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Ever since its establishment 70 years ago, the United Nations Children’s Fund (UNICEF) has been committed to the aspiration that one day, each and every child, no matter where they live, or their family circumstances, will be guaranteed the right to survive in this world. We do not stop there – the right to life is ineffectual if ill-health, ignorance, violence or exploitation deny a child his or her right to thrive. For this reason, we envision a day when all children everywhere get a fair chance in life, and avail of meaningful opportunities to reach their full potential, unhindered by discrimination, bias, or favouritism.

Today, even in a world where countless children face severe barriers to achieving their potential, the challenges are not insurmountable. Through evidence-based and equity-focused action, in concert with our partners, we can help to create a world in which no child dies of preventable causes and every girl and boy receives quality education, lives in a healthy and protective environment, and gets the nutrition they need. By doing so, we help to create healthier communities and resilient societies, which can flourish and experience sustainable development, even in the face of economic shifts, climate change and natural or human-made disasters.

This conviction underpins our work in Pakistan. Working in partnership with government at every level from the local to the provincial and federal, alongside committed donors, NGOs, CSOs and private organizations, we celebrate important achievements in 2015, while recognizing that there is a long way to go before we can achieve the dream of a world fit for children.

Through the equity strategy, which emphasizes the most excluded and disadvantaged children, we translate our commitment to child rights into action. We are guided by key documents such as the Core Commitments for Children in humanitarian situations, and the Convention on the Rights of the Child (CRC) to which Pakistan is a signatory, as well as the aspirations of first the Millennium Development Goals (MDGs) and now the Sustainable Development Goals (SDGs). We focus on increasing access to services and opportunities by women and girls in all facets of life, and promote gender-sensitive action as a core priority.

This year, under government leadership to eradicate polio, we saw the number of cases plummet and geared up for a final push to end a disease which has brought disability and heartbreak to millions. We celebrated Pakistan’s National Vision for Coordinated Priority Action to Address the Challenges of Reproductive, Maternal, Newborn, Child Health and Nutrition (2016–2025) which created a new framework for health care, and new strategies to help
other targets was less encouraging. Unfortunately, in today’s Pakistan, far too many children still die of preventable causes. Fewer girls than boys are in school. Despite long-standing recognition of an ongoing ‘nutrition emergency’, nutrition management is weak. No province has yet established a comprehensive, coordinated system to identify and help children in need of protection. Expanding gains in sanitation and polio eradication will require sustained support.

In 2016, UNICEF begins efforts to help Pakistan achieve the SDGs – an opportunity to advance the rights and well-being of every child. Meaningful success will depend on renewed and effective partnerships at every level, from the federal government down to communities where our work has the most tangible impact. It requires high quality data and research, and innovative ways of addressing challenges. It requires an equity-based approach, so those who are traditionally excluded also benefit. As part of Pakistan’s One UN II programme and Delivering as One, we join our United Nations peers in helping Pakistan’s governments meet this pressing challenge.

As we look forward to 2016 and beyond, my colleagues join me in thanking our partners for their support in all we have achieved to date, and renewing our pledge to Pakistan’s children and women in the years to come.

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Representative
UNICEF Pakistan

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Highlights

Pakistan achieved its sanitation target under Millennium Development Goal 7 with UNICEF assistance through the Pakistan Approach to Total Sanitation.

In 2015, 1.3 million more people resided in open defecation free villages thanks to UNICEF’s support.

UNICEF assisted national and provincial governments in developing costed Effective Vaccine Management improvement plans to ensure an uninterrupted supply of effective vaccines.

Wild polio virus cases fell from 306 in 2013 to 54 in 2015.

The number of children missed due to inaccessibility during polio immunization campaigns fell from 500,000 in 2013 to 16,000 in 2015.

In project areas birth registration increased 85% compared to 2014 though the use of innovative mobile phone technologies.

Over 32 million children aged 6-59 months received two doses of Vitamin A in 2015.

Approximately 14,000 multilingual resource kits with storybooks and cartoons on disaster risk reduction benefited 2.8 million children nation-wide.

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www.unicef.org/pakistan
Issue

Of every 1,000 Pakistani children born, 89 – nearly one in ten – die before they reach five years of age. 1 Pakistan ranks 23rd in the world for under-five deaths. 2 Over half, 55, die in their first month of life. 3 While child mortality declined slowly since 1990, newborn mortality has actually risen. 4 Wide disparities exist between rural and urban areas, regions of the country, and differing socio-economic profiles.

Most newborn and child deaths can be prevented if trained attendants are present at birth, if infants are fully vaccinated and appropriately fed, and if avoidable diseases such as pneumonia and diarrhoea are prevented.

In Pakistan, only 52 per cent of deliveries take place in the presence of a skilled birth attendant, declining to 14 per cent in rural Balochistan province. 5 Almost half of children do not receive a full course of vaccinations, with large variations in coverage across provinces, characterized by geographical and wealth inequities.

Although HIV prevalence is low in Pakistan, the epidemic is concentrated in key populations such as people who inject drugs (27.2 per cent) and transgender sex workers (5.2 per cent). 6 The spouses of key populations are particularly vulnerable to HIV infection, but testing and treatment rates are low.

In 2014, Pakistan reported 306 polio cases, 86 per cent of the global burden. Many of these cases occurred in known reservoir areas; in 2013 500,000 children were estimated to be persistently missed in vaccination campaigns due to inaccessibility. In 2015, a rethinking of polio eradication contributed to a reduction in the number of children missed due to inaccessibility to 16,000, and an 83 per cent reduction in polio cases to 54. However, this still represents 73 per cent of the global burden, and Pakistan remains one of two countries where polio is endemic.

1 Pakistan Demographic and Health Survey 2012–2013.
3 Pakistan Demographic and Health Survey 2012–2013.
5 Pakistan Demographic and Health Survey 2012–2013.
Helping Babies Breathe initiative rolled out.

Essential Newborn Care training for 2,500 community health care providers.

Eight Sick Newborn Care Units established and 25 more in process.

Kangaroo Mother Care intervention initiated in Punjab.

Chlorhexidine helps prevent umbilical cord infections and thus reduces newborn deaths. In 2015, UNICEF facilitated a broad partnership towards a national strategy for its introduction in Pakistan. Chlorhexidine is now in the essential medicine list, and two companies have applied for local production registration. UNICEF also helped initiate chlorhexidine introduction in three districts of Punjab.

UNICEF’s approach to child health acknowledges the unique impacts of maternal wellbeing on child health, survival and development. Supporting this role is key both for child survival and for gender equality which respects women’s role in perpetuating humanity. Thus, Mother and Child Week targeted both women and children, reaching over 33 million with deworming, immunization, and health education, all of which are important measures to reduce rates of illness and mortality amongst children, and improve maternal wellbeing.

