality and Women’s Empowerment. Within the post-2015 development agenda, governments and Education for All partners are broadening their focus on quality education to encompass equity in terms of access to education as well as learning outcomes.

Pakistan is one of nine countries globally lagging behind in terms of access to education. An estimated 7 million children of primary age and 25 million of secondary age (lower and upper) are out-of-school in Pakistan.29 Gender, wealth and household location strongly influence the out-of-school profile. According to UNESCO, 49 per cent of children aged 7-16 from the poorest households were out of school in 2007, compared with 5 per cent from the wealthiest households. Poor girls living in rural areas are sixteen times less likely to be in school than boys from the wealthiest households. Poor girls living in rural areas are sixteen times less likely to be in school than boys from the wealthiest households living in urban areas. Moreover, whilst the average years of schooling for girls from high income urban areas is 9.4, the comparative figure for girls from low income rural areas is just 1.01 years.30

Net enrolment ratios and survival rates at Grade 5 have improved incrementally, however the country is behind target particularly in terms of gender parity.31 Net primary enrolment is 73 per cent for boys compared to 63 per cent for girls,32 and the survival rate to Grade 5 is 71 per cent for boys compared to 68 per cent for girls.33 Dropout rates for girls are as high as 50 per cent in Balochistan and KP and 77 per cent in FATA.34 According to EMIS data from 2010-11, only 11 per cent of girls in FATA survive to Grade 5. Overall, there is a need to move beyond these basic statistics towards systems that can trace learners on their journey through primary and secondary education, and more robust disaggregated data to inform necessary improvements to the quality of learning and learning outcomes in schools in Pakistan – for example, comparing learning outcomes for boys and girls, between provinces and across the divides between urban and rural, rich and poor, private and public schools, and so on.

Emerging data on educational attainment reveals huge challenges. Fifty-two per cent and 41 per cent of students in Grade 2 read below their grade level in Urdu and English respectively, and only 57 per cent of students of Grade 5 have a basic understanding of Maths.35 Considerable disparities in terms of gender, wealth,
Poor girls living in rural areas are sixteen times less likely to be in school than boys from the wealthiest households living in urban areas.

location, religion and ethnicity hinder the educational performance of many children. For example, whilst 60 per cent of those aged 10 years and above in Punjab are literate, comparative figures for men and women are 68 per cent and 51 per cent respectively. The gap is even wider between urban (75 per cent) and rural (53 per cent) areas. The quality of education provided in Pakistan’s schools is generally poor, hampered by considerable deficits in basic infrastructure and teaching materials, as well as fundamental weaknesses in the systems for teacher training, development and management.

The inclusion of Article 25A in the 18th Constitutional Amendment was a historical step by the Government of Pakistan, which made free and compulsory education a basic right for every child aged 5-16 years. The 18th Amendment also devolved responsibility for education policy and service provision to the provincial level.

FIGURE 4: Literacy rates for rural girls compared to the national average

<table>
<thead>
<tr>
<th>Overall literacy rate</th>
<th>Rural female literacy rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>58%</td>
<td>33%</td>
</tr>
</tbody>
</table>

FIGURE 5: Literacy rates by province

<table>
<thead>
<tr>
<th>Province</th>
<th>Literacy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balochistan</td>
<td>46%</td>
</tr>
<tr>
<td>KP</td>
<td>52%</td>
</tr>
<tr>
<td>Sindh</td>
<td>60%</td>
</tr>
<tr>
<td>Punjab</td>
<td>60%</td>
</tr>
</tbody>
</table>

36 Multiple Indicator Cluster Survey (MICS) Punjab, 2011.
37 SitAn 2012.
Strengthening education systems

A key achievement this year was the Government’s commitment to increasing the national budget allocation for Education from 2 to 4 as a per cent of GDP by 2018, in order to accelerate progress towards the MDGs for Education. These increased funds will provide opportunities for improved access, better quality and addressing the equity issue. UNICEF is engaging in upstream work to support this commitment. Together with UNESCO, UNICEF supported all provinces and areas to develop Action Plans for accelerating access to primary education for the most vulnerable children, which led to the National Plan of Action to Accelerate Education-related MDGs (2013-2016). UNICEF continues to provide technical support to provincial governments to enforce and enact Article 25A, for example working with UNESCO to develop implementation frameworks for Article 25A in all provinces. In collaboration with other UN agencies, UNICEF is also providing support to the federal and provincial governments to review, monitor and track progress towards the six Education for All (EFA) goals.

Following devolution UNICEF has been working to strengthen the capacity of provinces to develop better systems for education planning, implementation, monitoring and reporting. UNICEF has played a leading role in convening education development partners at the provincial level. This year UNICEF supported the development of equity-focused Education Sector Plans (ESPs) in Balochistan and Sindh, including...
costing and implementation plans. The ESPs provided a basis for identifying priority areas for Global Partnership for Education (GPE) financing, leveraging USD 100 million for education programming in the two provinces over a three year period. The ESPs establish a strategic direction for improving access to and quality of education in Sindh and Balochistan, and promote the integration of cross-cutting issues such as Gender, Social Cohesion and Resilience and Disaster Risk Reduction into education programmes.

In terms of practical support, in 2013 UNICEF supported the Government to upgrade the capacity of eight Teacher Education Institutes and trained 800 officials across Pakistan on educational leadership and implementing child-friendly approaches. UNICEF also trained officials from DMAs, the Education department and NGO partners on effective implementation of the Provincial School Safety Plan of Action, to improve DRR capacity at provincial level.

UNICEF has supported the Government to obtain more robust data for use in education planning and programming. The Out-of-School Children (OOSC) study – a collaborative effort between the Government, UNICEF and UNESCO – was launched in June 2013. The study has become a reference document for advocacy and formed the basis for the Provincial and National Action Plans for accelerating education-related MDGs. This year UNICEF also completed a study on teacher absenteeism in FATA.

The countrywide ‘Every Child in School’ campaign reached out to the most remote districts in all provinces and areas to encourage school communities (teachers, students, parents, and local stakeholders including religious leaders) to actively work towards enrolment and retention of out-of-school children, particularly girls, and to increase the demand for quality education systems. The 13-part ‘Every Child in School’ radio series was designed to influence popular perceptions about the public sector education system, identifying key challenges and possible solutions. Local experts shared their views on education, including the barriers faced by girls and boys living in poor and disadvantaged areas. Facebook and Twitter were used to generate critical debate amongst Pakistan’s youth on the current state of education. Key campaign

‘Every Child in School’ campaign

In addition to government capacity building, UNICEF supports C4D initiatives to raise awareness amongst parents and wider communities and foster acceptance on the importance of education for both girls and boys. UNICEF supported the Department of Education and key partners at provincial and district level to jointly develop and implement context-specific enrolment strategies to help reach the most marginalized areas in Pakistan.

38 USD 64 million for Sindh and USD 34 million for Balochistan.
Inclusive education

In 2013 UNICEF provided technical assistance to the development of an Alternative Learning Programmes Strategy to address equity and access issues in Balochistan, and a Joint Review Committee for Formal and Non-formal Education in Punjab. The ‘Inclusive Education Initiative’ implemented collaboratively with UNHCR in government schools produced evidence that creating appropriate learning conditions can result in increased student enrolment and retention even for displaced populations. For example, support to inclusive education initiatives in refugee and hosting areas more than doubled enrolment rates amongst the Afghan refugee population in target schools. Alternative Learning Programmes provide learning opportunities for out-of-school children, aiming to mainstream them in the formal education system, with the ultimate goal of ensuring that all children have access to quality education regardless of their circumstances. In 2013 the initiative enabled 28,500 out-of-school children (OOSC) to continue with primary education through ALPs and community schools in remote and underserved areas of Punjab, KP and Balochistan. It demonstrated viable models for providing alternative basic education to Pakistan’s out-of-school children and ultimately mainstreaming these children into the formal education system.

Accelerated Learning Programmes (ALPs) featured as a key strategy in the National Plan of Action for accelerating education-related MDGs, in order to address the issue of OOSC, especially girls. This year UNICEF-supported ALPs in KP and FATA provided opportunities to around 1,000 children (predominantly girls) to participate in interactive learning and successfully complete the condensed curriculum. Ninety-five per cent of these children were subsequently enrolled in the formal education system.

“I am here to speak up for the right of education of every child. Let us pick up our books and pens. They are our most powerful weapons. One child, one teacher, one pen and one book can change the world. Education is the only solution.”

- Malala Yousafzai

addressing the Youth Assembly at the UN Headquarters in New York on Malala Day, 12 July 2013

Social cohesion and resilience

UNICEF’s work on Social Cohesion and Resilience (SCR) is helping to demonstrate the role of Education programmes in furthering cohesion through inclusive education, active learning and youth participation approaches. The Social Cohesion and Resilience Analysis (SCRA) conducted in 2013 provides a framework for UNICEF support to SCR programming in Pakistan as well as to Education sector planning, making UNICEF’s Education programmes more relevant to the broader goal of peace-building. UNICEF has reached around 56,000 children so far across the country, including in urban slums in Karachi and in madrassas, using sports and recreational activities to promote social cohesion. A pilot initiative used supplementary reading materials related to social cohesion and resilience to enhance the understanding of children from varied backgrounds living in disadvantaged and conflict-affected areas about diversity and tolerance. This resulted in the development of storybooks for use in schools nationwide. Similarly, UNICEF is using calligraphy as an entry point in six madrassas in conflict-affected areas of Swat to test how the regular curriculum can be mainstreamed in madrassas across Pakistan. This endeavour will foster interaction between children in madrassas and those in regular schools, encouraging them to work together to understand different perspectives and develop an appreciation for diversity and tolerance.

190,000
out-of-school children in emergency-affected areas supported to continue their education

2 to 4%
increase in share of education in Pakistan’s national budget by 2018
Parent Teacher Councils and community leaders were trained to mobilize parents and community members to ensure that children are enrolled as part of ‘Every Child in School’ campaign.

Teachers and members of Parent Teacher Councils supported the enrolment of children aged 3-12 years in camps for displaced persons.

More than 17,000 children aged 3-12 years were supported to enrol in schools in camps for displaced persons.

### 2012 floods: Early recovery

During the early recovery phase of the Monsoon Humanitarian Operational Plan (MHOP) 2012-13 UNICEF expanded the number of temporary learning centres in Balochistan, Punjab and Sindh to more than 740, and supported almost 68,000 children aged 5-13 years, a third of whom were girls, to access quality education. UNICEF built the capacity of over a thousand teachers (a quarter of them women) to teach under difficult circumstances, and supported the training of school communities (including Parent Teacher Councils, School Management Committees and community members) in emergency preparedness and resilience. Community mobilization was also used to integrate the ‘Every Child in School’ campaign into the early recovery programme.

### Complex emergency in Khyber Pakhtunkhwa and Federally Administered Tribal Areas

UNICEF’s ability to reach children displaced by insecurity in KP and FATA with high quality education interventions has been constrained by funding shortages as well as security and access issues. Nevertheless, UNICEF supported more than 17,000 children aged 3-12 years, half of whom were girls, to enrol in schools in camps for displaced persons and in host communities this year. A total of 320 teachers (a third of whom were women) and 400 members of Parent Teacher Councils and community members (Taleemi Islahee Jirgas) were trained to mobilize parents and community leaders to ensure that children are enrolled as part of ‘Every Child in School’ campaign.

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Mainstreaming social cohesion and resilience into children’s learning in Pakistan: From curricula to educational materials

Government policy documents have highlighted the need to remove discriminatory content as well as improving the overall quality of school textbooks in Pakistan. The curriculum for public school teaching has been under review for the past decade, and devolution has created the opportunity for a wider group of stakeholders to be involved in this process. In 2013 UNICEF conducted a Social Cohesion and Resilience Analysis (SCRA), which cited discriminatory content as a key conflict driver and priority area for intervention. Based on the findings of the SCRA, UNICEF supported a three-part series of capacity building workshops at provincial level to support the harmonization of textbook content with the updated curriculum, and to encourage broader reflection on SCR issues amongst textbook writers, reviewers and subject specialists. In addition to building the capacity of these stakeholders to develop conflict-sensitive educational materials to promote SCR, the workshops resulted in the formation of a working group to support the textbook development and review process nationwide. This initiative is an example of the successful incorporation of SCRA findings into education and SCR programming in Pakistan. It demonstrates how SCRA can help to make UNICEF’s programme strategies more relevant to the broader goal of peace-building in highly diverse and/or conflict-affected contexts, and at the same time contribute to core outcomes such as improving the quality of learning in schools.
community members to ensure that children are enrolled. As part of the ‘Every Child in School’ campaign, UNICEF also supported 30 community mobilization events in Kohat, Hangu and Kurram Agency to raise awareness amongst displaced families about educational services available in host communities.

In 2014 UNICEF will:

- Support provincial governments through evidence generation on disparities and in developing data and monitoring systems, to meet its commitments on free and compulsory education, especially for girls and children from marginalized groups.
- Use Child Friendly School/Education approach to leverage for improved overall quality thereby improving students’ learning.
- Strengthen the capacities of Education Departments to expand provision of basic education for marginalized children through Alternative Learning Strategies thereby decreasing the number of out of school children.
- Support the mainstreaming of Early Childhood Education.
- Strengthen the capacity of relevant stakeholders at provincial levels to make education systems responsive in mitigating conflicts and building resilience of systems, processes and individuals to prevent or cope with disasters.
- Strengthen partnerships through Sector Wide Approaches for improved coordination and alignment at provincial and area level.

Tahira (9) attends to her classwork at school in Hussain Muhammad Kanad Village, Thatta District, Sindh.

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PARTNER-SHIPS

The Federal Ministry of Education and Training and provincial Education Departments are key partners in progress towards education-related MDGs. UNICEF also serves as the coordinating agency for the Global Partnership for Education in Balochistan and Sindh, and works with the National and Provincial Disaster Management Authorities on emergency education and to integrate Disaster Risk Reduction into the education framework. With UNESCO, UNICEF co-convenes the Strategic Priority Area for Education and Social Services within Pakistan’s One UN Programme.

UNICEF hosts the Secretariat for the United Nations Girl’s Education Initiative (UNGEI) and the Pakistan Girls’ Education Initiative was established in 2011 to provide an advocacy platform. At the provincial level, UNICEF formed parliamentary caucuses to increase awareness of gender equality and the need to increase financial commitments to girls’ education. Eight high-level parliamentary forums were held in collaboration with UNESCO to engage policymakers and develop concrete policies to strengthen the equity agenda in education planning and management.

FROM THE FIELD

In rural Pakistan, girls fight the odds to get an education

Tahira Rasool, 11, sits quietly in the corner of this two room makeshift school in Lasbela District, Balochistan, taking notes and listening attentively to her teacher. She’s the eldest of the 61 students enrolled in this primary school, which was formerly used as a community gathering space. The elders of Siddiq Jamote Gote village converted it into a school for the benefit of the female children of the village. Before the school existed, the young girls had no opportunity for education. The nearest school was several kilometres away and commuting the long distance was not an option.

Tahira suddenly radiates brilliance when she talks about the role that education plays in her life.

“I believe it is critical for the prosperity of the country,” says Tahira.

“In our new school, we have latrines, electricity and supportive teachers. We don’t have to worry about crossing major roadways or stray animals.”

She is so enthusiastic about the benefits of education that she managed to persuade two other girls from the village to attend the school with her.

Education as a force for girls’ empowerment, positive community change

What Tahira may not realize is the equalizing effect which the establishment of her school has on the community she lives in. A few years ago, girls from the village could not even contemplate attending school.

Rizwan (12) attends school in Hussain Muhammad Kanad Village, Thatta District, Sindh.

© UNICEF Pakistan/2013/Asad Zaidi
Tahira Rasool (11) completes an assignment at Siddiq Jamote Gote Girls’ Primary School in Lasbela District, Balochistan.

they have the same opportunities as boys in their village. Even more importantly, she may not be able to appreciate the role which the village elders play. Four parents and the school teacher sit on the Parent Teacher School Management Committee (PTSMC), which helps the government in the efficient functioning of the school. With the participation of the PTSMC in school affairs, the community’s voice is always heard and their support is always ensured.

In Siddiq Jamote Gote, the PTSMC went a step further and is now acquiring more land to help expand the school. The project has provided them with a school development grant; they even helped raise more funds so that the building could be completed without relying heavily on external financial assistance. Tahira’s father, Ghulam Rasool, is an active member of the PTSMC and dispels the myth that men from this area do not believe in girls’ education.

“Women’s education is more important than men’s because the former is the mentor for future generations,” says Mr Ghulam Rasool.

“I am the tube well operator for the village, but I hope my children become professionals and serve their country.”

Bringing social cohesion and resilience to classrooms

Neelum, 12, with her school fellows, listens carefully to the story of ‘Kassim and Adam’ narrated by her teacher. She patiently waits for her turn to participate in the post-session discussion and share her thoughts about how she is trying to make sense of a world that she no longer relates to because of the trauma she had recently faced, just like the characters in the story.

Neelum is a student of Grade 6 in Mashal School, Bari Imam, in a rural suburb of Islamabad, capital of Pakistan, where UNICEF has introduced learning material to promote social cohesion and resilience. She has recently moved from Quetta, a city in the province of Balochistan, with her family because of the ongoing violence in the region.

Tahira Rasool (11) completes an assignment at Siddiq Jamote Gote Girls’ Primary School in Lasbela District, Balochistan.