A vaccinator prepares to immunize a child at Rural Health Centre, Sheikhpura, Punjab province. © UNICEF /Pakistan/2015/Asad Zaidi

Action

Maternal, newborn and child health care

After devolution, coordination in health proved to be a major challenge. An important step forward was taken when, with UNICEF support, a ten-point National Vision 2016–2025 to address reproductive, maternal, newborn, child and adolescent health and nutrition challenges was launched by the federal Ministry of National Health Services, Regulation and Coordination, and endorsed by all provinces and areas. Crucially, the National Vision also recognizes, as a public health priority, newborn care interventions guided by the Global Every Newborn Action Plan (GENAP) which provides a roadmap for reducing preventable deaths.

Two provinces finalized provincial strategies to improve newborn survival. GENAP was rolled out in Pakistan in 2015 in a phased approach. UNICEF contributed to efforts to reduce newborn deaths, with:

- Helping Babies Breathe initiative rolled out.
- Essential Newborn Care training for 2,500 community health care providers.
- Eight Sick Newborn Care Units established and 25 more in process.
- Kangaroo Mother Care intervention initiated in Punjab.
Routine immunization

A 2014 evaluation found the Expanded Programme for Immunization (EPI) urgently needed improved vaccine management to ensure that quality vaccines were supplied when and where they were needed.

To this end, in 2015, the National EPI Policy was approved, and costed Effective Vaccine Management improvement plans approved for four provinces and one area with UNICEF support. UNICEF completed seven of 19 planned Gavi-funded EPI warehouses, and gave technical support to the standardization of cold chain equipment for future procurement by government.

Following the successful launch of the pneumococcal vaccination, in 2015 the inactivated polio vaccine was introduced and integrated into routine immunization across Pakistan. Measles Supplementary Immunization Activities in 2015 achieved 97 per cent coverage, while 61.4 per cent of one year olds received their first measles immunization, thus helping protect more Pakistani children against this potentially deadly but preventable disease.

HIV and AIDS

The Pakistan AIDS Strategy was approved in 2015. Nine of 11 centres for prevention of parent to child transmission of HIV (PPTCT) were integrated into routine hospital services and are thus entirely supported by government.

Of Pakistan’s estimated 1,900 HIV-positive women, all those who were screened and tested positive (103) received PPTCT services. Identifying these women is a significant challenge, and a pilot project to address this through community or home-based testing showed early success by screening 333 wives of people who inject drugs, and referring the 14 who tested positive to further services.

Polio eradication

In 2015 a paradigm shift occurred in polio eradication, away from covered children to reach continuously missed children, and to place frontline workers at the centre of the effort. As part of the Polio Eradication Initiative, UNICEF supported this shift under the Government’s National Emergency Action Plan 2015–2016, contributing to a reduction in missed children to below 1 per cent in very high risk districts and in polio cases from 306 in 2014 to 54.

UNICEF engaged over 4,000 locally recruited workers for continuous community protected vaccination (CCPV) in high risk districts, with 2,291 (72 per cent female) deployed.
UNICEF strengthened Women & Children Hospitals in Bannu, Karak and Lakki Marwat districts for maternal and newborn care, and the EPI Programme for measles vaccination achieved 102 per cent coverage with increased demand among returning populations.

Community-based disaster risk management capacity development continued with 135 provincial trainers trained, who in turn trained 3,525 staff in disaster-prone districts.

UNICEF maintained an effective vaccine supply of polio vaccines, with 390 million doses provided without interruption for supplementary immunization in 2015.

In KP and FATA, nearly 1,770,000 internally displaced people received maternal and child health care support from government and its partners including UNICEF. This helped ensure there was no neonatal or maternal mortality in UNICEF-supported camps during 2015.

Community health services through Mother and Child Days reached 300,000 people affected by conflict and floods (274 union councils in KP, FATA and Punjab) with life-saving services, commodities and health education.

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UNICEF will continue its focus on improved newborn care for increased newborn survival, and strengthened routine immunization to reduce child mortality, with an added focus on reducing pneumonia and diarrhoea. Priorities in 2016 and beyond are:

- Supporting federal and provincial governments to model and scale up the nine essential interventions for improved newborn care.
- Supporting evidence based planning to increase immunization coverage and improve equity through the RED/REC approach.
- Improving supply chain management for high quality and timely immunization supplies, and drive the implementation of the vaccine improvement plan.

Key Results

**National Vision**

was endorsed with priority actions for maternal and child health care

**National EPI policy**

and five regional costed Effective Vaccine Management improvement plans were approved

**3,525**

officials in disaster prone districts were trained in community-based disaster risk management

**2,883**

women including spouses of people who inject drugs were screened and tested for HIV and those who tested positive were referred to appropriate services

**300,000**

people, affected by conflict and floods, reached through Mother and Child Days, with life-saving services, commodities and health education

Wild polio virus cases fell from 306 in 2013 to 54 in 2015

**97%**

coverage was achieved for supplementary measles immunization activities

7 Large figures have been rounded to three significant figures.
Accelerating policy change, translation and implementation for the availability of pneumonia and diarrhoea commodities in Pakistan.

Leveraging the strengths of the polio eradication programme by increasing the number of community based workers and building capacity of government front line workers.

Partnerships

Key partners in support of health for mothers and children are:

- Federal government: Ministry of National Health Services, Regulation and Coordination; Federal EPI.
- Provincial and area governments: including Departments of Health and programmes on EPI, maternal neonatal and child health, HIV and AIDS, and family planning and primary healthcare.
- Other development partners: WHO, UNAIDS, UNFPA, USAID, JSI, the World Bank, Gavi, APLHIV, the Bill and Melinda Gates Foundation, bilateral and international NGOs, CSOs and professional associations.
- Polio Eradication Initiative: Government of Pakistan, the Polio Eradication Initiative Emergency Operations Centre network, WHO, Bill and Melinda Gates Foundation, Centers for Disease Control, Rotary.

From the field

BANNU, KP PROVINCE – There is an unusual number of men in the hujra (community space) of Laluzai village. Usually such a large gathering is seen only for wedding feasts, or when the jirga (tribal court) meets. Today, however, the men of Laluzai have collected to hear Javid Afridi speak about mother and child healthcare.

Javid begins with a challenge. “How can we deliberately fail nature?” he asks. “Do we not know that children are nature’s most beautiful gift to humanity and mothers are the bearer of that gift?”

This gathering is part of Mother and Child Day, a UNICEF initiative funded by USAID to address the healthcare, nutrition and hygiene needs of people displaced from FATA by military operations and their host communities in Bannu. As project coordinator, Javid conducts many such sessions across the district.

In nearby Zakarkhel, Amna Roshaan is attending a similar session for women. Aged 32, she gave birth to her sixth child less than a month ago.