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Introducing reading material

‘Kassim and Adam’ is one of the four stories developed by UNICEF with the support of the Government of the Netherlands as part of a four year cross-sectoral programme focusing on how education plays a key role in social cohesion and resilience. UNICEF, in partnership with Mashal School, is pre-testing these stories before they are introduced at provincial level as supplementary learning material to the curricula.

“The stories are only one part of the materials. The activities suggested in the adult’s guide will help the children to reflect on their behavior in real life and learn to deal with multiple perspectives. It will enable all children to grow in self-respect, gain social and problem-solving skills and develop a sense of having some control over their lives.”

Bibi Nabat Ali
Education and Social Cohesion Specialist

These stories lay a strong emphasis on values for peaceful co-existence, unity in diversity, and development of positive attitudes towards fellow human beings through respect and tolerance. The stories themselves, as well as the accompanying adult guide that can be used by teachers and parents, encourages cooperative learning where children in schools are encouraged to work together in groups and pairs to solve problems and carry out activities to foster learning and sharing.

“It is crucial that children take back into the community what they learn here and we remember the communal values they bring into the classroom.”

Sabina
Teacher and pre-testing facilitator at Mashal School

*Names have been changed to protect identities

Neelum (12) attends her class in UNICEF supported Mashal School in Bari Imam in Islamabad.

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IN FOCUS

Strengthening Child Friendly Schools and communities: Life skills development through sports and play

Article 31 of the Convention on the Rights of the Child asserts that all children have a right to play and to participate in recreational and cultural activities. Research shows that recreation has an important role in child development, health and education, and is essential for building life skills as well as fostering social cohesion amongst children and communities, especially in the most disadvantaged areas.

UNICEF began supporting a life skills development programme implemented by Right To Play (RTP) in Child Friendly Schools and communities in Sindh Province in 2010. The programme aims to increase the knowledge and awareness of teachers, parents, children and youth about the value of play as a component of education, and simultaneously to positively impact health and hygiene practices, life skills and relationships through play-based learning. To date, the programme has engaged 70,000 children and youth in play-based activities in around 500 Government Primary Schools for Girls and Boys, including Transitional School Structures in flood-affected areas. Eighty per cent of children participating in the programme are girls.

Throughout the life of the project UNICEF has seen increased participation of children, youth and communities in structured and unstructured play activities, sports events and special events. At least 15,000 children, youth and community members have participated in sports events and special days in schools and communities (for example, International Women’s Day and International Health Day).

The project has contributed to increased attendance rates in supported schools and has been successful in engaging marginalized groups, including children with disabilities and those belonging to religious minorities. A mid-term evaluation commissioned by RTP in December 2012 found that through the structured facilitation of play at Child Friendly Schools, students have begun to display healthier behaviours and to enjoy stronger relationships with peers and teachers. Overall personal hygiene awareness amongst children has improved, as has the cleanliness of their school environment. The programme is also facilitating positive behaviour change amongst children by promoting peaceful conflict resolution, cooperation and mutual respect. Moreover, teachers now appreciate the value of play-based learning and describe positive changes in their relationships with students and parents.

“We were not used to helping each other earlier but after Right To Play’s programme started, we have begun helping each other both within and outside school.”

Student
Mirpurkhas District

“Earlier we did not allow students to play, and did not provide sports material to them, but after Right To Play’s programmatic interventions, we have realized that games are also important for students.”

Head Teacher
Thatla District

“There was no concept of designated play time for students in school before Right To Play.”

Head Teacher
Umerkot District

All stakeholders (parents, teachers, Education Department officials) agree that the capacity of students has been enhanced in various areas, such as adopting healthy practices, conflict resolution, academic performance and attendance, and there have been decreased incidences of drop-outs and bullying. Importantly, participating schools have also seen significant increase in girls’ participation in sport and play.

Parents are responding to these positive developments by changing their own attitudes towards their daughters’ participation in school and in extra-curricular activities. This is a significant achievement in a context in which enrolment and retention in school has been limited for girls in particular.

41 Right To Play, Strengthening Child-Friendly Schools in Pakistan: 2012 Evaluation Brief.
“Parents’ perceptions towards games and sports has been changed tremendously. They now give permission to their daughters to go and attend tournaments in other districts, which is really a great achievement of Right To Play... because people in villages are usually conservative.”

Teacher
Umerkot District

The project has also contributed to the development of children as young leaders in schools and in communities. The Junior Leader (JL) component has enabled 500 children (90 per cent girls) to lead play-based activities and apply these as learning tools through the child-to-child (C2C) approach. JLs also play a vital role at community level through the C2C approach to develop life skills amongst children.

The Child Friendly Schools’ key dimension of inclusiveness has been a focus throughout the implementation of the project. This has improved participation by children from minority groups. Children with disabilities have been mainstreamed in the school system and are engaged in tailored sports and play activities. A culture of involving children with special needs in play and sports at schools has thus been inculcated in rural areas. This has led to increased efforts to mainstream children with disabilities and special needs in regular schools.

RTP PLANNED ACTIVITIES FOR 2014

- Continue promoting and integrating sports and play activities in 60 Child Friendly Schools in Khairpur District in collaboration with RTP.

- Continue to provide sports supplies/accessories to encourage school retention and active participation in sports among girl students.

- Build the capacity of teachers, local coaches, sports facilitators and young leaders on Child Friendly approaches and practices, using ‘play programme resources’ and core sports, leadership and communication skills and child protection and gender themes.

- Mainstream physical education as a co-curricular activity in the school system.

- Revise and develop teacher training curricula, teacher training manuals and in-service training guidelines to integrate sports, play and physical education in primary school education.

- Continue to conduct intra-school, district and community level sport events.

- Provide support to strengthen institutions and increased awareness and knowledge about the Concept and Best Practices of Child Friendly Schools and Integration of Sports in the School Curriculum.
The 18th Amendment to Pakistan’s Constitution, approved in 2010, abolished the Federal Ministry of Education and transferred full authority for education to the provinces, with the proviso that education would be free and compulsory for all children between the ages of 5 and 16.

Sindh’s Education Sector Plan (SESP) is a response to this mandate...

A key departure from past efforts is that the SESP focuses on outcomes rather than inputs. It seeks to link accountability mechanisms to resources so that those responsible for implementing the programme have the resources to carry out these responsibilities. The Government of Sindh’s commitment to reducing district-level disparities and ensuring equitable access and learning outcomes has resulted in a substantially new dialogue within the sector and holds out the promise for achieving rapid gains towards very ambitious but very reachable targets.

- Sindh Education Sector Plan 2014-18
CHILD PROTECTION

Expenditure in 2013 (USD)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>7,251,928</td>
</tr>
<tr>
<td>Regular Resources</td>
<td>2,037,567</td>
</tr>
<tr>
<td>Other Resources (Regular)</td>
<td>2,645,796</td>
</tr>
<tr>
<td>Other Resources (Emergencies)</td>
<td>2,568,565</td>
</tr>
</tbody>
</table>

To help recover from the trauma of displacement, Mohammadia (12) talks to a counsellor in a UNICEF-supported PLACES site in Jalozai Camp, Khyber Pakhtunkhwa.

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CHILD PROTECTION

Although Pakistani families consider children a gift, until recently the concept of child protection was absent from the public domain. It is only in recent years that efforts to establish formal systems for protecting the rights of girls and boys and preventing all forms of violence, abuse, exploitation and neglect, are starting to gain momentum.

Observations made by the Committee on the Rights of the Child (CRC) in 2009 on Pakistan’s third and fourth periodic reports called for the Government to harmonize domestic legislation with the CRC and improve monitoring of child rights as well as implementation of measures on violence against children, child abuse (including sexual abuse and exploitation), child labour, underage marriage and sub-standard norms of juvenile justice. In the past few years, substantial progress has been made in the legislative and policy making spheres to address child protection and welfare concerns, in all provinces and areas. However, access to justice is extremely limited for the most marginalized children due to a combination of social, economic and systemic barriers. Estimates of the number of child labourers in Pakistan vary between 3 and 19 million. According to the International Labour Organization (ILO) the number of child labourers exceeded 12 million in 2012. A positive trend is that the median age of first marriage amongst women has increased from 19.1 years to 19.5 years over the past five years.

As a signatory to the CRC, Pakistan has assumed responsibility for ensuring the right of every child to be registered at birth, so that she or he can enjoy the legal right to an identity. Despite this commitment, almost three-quarters of Pakistan’s children (approximately 60 million) have no legal proof of their existence according to official estimates. The limited data that exists reveals huge disparities between provinces, with around 77 per cent of children registered in Punjab compared to 20 per cent in Sindh and KP, and less than 1 per cent in Balochistan and FATA.