“I was in my seventh month when I went to a private lady doctor in Bannu for a check-up,” says Amna. She was told it was a complicated pregnancy and she would need a c-section, costing 60–70,000 rupees (US$600–700). “My husband and I were distraught as such an amount of money was impossible for us to arrange,” Amna, whose husband is a labourer, recalls.
UNICEF Representative in Pakistan, Angela Kearney, marks a child’s finger after he has been administered polio drops in Ghotki, Sindh province.

© UNICEF/Pakistan/2015/Asad Zaidi

Health

The Reach Every District approach was piloted in 12 districts across Pakistan in 2013 to improve routine immunization. In 2015 this approach was revised to include a strong equity focus and relaunched as Reach Every Community, recognizing that not all inequities are apparent at district level, and some communities are excluded from official counts and thus denied rights (e.g., migrants and slum dwellers).

This approach seeks to improve coverage and reach the 15–20 per cent children in every district who are marginalized and continuously missed. This is achieved by re-establishing regular outreach services, providing supportive supervision and on-site training, building community links with service delivery, improving monitoring and evidence-based action, and through better planning and management of human and financial resources.

A 2015 evaluation in Punjab found this approach increased the proportion of fully immunized children by up to 22 percentage points. The number of target districts was increased to 23; 7,000 staff were trained and implementation was expanded to the first five of the additional districts.

After polio cases in Pakistan rose to 306 in 2014, polio partners re-evaluated their approach of blanket immunization activities, and changed focus towards targeting children continuously missed in polio campaigns.

UNICEF and its partners developed the CCPV model which trained residents of highest-risk areas, particularly women, to persuade fellow community members to allow vaccination. A total of 2,291 CCPV workers were engaged in 175 high-risk union councils of KP and FATA, of whom 1,648 (72 per cent) were women. They were equipped with the knowledge and support needed to build community trust and gain access to homes, with the intent of succeeding in every interaction between vaccinator and caregiver at the doorstep.

This approach helped reduce the number of missed children to below 25,000 in very high risk districts, and polio cases to 54 in 2015 from 306 in 2014.

In focus

Severe inequities in high quality vaccination coverage mean that children in some communities are almost entirely excluded. Reaching these persistently excluded children is essential, both for routine immunization, and in the global effort to eradicate polio.

Then, a project team knocked on Amna’s door as part of a routine assessment campaign. Noreen Naz, a Lady Health Visitor with the project, examined her and found that the pregnancy was normal. “She comforted me by explaining the state of my pregnancy and advising on where to get my child delivered,” says Amna.

Reshma was born at the Women and Children Teaching Hospital, Bannu. A few days premature, she spent her first 24 hours in an incubator at a nursery constructed and equipped by UNICEF and USAID. “I will tell my daughter about these trustworthy friends of mine when she grows up,” Amna says, proudly holding Reshma.
“Deaths of newborns from preventable causes is a matter of serious concern. Pakistan is committed to ensure there are no more preventable deaths of newborns and under-5 children.”

Saira Afzal Tarar
Minister of State for National Health Services Regulations and Coordination
Other Resources (Regular)

EXPENDITURE (US$)
Total = $10,861,258

Regular Resources
$4,083,527

Other Resources (Emergency)
$2,589,034

Other Resources (Regular)
$4,188,697
Poor nutrition in childhood or even before birth can have an impact on health, attainment and wellbeing throughout life, and even in subsequent generations. Over a third of deaths under five are linked to malnutrition. Many Pakistani children are faced with long term nutritional deprivation, due to poverty, food insecurity, poor health services, illnesses linked to hygiene such as diarrhoea, and improper feeding practices.

In 2011, a major nutrition survey revealed the alarming extent of malnutrition in Pakistan. About 44 per cent of Pakistani children – 58 per cent in FATA – suffer from stunting, indicating chronic malnutrition. At 15 per cent, the proportion of children who suffer from wasting, indicating acute malnutrition, exceeds the international emergency threshold. A fifth of pregnant women and children under five have severe Vitamin A deficiency, and 62 per cent of children under five are anaemic.

Infant and young child feeding (IYCF) practices are poor. Breastfeeding is initiated within an hour in only 18 per cent of births (the lowest rate in South Asia), while only 38 per cent of children are exclusively breastfed for the first six months of life.

Pakistan’s persistent food insecurity has been exacerbated in recent years by conflict and displacement, and repeated natural disasters such as floods and drought has meant that support perforce addresses immediate needs rather than prevention.

The Community-based Management of Acute Malnutrition (CMAM) programme assesses and provides malnourished children and mothers with supplementary foods for home-based care. UNICEF supported the dissemination of new CMAM guidelines in 2015 and trained over 12,000 health care providers. UNICEF initiated a stunting reduction

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9 National Nutrition Survey 2011.
10 Pakistan Demographic and Health Survey 2012–2013.
received two doses of Vitamin A in 2015 with supplies provided by UNICEF.

No national bill on universal salt iodization has been passed in Pakistan, despite years of advocacy. In 2015, UNICEF used a modified approach to advocate for this bill, working with a range of new partners including the Network for Consumer Protection. Together, they conducted an intense communication campaign and as a result a parliamentarian presented an iodization bill. Although deferred for technical reasons, the bill is expected to be resubmitted with revisions in 2016, and will help ensure that all children receive sufficient iodine in their daily diets.

As a founding partner in the National Fortification Alliance, UNICEF began to work with partners to market flour fortified with iron and thus cost-effectively reduce anaemia. The Federal EPI streamlined its Vitamin A supplementation strategy, reducing coverage gaps, and the federal government is developing guidelines on Vitamin A supplementation. Over 32 million children aged 6–59 months received two doses of Vitamin A in 2015 with supplies provided by UNICEF.

As cluster lead for humanitarian action in nutrition, UNICEF coordinated support at the federal level and in Sindh and KP provinces. Despite a 77 per cent shortfall in US$27.9 million requested, UNICEF exceeded some nutrition targets: nearly 816,000 children under five were reached with micronutrient supplementation against 333,000 targeted, and nearly 519,000 women and children accessed support for IYCF, against 307,000 targeted.
While 1.5 million children aged 6–59 months (nearly 764,000 girls), constituting 125 per cent of target, and 1,050,000 mothers (146 per cent of target) were screened, only 49 per cent of the target of 162,000 acutely malnourished children were treated, due to funding constraints and restricted access.

Drought in Sindh led to widespread malnutrition. UNICEF supported emergency nutrition in 44 union councils of the worst-affected district, Tharparkar. These interventions screened 126,000 children and 56,000 women (100 per cent of those targeted), and

5.690 children with severe acute malnutrition were treated through the Outpatient Therapeutic Programme (over 80 per cent of target: the cure rate exceeded 90 per cent).