Up-to-date, robust data on child protection concerns is a key gap for organizations engaged in advocacy for policy and legislative change, child protection systems-strengthening, and the provision of vital protection services to children during times of crisis. UNICEF continues to build the Government’s capacity to collect data related to child protection (including the different issues faced by girls and boys, disabled children, those from minority groups and children living in rural and urban areas or in different wealth quintiles), to monitor key indicators such as the number of children registered at birth, and to overcome bottlenecks to delivering services.
UNICEF works with government counterparts to reform and strengthen child protection systems at national and provincial level, with the aim of ensuring the right of all children to protection from violence, abuse, exploitation and neglect, and a voice on issues that affect them. UNICEF works at all levels of the nascent public child protection system in Pakistan: policy and legislative frameworks; institutional and administrative frameworks; and human resources and capacity. This year UNICEF systematically addressed the right to protection for an estimated 1.7 million girls and boys, in particular those who are marginalized, excluded or vulnerable for a variety of reasons, as well as women and families living in poverty or with limited access to resources.

UNICEF’s work has helped put the topic of child protection on the agenda in Pakistan. Fledgling child protection systems are now in place in some provinces, and duty bearers are stepping up their commitments to children. Institutional developments for child rights, such as the appointment of Child Commissioners, have been accompanied by a shift towards knowledge and evidence production to inform policy and decision-making around reforming the public Child Protection System and related systems such as birth registration.

**KEY ACHIEVEMENTS IN 2013**

- An estimated 1.7m girls and boys benefitted from UNICEF’s work on child protection
- 32m people reached through a national media campaign on birth registration
- More than 870,000 children received birth registration certificates in southern Punjab and Balochistan
- Fifth periodic Country Report to the Commission on the Rights of the Child drafted
- 93,000 children & 30,000 women accessed recreation, protective learning and emergency services
- 900 Child Protection Committees working in 375 locations, with an estimated population of 371,000

**Child protection policies, laws and budgeting**

As a result of UNICEF’s upstream work Pakistan took major strides in 2013 towards developing Child Protection policy and legislative frameworks. Almost all provinces and areas made amendments to policy and legislation to benefit the most vulnerable children and align with international standards for children’s rights. For example, the Sindh Assembly raised the legal age of marriage for girls, bringing it on par with boys and in accordance with the CRC definition of the child. In FATA, the Government committed to introducing child protection legislation and establishing an independent public institution to monitor and protect child rights. Social Welfare Department (SWD) strategies were approved in all four provinces and Pakistan-Administered Kashmir (PAK). These policies and strategies will need to be fleshed out with subsidiary legislation, rules of business and commitment of funds to child protection initiatives. In the longer term, UNICEF and partners will support federal and provincial governments to harmonize child-related laws, making them more coherent and consistent and ensuring total compliance with the CRC.

So that Pakistan’s commitment to registering every child at birth is translated into practice, UNICEF conducted a comprehensive study of how the system functions and where the gaps are currently, particularly for the poorest and most marginalized children who have limited access to
services. Bottlenecks to effective service delivery include the conflicting mandates of local government departments, the National Database and Registration Authority (NADRA), Cantonment Boards and Health and Education departments, and the lack of resources available for birth registration. Demand-side barriers include social norms and practices, which can prevent women, in particular, from bringing their children to birth registration sites. Lack of awareness amongst parents and caregivers of the importance of registration, and how to register, is another barrier to birth registration for many children. Together with provincial government departments, UNICEF is designing strategies and plans of action to overcome identified bottlenecks and barriers to universal birth registration (UBR) in Pakistan. UNICEF’s support to capacity building of local government departments has resulted in accelerated birth registration in southern Punjab and Balochistan, where more than 870,000 children received birth registration certificates in 2013. UNICEF supported research projects to benefit the most disadvantaged children and women in Pakistan in 2013, including a multi-level gap analysis in Balochistan, KP and Punjab to inform policies and strategies on UBR, and a situational analysis of children and adolescents living and working on the streets in urban slums in Quetta, to set the agenda for advocacy and policy development in this area. UNICEF also provided assistance to the Ministry of Law, Justice and Human Rights in drafting the fifth periodic Country Report to the Commission on the Rights of the Child in 2013.

Child protection institutions

UNICEF is engaging with government partners to support the development of a public child protection system in Pakistan that includes provincial Child Protection Authorities, ombudsmen and a Child Protection Management Information System (CPMIS) as a minimum. Pakistan is now amongst a handful of countries to have completed a comprehensive mapping of child protection systems in all four provinces as well as in Gilgit-Baltistan (GB). Commissioners for Children’s Rights have been appointed at national level and in Punjab, Sindh and KP. The Sindh Child Protection Authority, notified this year in accordance with the Child Protection Authority Law passed in 2011, is set to establish institutional mechanisms for child protection and minimum standards for children’s institutions across the province. UNICEF has also
been supporting SWDs to play a gatekeeping role with newly-established Child Protection Units.

To build capacity for service delivery to the most poor and vulnerable families, UNICEF supported the government to initiate small scale models for social service provision in 2013. The vocational skills training programme in Punjab has so far attracted the participation of 600 marginalized adolescents (see FROM THE FIELD). In Balochistan, community groups were capacitated to provide livelihood support through micro credit. In Ghotki District in Sindh, UNICEF forged linkages with social protection pathways to provide access to social protection and child protection services for almost 7,000 children and their families in cotton farming areas. About 14,000 families (around 21,000 children) across all three provinces benefitted from Conditional Cash Transfers. UNICEF also supported the development of four models with the potential to improve birth registration rates: (1) orienting and engaging gatekeepers; (2) web-based birth registration applications; (3) mobile birth registration; and (4) a facility-based birth registration system. These models are in various stages of development and piloting.

For public child protection systems to become fully operational in Pakistan, significant shifts are required with respect to budgetary allocation and prioritization in government planning processes, in addition to continued advocacy efforts and technical support from UNICEF and partners.

Building capacity in Communication for Development (C4D)

With UNICEF support, key government counterparts such as local government departments and provincial SWDs have begun to put in place policies and strategies to inform the development of strategic communications initiatives which are integrated into child protection programmes and have a clear roadmap and vision for success.

Through these initiatives, existing community-based networks are being reached with integrated messaging on child protection on a regular basis. The new SWD strategies will form the basis for strategic communication initiatives in the provinces.

This year UNICEF strengthened partnerships with private sector and government partners for C4D initiatives that aim to increase awareness...
UNICEF’s upstream work with Provincial Disaster Management Authorities (DMAs) and Social Welfare Departments (SWDs) has resulted in greater integration of CPiE in sectoral and cross-sectoral planning, as well as disaster management policy-making. A key achievement at the national level was the development of Policy Guidelines on Vulnerable Groups in Disaster by the National DMA, supported by UNICEF and UN Women. This document provides direction to government departments and local organizations on key considerations and response strategies for boys and girls, people with disabilities, women and minority groups. UNICEF also focused on child protection issues. In partnership with NADRA and local government departments, UNICEF launched a birth registration campaign in the national media, reaching an estimated 32 million people across Pakistan through television commercials and testimonials by celebrities in print media. The campaign provided the general public with basic facts about how and where to register, and emphasized the link between a child’s legal identity and their ability to reach their potential. The Child Protection programme also teamed up with the Polio Eradication Initiative (as part of the Polio Plus strategy) to disseminate messages on birth registration through COMNet’s regular social mobilization network. The birth registration strategies currently being developed in all provinces will contain a distinct component on C4D to ensure that sustained programmes are in place for influencing social norms and cultural practices.

UNICEF spent 35 per cent of its total funding for child protection in 2013 on child protection in emergencies. Gaps in funding (a 30 per cent gap for flood response and a 60 per cent gap for the complex emergency) meant that UNICEF fell significantly short of its targets for child protection service delivery. Social and cultural norms also impacted on the proportion of girls accessing services in KP and FATA (44 per cent), while in flood-affected areas gender parity was reached.

Overall, UNICEF reached 11 per cent of children and 7 per cent of women affected by humanitarian crises in Pakistan this year through the Protective Learning and Community Emergency Services (PLaCES) initiative. About 93,000 children (almost half of whom were girls) and 30,000 women made use of spaces in communities and in camps to safely access recreation, protective learning and emergency services, including psychosocial support. Separate private spaces and targeted services for adolescent girls and women within PLaCES – including literacy and numeracy skills development, reproductive health sessions and gender-based violence prevention and response – have enabled greater participation by girls and women in contexts where social and cultural norms limit their mobility.

UNICEF increased its outreach through community-based mechanisms to over 900 Child Protection Committees working in 375 locations, with an estimated population of 371,000. These Committees are trained to mobilize and strengthen social support networks to prevent and respond to violence, abuse and exploitation, including gender-based violence. The Child Protection in Emergencies (CPiE) resource kit was updated and communications materials tailored to local cultural contexts were developed for use in communities, including an interactive docudrama, educational cards on CPiE, and the animated documentary *Samira.*
supported the KP DMA to contextualize and approve both the Standard Operating Procedures on Separated, Unaccompanied and Missing Children in Emergencies, and the Minimum Standards for Protective Spaces.

2012 floods: Early recovery

The UNICEF-led Child Protection Sub-Cluster supported the establishment of more than 350 PLaCES in flood-affected areas of Sindh, Balochistan and Punjab, including 194 outreach locations. More than 300 of these were supported by UNICEF, reaching almost 45,000 girls and boys and 14,500 women. UNICEF’s C4D initiatives raised the awareness of 42,000 children, caregivers and community members about child protection issues and Disaster Risk Reduction.

UNICEF worked to strengthen and support child protection structures and services in camps and host communities in KP and FATA. In total UNICEF reached around 27,000 children and 8,000 women through 117 PLaCES and outreach mobile services in Jalozai and Togh Sarai Camps (KP), New Durrani Camp (FATA) and in host communities in Hangu and Kohat Districts (KP) and Kurram Agency (FATA). UNICEF’s C4D initiatives reached more than 100,000 people with messages on Mine Risk Education and a range of child protection issues. UNICEF also worked with government partners to strengthen community-based referral mechanisms through collaboration with local Child Protection Committees and adolescent groups. About 19,500 vulnerable children and women (including separated children) were referred to social service providers within camps and in host communities.

Crisis in Khyber Pakhtunkhwa and Federally Administered Tribal Areas

In 2014 UNICEF will:

- Enhance the capacity of provincial and district authorities to implement reform and strengthen child protection systems.
- Strengthen Child Rights Commissioners under federal and provincial Ombudsman Offices and other accountability mechanisms.
- Pilot the use of technology, such as mobile phones, to scale up birth registration and form strategic partnerships to roll out successful models.
- Facilitate access to safe spaces for protective learning and community emergency services in crisis-affected areas.
- Work with Disaster Management Authorities and line departments to institutionalize CPIE at the district level.
- Pilot the Child Protection Management Information System (CPMIS) in selected districts.
- Promote the use of robust evidence and analysis to strengthen advocacy, legislation, budgeting and planning for gender equality, social justice and child protection at all levels of governance and service delivery.
- Support monitoring and implementation of the CRC and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

PARTNERSHIPS

Following devolution, UNICEF’s key federal partner is the Ministry of Law, Justice and Human Rights and at the provincial level, the key partners are Social Welfare Department; Planning and Development Department (P&DD) and Child Protection Commission/Bureau. UNICEF also coordinates with Local Government departments and NADRA to reform birth registration. In 2013, UNICEF continued to work with Disaster Management Authorities to operationalize Gender and Child Cells and integrate child protection into disaster management policies and planning.

UNICEF forged productive partnerships with the private sector in 2013, including with the IKEA Foundation to protect the rights of children in cotton farming areas, and with Barclays to provide entrepreneurship and vocational training to marginalized adolescents. UNICEF conducted a feasibility study on the use of mobile phones for scaling up birth registration, overseen by a Technical Advisory Group comprising telecommunications companies (Telenor, Mobilink, Warid, Zong), technology innovators (Google, Intel), Government (Pakistan Telecommunication Authority, NADRA, Capital Development Authority) and UN agencies (WHO, UNFPA).

UNICEF plays a major role in regional forums on children’s rights and in 2013 supported delegations to the SAARC Regional Policy Dialogue on Adolescents, and the Second High Level Meeting for South-South Cooperation for Child Rights in Asia and the Pacific.

FROM THE FIELD

Helping adolescents turn passion into a profession

Seventeen year old Zarri Yousaf has an ambition to become a fashion designer and an entrepreneur. Her passion for making beautiful dresses and the desire to help her family attain social status and a comfortable living motivates her to pursue both formal education and vocational training.

“I dream of becoming a famous dress designer and owning my own boutique,” says Zarri.

“I realize that it will not be easy because I belong to a poor family, I have to study, help my mother at home and at the same time learn dressmaking, but I am trying and will not give up.”

Adolescent boys attend an electrician course at an institute of the Punjab Vocational Training Council in Lahore, Punjab.

© UNICEF Pakistan/2013/Asad Zaidi
Zarri (17) hopes to become an entrepreneur in fashion design one day. She is supported by her parents in pursuing formal education and vocational training in Lahore, Punjab.

With financial assistance from the Barclays ‘Building Young Futures’ project, UNICEF has partnered with the Punjab Vocational Training Council (PVTC) which manages 174 Vocational Training Institutes across the province, most of which are in rural areas. The objective of the project is to impart comprehensive vocational and entrepreneurial skills to the most excluded adolescents in Punjab province of Pakistan. During the first phase of the project, 600 adolescent boys and girls have trained as dressmakers, beauticians, electricians and motorcycle mechanics. Each training course lasts one year, during which trainees are placed in various industries and businesses for two months to attain practical experience.

Zarri belongs to a Christian family that lives in a small two-room house located in the courtyard of a church in Anarkali area of Lahore. Her father, Yousaf Masih, is the gateman of the church and the head of a seven-member household. With his meagre resources, it was not possible for Yousaf to afford Zarri’s education and pay for her to learn dress making.

“After the prayers on a Sunday, Father Joseph Lewis, who is in charge of our church, told us that the government has set up vocational training centres where they teach young girls stitching and sewing,” explains Yousaf.

“The nearest centre is almost 15 kilometres from my house and I was afraid to send my daughter that far. It is also expensive to commute. But when some other girls from our community started going to the centre, I allowed Zarri to go with them.”

With financial assistance from the Barclays ‘Building Young Futures’
“Adolescents belonging to excluded communities have limited opportunities to enrol in vocational training courses that are extensive, comprehensive and most of all certified by the government,” says Shagufta Bhatti, Child Protection Specialist, UNICEF.

“Through this project it is heart-warming to witness opportunities being provided to marginalized and excluded adolescents to gain vocational and life skills. I am hopeful that each and every successful adolescent trainee will make a huge difference not only in supporting their families but also, after a year, have increased social resilience.”

PLaCES help displaced children recover from post-traumatic stress

Twelve year old Mohammadia beams with confidence as she talks about her interest in academics and ambition to become a teacher when she grows up. It is hard to believe that only six months ago she suffered from Post-Traumatic Stress Disorder (PTSD), exhibiting phobia, lack of confidence and introverted behaviour. Convinced that Mohammadia needed specialized treatment, her school teacher referred her to a psychologist in a UNICEF-supported Protective Learning and Community Emergency Services (PLaCES) in Jalozai Camp, Nowshera District, Khyber Pakhtunkhwa (KP) Province.

Mohammadia’s family hails from Khyber Agency, a tribal area in KP Province.

Her father, Sher Mohammad Khan had a small landholding in his village where he grew vegetables and sold them in the local market to feed his family – a wife and five children. In 2009, the family was forced to leave their village due to insecurity and move to Jalozai Camp.

Recalling the situation that forced her family to leave their village, Mohammadia says,

“We would hear blasts and gun fire many times during the day and night. It was so scary that we remained indoors all the time. One day, we learnt that two of my cousins had been killed and the militants had given people in the village three days to move out. We left in the middle of the night, quietly, hired a transport and managed to get to the camp.”
“Children affected by any displacement deserve protection, care and attention – from their care-givers and other community members. It helps their recovery while living in temporary camps and settlements.”

Sohail Ahmad
UNICEF Child Protection Specialist

When Mohammadia’s family arrived in Jalozai Camp in 2009, she found it very difficult to adjust to the new environment. She started going to a camp school but could not perform well in academics. Her teacher referred her to a psychologist, Anila Farman, who works for the Centre of Excellence for Rural Development (CERD), a non-governmental organisation managing UNICEF-supported PLaCES and outreach mobile services in Jalozai Camp.

“Mohammadia was shy, isolated and would get seizures due to stress and fear,” says Anila Farman.

“Her confidence level was very low and she could not explain her condition to anyone. I started her psychotherapy and conducted two sessions with her every week. I encouraged her to take part in academic and recreational activities along with other children. The treatment worked and she started to respond.”

Through the support and services provided to her at the UNICEF-supported protective space, Mohammadia’s behaviour and attitude towards learning has not only normalized but has also made her ambitious about the future. She wants to continue her education and participates in all sorts of learning and recreational activities.
Monitoring Results and Equity to Improve Birth Registration Systems in Pakistan

UNICEF started to apply the Monitoring Results for Equity Systems (MoRES) methodology to birth registration in Pakistan in late 2011, acknowledging the dearth of information on key factors affecting universal birth registration in the country. A series of studies led by UNICEF collected comprehensive evidence on bottlenecks and barriers to birth registration – as well as potential enabling factors – at the national and local level. Evidence gathered through the studies was used to present a comprehensive picture of the situation in every province in Pakistan. Following this, a prioritization exercise was carried out together with Local Government departments in all provinces, setting the foundations for the development of provincial strategies and plans to increase birth registration rates. As a result of this initiative, comprehensive information from all four provinces on the principal factors contributing to low birth registration rates is available for the first time in Pakistan.