Using pre-positioned stocks, UNICEF provided supplies to all four provincial nutrition cells. UNICEF strengthened the Nutrition Information System, and introduced a new module integrating information from government-run CMAM facilities.

Key Results

- 1.05 mil children screened for malnutrition
- 1.5 mil children aged 6–59 months screened for malnutrition
- 5,690 children suffering from acute malnutrition were treated through the OTP
- 90% of the children suffering from acute malnutrition were cured through the OTP

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UNICEF will help reduce stunting by concentrating on the first 1,000 days of life, starting from conception and thus including mothers’ nutrition. Priorities in 2016 and beyond are scaling up essential nutrition services to:

- Improve infant and young child feeding practices.
- Improve women’s nutritional status especially by preventing micronutrient deficiencies.
- Improve nutrition for adolescent girls and mothers.
- Improve early detection and treatment of severe wasting.
Partnerships

Key partners in support of nutrition are:

- Federal government: Ministry of Health Services, Regulation and Communication; parliamentarians, Planning Commission nutrition section.

- Provincial and area governments.

- Other development partners: National Fortification Alliance, academia.

From the field

THARPARKAR, SINDH PROVINCE — “Raising children has not been easy for me,” says Pushpa (27). “Each of my daughters was underweight at the time of birth and I had to take them to the doctor frequently as they would often fall sick.” Today, Pushpa is here at a UNICEF-supported nutrition centre with her youngest, seven-month-old Lata.

Pushpa lives in Meghwar Paro, a village in the desert region of Tharparkar district, where 22.7 per cent of children suffer from global acute malnutrition and 45.9 per cent from chronic malnutrition, which leads to stunting.

At the nutrition centre, Lata is assessed by measuring her upper arm circumference and her height and weight. She is found to have severe acute malnutrition and is entered into the Outpatient Therapeutic Programme. Pushpa receives sachets of ready to use therapeutic food, a high-energy peanut paste with added micronutrients. Had Lata had additional complications, she would have been referred to the UNICEF-supported Stabilization Centre at the district hospital for specialized treatment.

Reaching women in remote areas is essential for timely detection and awareness of malnutrition. Lady Health Workers and mothers’ groups play an important role in identifying malnourished children and women, referring them to nutrition centres, and helping young mothers learn IYCF practices.

Kavitabai (25) is an IYCF counsellor for the UNICEF-supported CMAM programme in Tharparkar. She is the only woman in Meghwar Paro with a bachelor’s degree.

“Due to lack of education, awareness about health, hygiene, maternal and neonatal issues is generally low among women in this area,” says Kavita. “However, they are keen to learn and adopt the health and hygiene practices that I introduce to them during my sessions. More women now prefer delivering through skilled birth attendants or in the Mithi hospital. They breastfeed their children and are conscious about vaccination.”

In focus

Due to traditional practices, lack of education and awareness and food insecurity many mothers who wish the best for their children do not provide...
Although communication materials exist, IYCF is not budgeted by any of the provincial governments. In 2015, UNICEF supported the Pakistan Ministry of National Health Services and Regulation to establish a Technical Advisory Group on IYCF. The advisory group developed and endorsed the country’s first IYCF Strategy in 2015, and began work on establishing guidelines for IYFC in Pakistan. UNICEF also began work on incorporating standardized IYCF indicators into existing district heath information systems. There is an acute shortage of nutrition staff, and UNICEF provided training to 12,000 workers in CMAM and IYCF.

To underpin an effective IYCF Communication Strategy for behaviour change, UNICEF conducted data analyses of the National Nutrition Survey 2011 and of available IYCF data.

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IYCF is still in its early stages in Pakistan, and the culture change required to improve feeding practices nationally will require significant efforts. However, awareness is growing. Despite the shortfalls in humanitarian funding for nutrition, 519,000 children and women in emergency contexts accessed IYCF support through community outreach services in KP and FATA. This represents an extremely high uptake.
“It is time the SUN must rise; rays of sunshine should touch lives of millions of children and women suffering from malnutrition who deserve equal dignity, health and economic opportunity. Let the rays of SUN light the dark spots of malnutrition by developing a well-nourished and healthy society in Pakistan.”

Ahsan Iqbal
Federal Minister of Planning Reforms and Development
EXPENDITURE (US$)
Total = $17,017,963

- Other Resources (Emergency)
  - $5,231,707

- Other Resources (Regular)
  - $8,154,111

- Regular Resources
  - $3,632,145

Water, Sanitation & Hygiene
Defecation in the open poses severe risks to child health and safety. Diseases related to water, sanitation and hygiene (WASH) account for 110 deaths of children under five every day,\textsuperscript{11} and inadequate sanitation is estimated to cost Pakistan 3.94 per cent of GDP.\textsuperscript{12} Defecating in the open can also lead to protection concerns, especially for young girls.

Using improved sources of drinking water can help to protect against diseases. In Pakistan, 91 per cent use improved sources of water,\textsuperscript{14} but in areas affected by natural disasters, such as earthquake, flood or drought, water sources may be damaged.

The lack of sanitation facilities in schools can deter children, particularly girls, from enrolling and staying in school. Girls’ menstrual hygiene needs are rarely accommodated in schools, serving as a further deterrent.

Good hygiene practices are essential to reduce disease but in Pakistan, relatively few people wash their hands with soap after defecation.

In 2015, Pakistan reached its Millennium Development Goal target of halving the proportion of the population without access to sanitation to 36 per cent.\textsuperscript{13} However, challenges remain in cementing these gains in eliminating open defecation and in expanding them to other, more difficult to access, groups.

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Good hygiene practices are essential to reduce disease but in Pakistan, relatively few people wash their hands with soap after defecation.

### Action

UNICEF support through the Pakistan Approach to Total Sanitation (PATS) was critical in the country’s achievement of its sanitation target under Millennium Development Goal 7. This is an equity-focused programme which creates demand for sanitation amongst communities.
to eliminate open defecation. In 2015 alone, 1.3 million more people resided in open defecation free villages through UNICEF support. A total of 3,425 villages were certified free of open defecation and 1.7 million people received WASH-related information to prevent child illness, especially diarrhoea. PATS had important implications for women and girls as it acknowledged their particular privacy and protection concerns regarding sanitation, and gave them the opportunity to participate in identifying and planning their communities’ sanitation needs, thereby enhancing dignity, safety and freedom.

UNICEF worked to promote government ownership of WASH activities, with notable successes following the PACOSAN conference. The government of Punjab launched the WASH Sector Development Plan with a US$20 million budget allocation. In 2014–2015, the government allocated US$4 million to end open defecation in 3,600 villages and is now looking at expanding the programme. In Sindh, sanitation and drinking water planning began, with UNICEF support, alongside efforts to make 13 districts free of open defecation by 2018. Balochistan and KP provinces also worked on sanitation and water policies.

In 2015, nearly 579,000 people were reached with safe drinking water, including 452,000 people in Sindh province, thus helping to prevent WASH-related diseases.

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In Sindh, sanitation and drinking water planning began, with UNICEF support, alongside efforts to make 13 districts free of open defecation by 2018. Balochistan and KP provinces also worked on sanitation and water policies.

About 70,400 children were reached with WASH facilities in schools, thus eliminating a major barrier to school enrolment and retention which particularly affect girls, and UNICEF continued to work with government on promoting menstrual hygiene management in schools.
Humanitarian action

UNICEF is the humanitarian cluster lead for WASH. With timely action, strong coordination and increased demand, UNICEF exceeded its targets for support in humanitarian contexts. Against US$8.4 million requested, over US$6.4 million were received, and 559,000 displaced and returning people accessed safe water and 427,000 improved sanitation. WASH-related information was provided to 512,000 people.

In IDP hosting areas, 240,000 people received safe water, while 108,000 benefited from emergency latrines. About 204,000 IDPs received WASH related information. Hygiene kits were provided to 32,000 displaced families from North Waziristan.

To help prevent disease and bring children into education, 41,800 children received access to safe water and sanitation through the rehabilitation of school WASH facilities.

UNICEF provided WASH support to 45,600 returning families (137,000 children) at embarkation points.

International assistance was not requested after the October earthquake, but UNICEF supported the government-led response, providing safe drinking water to 5,000 people and sanitation and hygiene to approximately 3,000 people. Similarly, after monsoon flooding, UNICEF provided safe drinking water to over 20,000 people and sanitation and hygiene support to 25,000 people in Punjab, Sindh and KP. Additionally 600,000 water purification tablets were provided to health officials for affected populations.

UNICEF supported capacity development in urban WASH emergency preparedness. A total of 27 risk management plans were developed for vulnerable districts.
Key Results

Pakistan achieved its sanitation targets under the Millennium Development Goals, with 559,000 displaced and returning people accessing safe water. 1.3 million more people residing in open defecation-free villages in 2015.

Punjab allocated 8% of its budget to WASH services under the WASH Sector Development Plan, 579,000 people received safe drinking water, including 427,000 people in Sindh urban settlements.

70,400 children benefited from WASH facilities in school.

27 vulnerable districts developed risk management plans.

2016 and beyond

UNICEF will help reduce the number of those defecating in the open by 10 million by 2017, and support the government to end open defecation altogether by 2025. Priorities in 2016 and beyond are:

- Scaling up rural sanitation.
- Collaborating with other sectors, such as with the polio programme to reach the urban poor, with education programme to improve WASH in schools, and with the nutrition programme to reduce stunting.
- Supporting communication for development and disaster risk reduction.
- Conducting sustainability checks and annual joint sector reviews at the national level and in Punjab and Sindh.
- Aligning technical support with government budgeting processes.
Partnerships

Key partners in support of WASH are:

- **Federal government:** Key ministries in support of WASH, primarily the Ministry of Climate Change; National Bureau of Statistics; Parliamentarian SDG Task Force.

- **Provincial and area governments:** Local Government Departments; Public Health Engineering Departments, Planning and Development Departments.

- **Private sector partners:** UNILEVER and various consultancies and manufacturing concerns.

- **Other development partners:** the World Bank’s World Sanitation Programme; UN Habitat; PACOSAN; non-governmental organisations.

In 2015, UNICEF entered a consortium supported by DFID and including IOM, FAO, ACTED and HANDS, bringing together organizations with distinct and specific expertise in humanitarian service delivery to help communities be better prepared for and recover from natural disasters.

In 2010, disaster struck. Massive nation-wide flooding severely damaged water infrastructure in the district, plunging Muslimbagh’s 70,000 people into crisis.

With funds from KARCPP, UNICEF and the Balochistan Public Health Engineering Department installed 10 new tube wells drawing water from 500 feet underground. Five new tanks for water storage were constructed. “Power outage is a major problem in this area and at times there is no electricity for many hours,” says Mohammad Azam Zarkoon, the district executive engineer. “We constructed the water tanks on higher ground so that water flows down with gravity to reach the community. When there is a power outage, the tube wells stop working but people get uninterrupted supply of water in their houses.”

Haji Mohammad Jan has worked on several water supply projects and is fully aware of the water issues in Muslimbagh as the traditional water supply system, called karez, was unable to cope with changing conditions. “Over the years, with fewer rains, the canals dried up and the system became defunct.”

From the field

QILA SAIFULLAH, BALOCHISTAN PROVINCE — “For many years, water was a very precious item in this area,” says Haji Mohammad Jan, a construction contractor and resident of the mid-sized town of Muslimbagh. “We had to fetch water from far off sources and use it very carefully. It was particularly hard for children as they would play in the open and then wanted to drink lots of water. Often, the water they drank was not good for their stomach and caused health issues.”
Over 250,000 people benefited from direct WASH assistance. In one polio high-risk area of Quetta, Balochistan province, refusals of polio vaccine – a major bottleneck in polio eradication – fell from over 700 to just 19 after 20 settlements became free of open defecation.

“There are 22 people of my family living in one compound,” says Haji Mohammad Jan. “Sixteen of them are children. They run around in the streets all day long but do not drink water from anywhere except the water taps installed at the tube wells or in my house. I have no fear of them falling ill by drinking dirty water.”

In focus

Progress towards the elimination of open defecation was a success story for Pakistan in 2015. However, consolidating these gains requires changes at several levels. It requires strong government buy in for PATS, as well as genuine culture change within communities so they do not revert to poor sanitation practices. It also requires applying an equity lens to sanitation, as those who still practice open defecation are typically harder to reach populations.

The success of PACOSAN, the national conference on sanitation with delegates from seven South Asian countries, helped to create genuine momentum about consolidating sanitation gains. Regionally, two new countries (Maldives and Bhutan) joined the Sanitation and Water for All movement, and in Pakistan, led to concrete commitments to WASH. The government of Punjab approved a Sanitation Framework that allocated US$4 million in 2014–2015 to end open defecation in 3,600 villages, and a 10-year WASH Sector Development Plan.

At the community level, there was evidence of sustainable changes in social norms around sanitation in the increasing demand for toilets despite additional costs.

In a joint venture between its polio and WASH programmes, UNICEF reached into under-served urban areas to create and strengthen WASH systems in areas at high risk of polio.
“It is unfortunate that the lack of sanitation facilities is one of the major causes of the high child mortality rate in Pakistan, despite of the fact that cleanliness is declared half of faith in Islam.”