UNICEF’s approach to the issue of birth registration has shifted over the past few years from a project-based approach to a greater focus on policy and strategy formulation and systems-strengthening, combined with efforts to harness social change and test innovative models for service delivery. Within this context UNICEF initiated a comprehensive series of studies to gather evidence on bottlenecks and barriers to birth registration and inform policy and strategy development on the issue. Identified bottlenecks to effective service delivery include the conflicting mandates of Local Government departments, the National Database and Registration Authority (NADRA), Cantonment Boards and Health and Education departments, and the lack of resources available for birth registration. Demand-side barriers include social norms and practices, which can prevent women, in particular, from bringing their children to birth registration sites. Lack of awareness amongst parents and caregivers of the importance of registration, and how to register, is another barrier to birth registration for many children.

Beginning in 2013, UNICEF collated the findings from the birth registration studies and, together with Local Government departments in all four provinces, listed and prioritized major bottlenecks and barriers. Bottlenecks and barriers were prioritized based on the following factors: 1) the assessed potential gains from removing the identified barrier in terms of improving the status of birth registration; 2) the level of resources required to remove or overcome the identified barrier; and
3) lessons learned from previous efforts to overcome the identified barrier.

UNICEF is now supporting Local Government departments in all four provinces and in Pakistan-Administered Kashmir to design strategies and plans of action to overcome identified bottlenecks and barriers to universal birth registration in Pakistan. In Balochistan, an agreement has been signed between the Local Government department and NADRA to strengthen the birth registration system, raise awareness in communities about birth registration and subsidize the cost of birth certificates.

The complexity and scale of the disparities concerning the right to be registered at birth – and thus the right to an identity for Pakistani children – necessitated a holistic approach that covers all aspects of the birth registration system, including enabling environment, demand, supplies, quality and continuity. The initiative has demonstrated that birth registration rates in Pakistan cannot be improved through a piecemeal approach, but rather through collaborative working with the government at all levels in order to achieve sustained high rates and ultimately universal birth registration in Pakistan.

The refined strategy presented here is the result of a two-year investment by UNICEF Pakistan into understanding how the MoRES methodology can be applied effectively to improve birth registration systems. It is a validated research methodology, through which strategies are developed based on the body of knowledge available on a particular issue and in-depth analysis of key drivers and determinants of low birth registration rates in different areas of the country.

Registering births through mobile phones: A public-private participatory approach

**Issue**

Only one in four births (27 per cent) are registered in Pakistan, leaving 60 million children without legal proof of their identity. Recent studies by UNICEF and other players have sought to determine how innovations and technology can augment the antiquated paper-based birth registration system that still exists in Pakistan. In view of good practice examples from other developing countries, and the thriving telecommunications landscape in Pakistan, UNICEF is forming strategic partnerships with the aim of employing mobile phone technology to scale up birth registration across the country.

**Impact**

Based on the findings of the feasibility study, and by virtue of being part of the process through the Technical Advisory Group, local telecommunications providers showed interest in funding the initiative. In partnership with Telenor, UNICEF has developed a proposal to pilot the three potential models identified by the feasibility study in Sindh and Punjab in 2014. The plan is to use robust evidence from the local level on adoption, uptake and integrated use of technology to scale up the successful model to the national level.

**Action**

In 2013 UNICEF conducted a feasibility study on the use of mobile phone technology for scaling-up birth registration in Pakistan. The study was overseen by a unique Technical Advisory Group comprising key stakeholders from the public and private sectors, including telecommunications companies (Telenor, Mobilink, Warid, Zong), technological innovators with branches in Pakistan (Google, Intel), government (Pakistan Telecommunication Authority, National Database and Registration Authority, Capital Development Authority) and UN agencies (WHO, UNFPA), whose expertise informed the methodology, analysis and recommendations.
Pakistan is committed to implementing the United Nations’ Convention on the rights of the child and its provisions in letter and spirit. We believe that social justice and equality are the cornerstones on which a firm structure of a healthy society is built. We need to gear up efforts for providing with adequate infrastructural, legislative, social and other support to help them lead a healthy life.

- Mamnoon Hussain
  President of Pakistan
  Addressing the Pakistan National Council of the Arts on Universal Children’s Day:
  Stop Violence Against Children
  20 November 2013
Ghulam Rasool (11) attends a class at the UNICEF-supported Gul Muhammad Hathiar Government Primary School in Thatta District, Sindh.
In January 2013, UNICEF Pakistan significantly strengthened its internal evaluation function and management. Strengthening the evaluation function meant building and strengthening systems, processes and mechanisms to ensure high quality, equity-focused evaluations, which are compliant with relevant UNICEF standards. Upholding the principles of the Regional Evaluation Strategy, UNICEF Pakistan is focusing on four key areas: 1) national ownership and leadership; 2) equity and voice; 3) gender equality; and 4) innovation. In addition, UNICEF is placing a stronger emphasis on utilization-focused evaluations, which not only guide our programmes in achieving better results for children and women in Pakistan, but also contribute to better policy-making and can be used as advocacy tools at various levels.

Through the establishment of an Evaluation Management Committee under the leadership of the UNICEF Pakistan Representative, the Evaluation Unit has developed systems and processes are in place to enhance quality and support learning and accountability in our work with various partners, including the public sector. UNICEF’s vision is for the evaluation function to yield evidence and lessons learned on pilot projects that can be used to take UNICEF’s contribution to development and policy influence to scale in Pakistan and in other developing country contexts.

Under the umbrella of the Regional Evaluation Strategy, UNICEF Pakistan made significant progress in the following areas this year:

1. Spearheading national evaluation capacity development in Pakistan

- Through the National Evaluation Capacity Development (NECD) initiative, UNICEF is spearheading efforts to inculcate a culture and practice of high quality evaluation in national and sub national systems which meet the needs of all stakeholders. The Planning Commission of Pakistan has taken ownership of this initiative and is collaborating closely with UNICEF, for example in planning for Pakistan’s first regional gathering on NECD in 2014.

- As part of its NECD work, UNICEF Pakistan has led the way in establishing the Community of Evaluators in Pakistan comprising members from the public sector, civil society, donors
and national and international evaluation experts. This is in line with UNICEF’s approach to building communities of good practice and providing opportunities for shared learning within countries and across the region, in order to enhance capacity for and ownership of evaluation initiatives.

- UNICEF’s Evaluation Unit has been communicating closely with the National Institute of Management, the National School of Public Policy, and the Evaluation Section at the Planning and Development Division, to support their work and integrate evaluations in their training modules for government officials. Through this work UNICEF is contributing to the development of sustainable and nationally-owned mechanisms for evidence-based decision making. The overall aim is to strengthen accountability and transparency within the public sector.

- UNICEF is supporting development of a regional evaluation policy framework through the Community of Evaluators South Asia, and has been coordinating activities with the South Asian Parliamentarians Forum on Evaluation. These initiatives are designed to build the capacity of parliamentarians as well as paving the way for a supportive policy environment for evaluation in Pakistan.

2. Ensuring high quality evaluation within UNICEF

- UNICEF established an Evaluation Management Committee this year, headed by the Pakistan Representative. To ensure that UNICEF’s evaluation function is aligned with the United Nations Development Assistance Framework (UNDAF), representatives from UNDP and UN Women were invited to take part as external members. Clear and specific workflows are in place for all types of evaluations. These workflows ensure compliance in terms of the independence and impartiality of strategic evaluations. Other quality assurance mechanisms established this year include evaluation reference groups and oversight by UNICEF’s Regional Evaluation Advisor.

- The quality assurance mechanisms developed under the guidance of UNICEF Pakistan’s Evaluation Management Committee have raised the bar for country offices aiming to ensure compliance with UN Evaluation Group standards. For example, the five-year Integrated Monitoring and Evaluation Plan (IMEP), which was prepared through a methodical process and aligned to the ‘Delivering as One’ framework and Common Country Programme Document, has been recognized by the UNICEF Office of Research as a good practice example.

3. Supporting wider capacity building initiatives for national and regional counterparts

In 2013 UNICEF Pakistan conducted capacity building sessions for staff at federal and provincial level and facilitated sessions for staff of other UN agencies under UNDAF, with support from the Regional Evaluation Advisor. The Research and Evaluation Specialist delivered a session for government officer trainees at the Pakistan Institute of Development Economics in Islamabad, and took part in discussions which will lead to further collaborative work on NECD in 2014. Promoting South-South Cooperation, the Research and Evaluation Specialist also facilitated a capacity building session for trainees from 17 countries at the Institute of Applied Manpower Research (a part of Planning Commission of India) in New Delhi; and presented Pakistan’s perspective during conferences in Sri Lanka and Nepal. UNICEF will continue to work with government and UN partners in Pakistan to build capacity for planning and managing evaluations and strengthening accountability and transparency mechanisms, while working closely with the Regional Evaluation Advisor based in Nepal.
• The development of a Partnership Management Information System (PMIS) saw UNICEF take on a leadership role within the UN Country Team.