Mamnoon Hussain
President
Islamic Republic of Pakistan
Education

EXPENDITURE (US$)
Total = $13,466,720

- Regular Resources: $3,579,080
- Other Resources (Emergency): $8,769,713
- Other Resources (Regular): $1,117,927

Annual Report 2015
Education

Issue

Nearly a third of South Asian children who are out of school (OOSC) live in Pakistan. More girls are out of school: 38.9 per cent at the primary level compared to 30.2 per cent of boys.

Article 25-A of the Constitution guarantees the right of every child to education, but devolution following the 18th Amendment has created concerns around capacity and resource allocations to education in the provinces and areas. Recent enrolment drives decreased the number of primary school aged children who are out of school to 6.16 million in 2013–2014, but there is insufficient data on whether these children actually remain in education.

Quality of education is a concern, especially for girls: only 14 per cent of the poorest girls can read a story in Urdu, Sindhi or Pashto, compared to 22 per cent of the poorest boys. Quality is affected by lack of infrastructure and teaching materials and weak teacher training and assessment systems.

Access to education is extremely inequitable. Only 20 per cent of girls from poor rural households are in school, compared to 81 per cent of those from rich urban households. Poor rural girls receive on average only one year of education.

Insufficient data available on whether children actually remain in education after enrolment.

Access to education is extremely inequitable. Only 20 per cent of girls from poor rural households are in school, compared to 81 per cent of those from rich urban households. Poor rural girls receive on average only one year of education.

15 UNESCO Institute for Statistics Data Centre.
UNICEF worked with the government of Balochistan to help improve its Education Management Information System (EMIS) which collects data on every school in the province. With UNICEF assistance, data was extended to cover individual students, allowing them to be tracked through their educational careers. EMIS captured the profiles of 12,000 schools, nearly 52,000 teachers and 867,000 students, and is a critical tool in monitoring performance and student retention.

In Sindh and Balochistan, UNICEF helped governments establish forums for dialogue on education reform, through Joint Education Sector Reviews. These discussions underpinned the provincial Education Sector Plans and were the basis for 31 district education plans in Balochistan and 29 in Sindh.

UNICEF continued efforts to ensure that girls have equal opportunities for education and that their needs are taken in account in schools through models in Pakistan, which will inform planning in coming years to help bring all children, even the marginalized, into education.

Approx. 762,000 children enrolled in primary school in 50 focus districts

Over 46,000 children across Pakistan benefited from UNICEF-supported Alternative Learning Pathways (ALPs) which provide non-formal routes into education. UNICEF conducted a major study to assess the ALP models in Pakistan, which will inform planning in coming years to help bring all children, even the marginalized, into education.

Over 10,500 education staff trained in classroom management, disaster risk reduction, child friendly approaches, and early childhood education.

To help improve the quality and monitoring of schools, UNICEF trained over 10,500 education staff including teachers, head teachers and education managers in classroom management, disaster risk reduction, child friendly approaches, and early childhood education.

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UNICEF continued efforts to ensure that girls have equal opportunities for education and that their needs are taken in account in schools through
the establishment of supportive environments for girls (e.g. WASH in schools) and advocating for routes from non-formal to formal education. By involving parents in school management, UNICEF creates a sense of local ownership of education. Over 10,000 school management committees were supported, with members trained to establish accountability and bring OOSC, particularly girls, to school.

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With CSOs, community leaders and NGOs, UNICEF reached 70,600 (40 per cent girls) conflict-affected out-of-school adolescents with recreation, learning, and life-skills to promote conflict-sensitivity, social cohesion and resilience. About 26,000 adolescents, including 3,000 madrassah students, received messages on social cohesion and resilience, to help build stronger communities.

Over 26,000 adolescents received messages on social cohesion and resilience to help build stronger communities.

Humanitarian action

UNICEF is the humanitarian cluster co-lead for education. Support for education remained critically under-funded in 2015, with a shortfall of 74 per cent against US$5.9 million required to support education needs. UNICEF focused on providing children in camps, host communities and areas of return with safe, inclusive and quality education through camp schools, school sanitation, school supplies, teacher training and Parent-Teacher Councils. UNICEF supported community mobilization and media campaigns to promote enrolment particularly for girls.

In 2015, UNICEF supported education for 52,800 displaced children (including about 20,000 girls), reaching 60 per cent of its target through temporary learning centres in hosting communities, areas of return and in camps. In areas where education had been damaged because of security operations, UNICEF reopened 27 schools.

Following the October earthquake, 2,517 schools were damaged, including 143 completely destroyed. UNICEF provided winterized tents for 2,517 schools were damaged, including 143 completely destroyed in the October earthquake.
and education supplies to help 18,200 children including 11,700 girls continue their studies.

UNICEF helped the Punjab government develop a Disaster Risk Management (DRM) plan and KP conducted a DRR capacity assessment. Roll out of School Safety Plans and community-based DRR began in KP, Sindh and Balochistan.

2016 and beyond

UNICEF will concentrate on ensuring that all children – even those who have previously been excluded – access quality education, whether through the formal education system or through alternative learning

Key Results

Approx. 18,200 children were provided winterized tents and education supplies to help continue their studies.

UNICEF schools reopened in areas subject to security operations

Over 10,000 school management committees were trained to increase community ownership of schools

Over 10,500 education staff including teachers were trained to improve learning quality and retention

Over 27 schools reopened in areas subject to security operations

Approx. 762,000 children were enrolled in primary school for the first time through the Every Child in School initiative

An information system enabled the government of Balochistan to capture, for the first time, data on individual student progression

Over 52,800 displaced children continued education, including 20,000 girls
pathways. Priorities in 2016 and beyond are:

- Build capacity and strengthen coordination by the Ministry of Education.
- Help improve data management and reporting.
- Help develop new education policies which emphasize child rights within a human rights based approach.
- Improve non-formal education to help bring out of school children into educational pathways.
- Support provincial education departments to implement provincial early childhood education policies for quality early learning and school readiness.

**Partnerships**

Key partners in support of education are:

- **Federal government**: Ministry of Federal Education and Professional Training; National Commission for Human Development; National Education Assessment System; National Disaster Management Authority; Academy of Educational Planning & Management; Inter Provincial Education Ministers Conference; Directorate General of Basic Education Community Schools.

- **Provincial and area governments**: Departments of Education, particularly in Sindh and Balochistan.

- **Other development partners**: National Education Development Partners Group; civil society organizations.

**From the field**

QUETTA, BALOCHISTAN PROVINCE — “When I was a young boy, education – it was not even a consideration,” says Murtaza Khan, a resident of Killi Haji Mehrab Khan Kakar, near the provincial capital, Quetta. “Since my father was a farmer, I started working in the fields from an early age and have continued to this day. Times have changed and now we know that education is important.” Now, all four of Murtaza Khan’s children, both boys and girls, go to school.