• UNICEF established effective assurance and Third Party Monitoring in all provinces.

• The Government developed a national Multiple Indicator Cluster Survey (MICS) strategy for 2014-17, and carried out MICS in Punjab and Sindh with support from UNICEF.

• Pakinfo was an example of successful collaboration with the Government on knowledge management, as well as a substantial improvement to the management and sharing of statistics and key documents within UNICEF Pakistan.

• UNICEF provided technical support to the development of sector-specific Management Information Systems (MIS), for example the Health and Social Welfare MIS which records disaggregated data on key indicators, and the Child Protection MIS which will generate real-time information on child abuse, violence and exploitation, allowing for effective prevention and management.
Saliheen (11) has lived in Jalozai Camp, Khyber Pakhtunkhwa, for the past two years.

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UNICEF had a total of USD 164 million available for programming in 2013, the first year of a new five-year Country Programme Cycle. Of the available funding, USD 67 million went towards humanitarian response and USD 97 million was allocated for development activities.

Compared to 2012, 2013 saw a 20 per cent increase in overall fund allocations. This was due to a 30 per cent increase in funding for development programmes, which demonstrates UNICEF’s transition from humanitarian to development programming this year in the absence of a large scale humanitarian disaster requiring an international response. 2013 also saw a nominal increase of seven per cent in funding towards humanitarian activities, including early recovery programmes in areas affected by the 2012 floods (see FIGURE 6).

UNICEF’s total fund utilization in 2013 was USD 101 million or 61 per cent of the total funding available to the Country Office. Unspent commitments made up 13 per cent of the total utilization whereas expenditures stood at 87 per cent. FIGURE 7 depicts utilization of both humanitarian and development funds in 2013 by programme. Expenditure on both development and humanitarian programmes decreased as compared to 2012. The decrease in humanitarian expenditure was primarily due to the closure of early recovery programmes in flood-affected areas of Pakistan. The relatively low figure for development expenditure is due to the fact that the Country Office received additional development funds in the latter part of the year. The funds which could not be expended before the year end have been rolled over to 2014.

The charts on the next page depict expenditure in 2013 by programme and type of funding. The Maternal, Newborn and Child Health Care (MNCH) programme, which includes activities related to Nutrition and to the Polio Eradication Initiative, was
responsible for the highest expenditure at more than USD 38.7 million. This represents 44 per cent of total programme expenditure by UNICEF Pakistan in 2013. Of this 60 per cent came from development funding from donors and 30 per cent from humanitarian funding. The remaining 10 per cent was spent from UNICEF’s regular resources.

The second highest expenditure was in the WASH programme, which accounted for 20 per cent of total programme expenditure by UNICEF Pakistan. Of the USD 18 million spent this year, more than 84 per cent was from humanitarian funding and only 4 per cent from development funding. Expenditure of regular resources stood at 12 per cent.

The overall programme expenditure for Education in 2013 was USD 13.5 million, or 15 per cent of total programme expenditure by UNICEF Pakistan. Development and humanitarian expenditure were fairly balanced at 43 per cent and 40 per cent respectively. 17 per cent of expenditure on Education came from UNICEF’s regular resources.

In 2013 Child Protection accounted for eight per cent of total programme expenditure by UNICEF Pakistan. Unlike in other programme areas, expenditure on Child Protection was relatively balanced between the three fund categories of humanitarian, development and regular resources.

Planning, Monitoring, Evaluation and Reporting (PMER) accounted for only three per cent of UNICEF Pakistan’s total programme expenditure in 2013. Almost 60 per cent of these funds were expended from UNICEF’s regular resources. Utilization of humanitarian and development funds for PMER stood at 30 and 10 per cent respectively.

In addition to these five programme areas, UNICEF’s cross-sector and operations related expenditure amounted to USD 7.4 million, which was funded through humanitarian (28 per cent), development (8 per cent) and regular resources (64 per cent).

The figures on the next page show expenditure of funds in 2013 by funding source. Governmental and inter-governmental donors accounted for 44 per cent of UNICEF’s total expenditure. Pooled Thematic Funds made up 10 per cent and expenditure from non-governmental donors stood at 26 per cent. The remaining 19 per cent of UNICEF’s total expenditure of USD 87.9 million in 2013 was funded by regular resources.

The highest expenditure in 2013 came from funds donated by the US Government, closely followed by the UK Government. Donations from these governments constituted more than 18 per cent of the funds expended by UNICEF Pakistan in 2013. The next highest expenditure was from the Global Thematic Humanitarian Response Fund, followed closely by the European Commission/ECHO.
Utilisation of Funds by Source

Expenditure in 2013 (USD)

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<th>Source</th>
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<th>Non-Governmental Donors</th>
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<th>Resources</th>
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Nayab (4) stands outside her home in Quetta, Balochistan, Pakistan.
© UNICEF Pakistan 2013/Asad Zaidi
PRIVATE SECTOR PARTNERSHIPS

The business community in Pakistan is unique in its size, commitment and engagement in Corporate Social Responsibility initiatives (CSR) compared with other developing countries. In recent years UNICEF has started to engage with this vibrant sector, working with private entities – including global UNICEF partners – to ensure sustainable, child-centric CSR initiatives.

Child rights and business principles

UNICEF is leading the way in Pakistan to introduce the Child Rights and Business Principles (CRBP) framework, the first comprehensive set of principles to guide companies on the full range of actions they can take in the workplace, marketplace and community to respect and support children’s rights. These guiding principles are equally applicable to large multinationals, smaller enterprises and family owned businesses. Our CRBP toolkit supports private sector organizations to move towards child-centric CSR practices and ultimately towards broader support for children’s rights.

CSR initiatives

Our partners recognize our forward-thinking approach and our knowledge of the local business culture and family-owned business as key strengths in our ability to help them achieve their CSR goals. We work not only with businesses, but with business leaders, establishing mutual trust and understanding of the commercial issues at stake. We identify together the opportunities for collective impact. We collaborate on pre-existing initiatives as an entry point, building them as sustainable CSR initiatives that integrate across and within the business. For example, our locally developed partnerships with Telenor and Zong have helped us not only reach out to a wider population in...
Pakistan, but also provide us with a better understanding of how technology can play a significant role in development initiatives.

We bring partners together for critical dialogue and knowledge exchange. For example, we established the first multi-stakeholder Technical Advisory Group, an ‘innovation lab’ comprising key stakeholders from the public and private sectors, including telecommunications companies (Telenor, Mobilink, Ward, Zong), technological innovators with branches in Pakistan (Google, Intel), government (Pakistan Telecommunication Authority, National Database and Registration Authority, Capital Development Authority) and UN agencies (WHO, UNFPA). In 2013 this Technical Advisory Group conducted a feasibility study on the use of mobile phone technology for scaling-up birth registration in Pakistan.

Global UNICEF partners

Several partnerships established by UNICEF at the global level have also taken root within Pakistan. For example, Pakistan recently became one of three countries to roll out the ‘One Child One Vaccine’ initiative supported by Procter & Gamble and Pampers. The office has also nurtured existing global alliances with IKEA in the battle against child labour; Barclays to support social integration of marginalized adolescents through entrepreneurship and vocational mainstreaming; UNILEVER to promote improved sanitation and hygiene; and Rotary for polio eradication and other priority areas. This year, through collaborative initiatives such as the Roundtables for Children and Joint Sessions with Rotary in advance of World Polio Day, UNICEF leveraged increased resources from the private sector to scale up polio and routine immunization awareness campaigns in the most vulnerable pockets of the country. UNICEF was able to target a wider section of the population through the SMS for Behaviour Change initiative with Zong (a local mobile service provider), for example. Together with Rotary, UNICEF also pioneered the use of integrated child health and polio messaging with the launch of the speaking book *Sehat ki kahni*, intended for use as a behavior change communication tool by Lady Health Workers.
By partnering with some of the most innovative and dynamic private sector firms in Pakistan and beyond, innovation as well as usage of new technologies will significantly facilitate access to basic social services.

Through strategic partnerships with telecommunications firms, Government and other partners, we apply the latest technologies to some of the most intractable issues faced by Pakistan's children, such as the right to an identity through birth registration.

- Dan Rohrmann
Country Representative
UNICEF Pakistan
A boy waits for a medical check-up at Quetta Civil Hospital, Balochistan Province.

© UNICEF Pakistan 2013/Asad Zaidi
RISK MANAGEMENT AND OPERATIONS

Risk management

Every year UNICEF Pakistan conducts an internal enterprise risk management exercise covering all geographic and programmatic areas. UNICEF also builds capacity for risk management amongst government partners by supporting provinces to develop annual Emergency Preparedness and Response Plans based on our Core Commitments to Children. Risk profiling and preparedness planning is carried out through a consultative approach at the local level.