Until recently, demand for education in this area was low, and schools provided poor quality education in uninviting environments. Parents were uninvolved in their local schools.

Over the last two years a UNICEF intervention, with support from Denmark and guided by the Balochistan Education Sector Plan, has helped effect a major turnaround. Today, the Government Boys Middle School, Killi Haji Mehrab Khan Kakar, is the most sought after institution in the
Education

Supporting the enrolment of 13,400 children (6,908 girls) in non-formal education in Punjab.

Supporting 230 non-formal education institutions in Sindh, reaching 19,000 OOSC.

To develop evidence-based routes to education for OOSC, UNICEF and the Ministry of Education mapped out the many different kinds of ALPs in Pakistan. The study assessed successful approaches to ensuring that OOSC receive a full course of basic education, and the potential for channelling students into formal education. This showed the potential for developing customized approaches to bringing OOSC into education and addressing specific challenges even at the level of individual districts. As a result of this study, Sindh, Balochistan, KP and FATA are now developing frameworks to support ALPs and revitalize non-formal education in these provinces and areas.

UNICEF also worked with the governments of GB and PAK to understand the barriers OOSC face in equitable access to, and retention in, education. These studies will inform Education Sector Plans, and reduce inequities in education.

In focus

About 6.1 million children of primary school age, including 3.5 million girls, are out of school (OOSC). Many children and adolescents have not completed the full five years of primary school but are no longer of primary school age. Inequities in access to education by place of origin, gender, disability, etc. excludes many, and there is a need to explore options for providing them basic education.

In 2015, over 46,000 children benefited from UNICEF support to increase the numbers of children benefiting from non-formal ALPs by:

- Supporting second-shift education and 12 feeder schools benefiting 3,000 OOSC from displaced and hosting communities in FATA and KP.
- Training 305 Balochistan teachers who reached 11,200 additional students. A total of 2,854 children were promoted from grade 1 to grade 2 and 2,458 children promoted from grade 2 to grade 3 (80 per cent) in UNICEF-supported ALPs.
- Supporting the enrolment of 13,400 children (6,908 girls) in non-formal education in Punjab.
- Supporting 230 non-formal education institutions in Sindh, reaching 19,000 OOSC.

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UNICEF also worked with the governments of GB and PAK to understand the barriers OOSC face in equitable access to, and retention in, education. These studies will inform Education Sector Plans, and reduce inequities in education.
“UNICEF’s role in the development of BESP has been critical and will have a long-lasting influence on access and quality in the education sector in the province. Upgradation of EMIS, introduction of ICT-based monitoring and cluster based management of schools are only some examples of UNICEF’s productive engagement with the department in improving governance, planning and quality in the education sector.”

Abdul Saboor Kakar
Secretary Education
Balochistan
EXPENDITURE (US$)
Total = $6,137,785

Other Resources (Emergency)
$2,344,133

Regular Resources
$3,124,058

Other Resources (Regular)
$669,593

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Child Protection

**Issue**

Despite Pakistan’s ratification of key human rights instruments, including the Convention on the Rights of the Child (CRC), significant barriers remain to the realization of the right of the child to protection. In all provinces and areas of the country, excepting GB, government allocations for the delivery of the child protection mandate are minimal, and laws and policies to protect children often do not align fully with the CRC. Service delivery is fragmented and there is little capacity to change behaviours around culturally sensitive issues, although some progress was made in 2015 following an intense media focus on reported child sexual abuse in Punjab. Repeated and ongoing humanitarian crises, notably the displacement and return in KP and FATA, pose further protection risks to children.

Only a third of children are registered at birth, hampering effective access to and delivery of relevant services, especially in humanitarian situations.

Further, this proportion largely fails to reflect extreme inequities for children within civil registration, as amongst the poorest and most marginalized, the births of only five per cent are registered. Birth registration faces barriers at the supply side (red tape, lack of services) as well as the demand side (lack of awareness, high cost).

In 2012, the International Labour Organization estimated that over 12 million child labourers currently exist in Pakistan, but reliable and up-to-date data on child protection concerns is critically lacking.

**Action**

In 2015, UNICEF renewed its emphasis on ensuring that strong systems exist to protect children from violence, neglect and exploitation and that they are supported by policies compliant with Pakistan’s commitments under key international frameworks, such as the Convention on the Rights of the Child.

Universal birth registration for children under five is a UNICEF priority area for Pakistan. In Punjab, Sindh and FATA, government strategies to promote birth registration were developed. In Punjab and Sindh, an innovative public-private partnership led to increased registration rates in project areas (see Focus).

Although child protection systems in Pakistan are at an early stage of development, more than 67,000 children accessed some form of protective services in 2015. Further, UNICEF continued to implement an IKEA Foundation-funded project to help realize children’s rights to health,
The last child labour survey in Pakistan was conducted in 1996. In 2015, UNICEF successfully advocated with all four provincial governments, as well as FATA, for a new survey in 2016 to be conducted in accordance with minimum international standards. This will guide action by government and partners against child labour.

UNICEF also provided technical support for the design of a tailored impact evaluation of a regional IKEA Foundation-funded project to empower adolescents – the first such evaluation in Pakistan.

Humanitarian action

Under the Protection Cluster coordinating humanitarian action in KP and FATA, UNICEF is the lead agency for the child protection sub-cluster.

Of a total of US$3.3 million required for the delivery of child protection in emergency services in KP and FATA, UNICEF received US$1.4 million: a 57 per cent funding gap. While this restricted the delivery of UNICEF-supported interventions to a certain degree, Protective Learning and Community Emergency Services (PLaCES) centres provided a safe space for about 56,000 children and women, where appropriate services, including counselling, life-skills education, WASH and protection in cotton-farming areas of Punjab and Sindh. Approximately 17,300 families in cotton-farming areas, with 70,600 children (48 per cent girls) vulnerable to child labour, received conditional cash transfers, and 290 Multi-Functional Community Centres were established in 2015 (bringing the total to 800) to support awareness-raising and behaviour change on issues related to child rights. Additionally, 1,355 income-generating grants were disbursed among vulnerable women for the benefit of their families.

Over 67,000 children accessed some form of protective services in 2015.

Approx. 17,300 families in cotton-farming areas, with almost 70,600 children vulnerable to child labour, received conditional cash transfers.

UNICEF also provided technical support for the design of a tailored impact evaluation of a regional IKEA Foundation-funded project to empower adolescents – the first such evaluation in Pakistan.

Over 56,000 women and children were provided a safe space where they accessed services including counselling, life skills, education and recreation.
A Lady Health Worker feeds details about a newborn child and his family into a smartphone before transferring the data to the Union Council office – a process which makes birth registration quick and simple.