To enhance effectiveness and transparency, UNICEF Pakistan is strongly committed to monitoring our programmes and carrying out financial and stock assurance activities to ensure that the resources provided by donors are being utilized as promised. The 7x7 system for monitoring and assurance developed in 2012 became a key pillar of UNICEF’s risk management strategy this year. The system compiles seven sources of financial assurance information and seven sources of programme monitoring information to make an overall assessment that can trigger corrective actions where required. UNICEF also established effective Third Party Monitoring across the country. Third Party Monitoring has become a feature of development assistance in Pakistan due to the volatile security situation and increase in sectarian violence and attacks, particularly in Balochistan, KP and FATA. Attacks on schools, polio vaccination teams and humanitarian workers are commonplace. In addition to assurance and monitoring, UNICEF is now using the Programme Criticality exercise to assess all travel requests to field operations and avoid a concentration of staff in high risk areas.

UNICEF was the lead UN agency for the Harmonized Approach to Cash Transfers (HACT) in 2013, a role that is rotated between UNDP, UNFPA and UNICEF annually. HACT is an important risk management mechanism for UNICEF Pakistan, through which all partnerships with Government, non-governmental organizations and civil society organizations are processed. Implementing partners who receive USD 100,000 or more per year in cash and/or supplies are assessed by external auditors for financial robustness; partners who receive less are assessed by a UNICEF internal assurance team. In addition, supply and programmatic risk assessments are conducted by qualified UNICEF staff for all potential partners. In 2013, 62 governmental and 175 non-governmental implementing partners were assessed, and 9 per cent of UNICEF’s partners were classified as ‘high risk’. Risk mitigation plans are prepared for the partner and the cash transfer modality is based on the risk level. Regular spot checks are conducted to verify financial transactions, programmatic progress and check compliance with the risk mitigation plan. Both scheduled audits and special audits are carried out by an internationally affiliated auditing firm. Now that HACT is firmly established UNICEF has begun to orientate government implementing partners in the approach.

UNICEF took on a leadership role on partner assessment and knowledge management within the UN in Pakistan this year through the Partnership Management Information System (PMIS) initiative.

The launch of the Business Transaction Centre (BTC) was a milestone for UNICEF Pakistan. The process was initiated in February 2013 with the establishment of a Change Management Task Force. The Chief of Operations and two members of the Task Force visited the UNICEF office in Sri Lanka to learn from their experience of setting up and running a BTC. The imperative to achieve efficiency gains in programmes and operations was the driving force behind establishing the BTC, with the overarching objective of achieving more for Pakistan’s
2014 is a very important year for Pakistan… Having worked thoroughly and in close coordination with the Business Transaction Centre team here, I assure you all that the new system will help you save time and money. In addition, it will contribute to improving the efficiency and quality of the transactions. I wish the Pakistan Country Office the best of luck for the coming year.”

Nathan Rodgers
Regional Business Analyst,
UNICEF Regional Office of South Asia during a review of the UNICEF Pakistan BTC

IN FOCUS: Partnership Management Information System (PMIS)

In 2012 and 2013 UNICEF Pakistan channelled over USD148 million of programme funds through international and local NGOs, UN and government partners. Partnerships are formed at federal and provincial levels, with information on new partnerships flowing up to Country Office level. UNICEF identified a need for an information management system to standardize and consolidate partnership-related processes and information, and to support management decision making. The solution developed in response to this need is an online Partnership Management Information System (PMIS), which encompasses creation, maintenance, quality assurance, financial and programmatic reporting. This unique system is updated in real time and can be accessed not only by UNICEF staff but also other UN agencies and government departments. PMIS speeds up information sharing and approval, and supports decision making by placing timely and accurate information on potential partners at our fingertips. The system also allows us to engage in real time peer review of partners, and to avoid over-contracting of particular organisations. UNICEF engaged a local private sector partner to develop the prototype PMIS in 2013, to be tested and launched in early 2014. Through the PMIS initiative, UNICEF has demonstrated its leadership role on partner assessment and knowledge management within the UN Country Team in Pakistan. The vision is for PMIS to migrate to a common system for all UN agencies, hosted by UNICEF.

UNICEF Pakistan shrank in 2013 as a result of organizational restructuring and funding constraints, from 386 staff nationwide at the close of 2012 to 326 staff (40 International Professionals, 148 National Officers and 138 General Services Staff) at the close of 2013.

- UNICEF has maintained and gradually improved the staff gender ratio despite challenges such as cultural barriers and lower literacy rates amongst women in Pakistan, through our work with local women’s organizations and networks. UNICEF also continued to lead the One UN Human Resources Working Group this year, enhancing the common recruitment web platform in order to strengthen and diversify the talent pools for UN recruitment for 21 UN agencies.

- UNICEF’s web and social media presence expanded substantially in 2013, with a growth in Facebook followers from 65,000 to 87,000 and a total of 4.5 million Facebook post views during the year.

- UNICEF continues to support media campaigns such as Our World, Our Future, the International Children’s Day of Broadcasting in 2013, which engaged children from across Pakistan and leading local and national broadcasters.

children with fewer resources as we enter the final two-year stretch of the Millennium Development Goals.

Operations fast facts

- This year more than 100 Long Term Agreements (LTAs) were signed to facilitate efficient procurement and service provision, and 40 contingency Programme Cooperation Agreements (PCAs) were developed to ensure quick start-up of emergency response with pre-identified and assessed partners across the country.

- UNICEF provided technical support to the federal Expanded Programme on Immunization (EPI) Cell on Supply Chain Management, Vaccine Management, introduction of the new Pneumococcal vaccine and measles Supplementary Immunization Activities (SIAs). Our Procurement Services team focused on capacity building at federal and provincial levels in 2013, in close collaboration with programme sections as well as international partners.

- UNICEF Pakistan has four field offices in Peshawar (Khyber Pakhtunkhwa), Karachi (Sindh), Lahore (Punjab) and Quetta (Balochistan)

and the country office in Islamabad. The Islamabad office completed a successful move to the diplomatic enclave in April 2013.

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- UNICEF Pakistan has four field offices in Peshawar (Khyber Pakhtunkhwa), Karachi (Sindh), Lahore (Punjab) and Quetta (Balochistan)
[We] have initiated a broad review of our transactions, processes and functions in order to improve our future efficiency and effectiveness. In consultation with all staff, we are gathering evidence, in a transparent way, to inform what I hope will be major reforms to simplify our work processes and make our organizational structures more cost effective.

- Anthony Lake
  Executive Director, UNICEF
  remarks to the First Regular Session of the UNICEF Executive Board, 5 February 2014
A girl stands in the entrance to her home in Chashma Achozai, Quetta, Balochistan Province.

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### ACRONYMS

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<td>U</td>
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An approach to monitoring and assurance that uses seven sources of financial assurance information and seven sources of programme monitoring information to improve effectiveness and accountability and manage programme implementation risks.

Article 25A of the 18th Constitutional Amendment spells out the right to free and compulsory education for children aged five to sixteen years, and requires the Government of Pakistan to put measures in place to ensure that all children are able to realize this right.

The Core Commitments for Children (CCCs) in Humanitarian Action are a global framework for humanitarian action for children undertaken by UNICEF and its partners. This framework is guided by international human rights law, in particular the Convention on the Rights of the Child and, in the case of complex emergencies, also by international humanitarian law. On an operational level, the CCCs are based on global standards and norms for humanitarian action.

Religious decree issued by an Islamic scholar.

Fund utilization refers to actual expenditure plus unspent commitments.

A method of care for newborns, usually preterm, which involves skin-to-skin contact with the mother or caregiver.

The meaning of the term madrassa varies between states. In Pakistan, madrassas are usually Muslim-only educational institutions where children study Islamic instruction and curriculum. Madrassas may be regulated by government bodies or localized religious groups.

An approach used by UNICEF to strengthen programming and achieve results for the most disadvantaged children. It reconfirms UNICEF’s commitment to promote the use of data and evidence in advocacy and programming; addresses the critical gap between routine monitoring of inputs and outputs and the monitoring of high level outcomes every three to five years; and highlights the fact that there are critical conditions or determinants which either constrain or enable the achievement of results for particular groups of children. In MoRES, these determinants are known as bottlenecks and barriers.

The Sphere Handbook, Humanitarian Charter and Minimum Standards in Humanitarian Response, is one of the most widely known and internationally recognized sets of common principles and universal minimum standards in life-saving areas of humanitarian response. See: http://www.sphereproject.org/.

The smallest unit of local government in Pakistan, and a sub-unit of the tehsil or taluka.
At UNICEF Pakistan, we look forward to a constructive partnership aiming at ‘walking the talk’ and materializing Pakistani children’s rights to education, health, protection from abuse, exploitation and violence, as well as the right to have a voice and participate in decisions affecting their lives.

There is no sustainable social, cultural, economic and political progress without relevant investments in our children – our commitment to children is a commitment to the future of Pakistan.

– Miriam de Figueroa
Deputy Representative
UNICEF Pakistan