© UNICEF/Pakistan/2015/Sami Malik

UNICEF established information desks for displaced families returning to their areas in FATA, where information on mine risks, health, hygiene and child protection were provided to 7,670 children (1,225 girls), about 16,400 men and 1,684 women.

In Chitral, UNICEF provided individual grants in the sum of Rs 3,000 (US$300) per family to those affected by the October earthquake, aiming to reach a total of 19,000 families identified as being in need.

UNICEF helped integrate child protection in emergencies (CPIE) responses into social welfare department strategic plans in all provinces and PAK, and in the PDMA strategies for Balochistan, Punjab, KP and FATA.

In KP, Standard Operating Procedures were developed and endorsed for unaccompanied, separated and missing children, as well as minimum standards for protective spaces, coordination mechanisms and an injury surveillance system.

Key Results

Over 67,000 children accessed protective services

19,000 families that were affected by the October earthquake were provided individual grants in the sum of US$300 per family

CPIE integrated into strategic plans for social welfare departments and provincial disaster management authorities

A mobile phone pilot increased birth registrations by 85% in target areas
2016 and beyond

UNICEF will continue efforts to assist governments in Pakistan establish strong systems for child protection, and to increase birth registration rates for children under five. UNICEF will:

- Advocate and technically assist governments to achieve policy reform in line with international commitments.
- Support individual and institutional capacity-strengthening efforts for improved service delivery and the establishment of effective protective structures at local levels, generate evidence and support monitoring, and ensure that the drive to promote birth registration and end child marriage are integrated into protective systems.
- Support efforts to strengthen capacity within the sphere of disaster-risk reduction and social mobilization in support of greater levels of protection for children.
- Address both supply-side and demand-side barriers to birth registration through innovative and cost-effective solutions.

Partnerships

Key partners in support of child protection include:

- Federal government: Ministry of Law and Justice; Ministry of Human Rights; Ministry of Overseas Pakistanis and Human Resource Development; Ministry of Foreign Affairs; Ministry of Health; Cabinet Division; Capital Administration and Development Division; Federal Ombudsman Office; NADRA; Ministry of Religious Affairs and Auqaf; National Commission for Human Rights; National Commission for Child Welfare and Development; Pakistan Bait-ul-Maal; NDMA.
Provincial and area governments: PDMA, DDMA, Departments of Law; Departments of Social Welfare; Planning and Development Departments; Local Government Departments; Labour Departments; Home Departments.


From the field

JHANG, PUNJAB PROVINCE —
When Aasma Bibi (17) completed fifth grade, she knew she would not be returning to school. Her father, Sultan, is a day labourer who has a donkey cart which he uses to transport bricks and fertilizer, earning Rs 2–300 (US$2–3) a day. With this meagre income he struggled to support his six children. She knew she would have to help support her large family.

The riverside village of Thatta Kuriyana is susceptible to severe monsoon flooding which damages agricultural livelihoods and disrupts education as those left homeless take shelter in schools. With poverty and lack of opportunity, there is a steep rise in child labour.

"We worked on local farms during harvest season," says Aasma. "It is very hard labour for any girl to work in the open from dawn to dusk and often during harsh weather. I often suffered cuts and bruises from the sharp tools used for cutting sugar-cane and wheat, while the male supervisors used to harass me and my sisters." For a day of hard labour, she was paid Rs 60 (US$0.60).

Today, however, Aasma is a beneficiary of a UNICEF skills training centre supported by the Swiss National Committee for UNICEF. Here, she learned dressmaking, and went to work with her brother, a tailor.

After severe flooding in Jhang district in 2014, UNICEF set up 80 training centres for adolescents, especially girls, involved in hard labour. About 2,000 young people like Aasma have learned new skills and the top trainees have received start-up kits to help establish small businesses.

Today, Aasma is a major contributor to her family’s income, and even has time leftover to help her mother with housework. "I earn up to 3,000 rupees (US$30) each month, while working from home," she says proudly. "I have never earned this much money before!"
In focus

Birth registration is a fundamental right of all children and a legal proof of identity. Yet only 33.6 per cent of Pakistani children are registered, with the proportion falling to 22.8 per cent in rural areas.23 Reasons include high costs for families in time and money, low awareness, weak governance structures, and bureaucratic hurdles.

In 2014, UNICEF began a partnership with the mobile phone company Telenor Pakistan, and the governments of Sindh and Punjab, to trial a set of models for mobile phone assisted birth registration in three union councils.

The pilot relied on trusted and reliable community-based gatekeepers equipped with mobile phones with a digitized birth registration form. Local government officials were provided access to an online dashboard through which to update the status of the registration application, and for their performance to be monitored by district officials.

Across the three union councils, registrations within 60 days of birth increased by as much as 85 per cent, compared to the previous year. In one union council, birth registration for baby girls increased nearly eightfold. The savings in time and money were immense: each registration only required a single trip to the union council office instead of three, and completing the registration form took 5–10 minutes instead of the two days previously reported.

UNICEF is now expanding this pilot across three districts, seeking to reach 700,000 unregistered children, and is working with the governments of Sindh and Punjab to push through legislative reform and training for officials on universal birth registration.

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23 Pakistan Demographic and Health Survey 2012–2013.
“Through integrated efforts by all stakeholders – including the departments of Local Government and Community Development, Planning and Development, Health, Education, Social Welfare, Auqaf, civil society, national, as well as international development partners, print, electronic and social media – we can achieve the target of universal birth registration in Punjab by 2020.”

Khawaja Salman Rafique
Advisor to Chief Minister on Health
Government of Punjab
Building Partnerships

Action to benefit children and women depends on the expertise of a broad range of partners.

UNICEF collaborated with Government at all levels, advocating for policies and programmes to help fulfill Pakistan’s commitments under key international agreements such as the CRC, and to achieve the MDGs and SDGs.

UNICEF brought together partners on joint platforms towards key outcomes. One such was a Ministry of National Health Services, Regulation and Coordination partnership (health departments, WHO, USAID, MCHIP, Save the Children, Mercy Corps/Research and Advocacy Fund, PATH, JSI, United States Pharmacopeia) towards a national strategy on the introduction of chlorhexidine to prevent potentially fatal infections of the umbilical cord in newborns. The drug is now in essential medicine lists and two companies have applied for local production.

With partners in the Global Polio Eradication Initiative (BMGF, CDC, Rotary, WHO) UNICEF supported Government in establishing Emergency Operations Centres as decision-making, data-sharing and review platforms, helping to reduce the number of children continually missed by polio immunization campaigns and thereby the overall number of cases.

UNICEF increased emphasis on building private sector partnerships, bringing their financial support and technical expertise to bear on issues affecting children. With Telenor and the governments of Sindh and Punjab, UNICEF increased birth registration in target areas using mobile phones. UNICEF participated in an IKEA-funded regional project to protect vulnerable adolescents and improve their autonomy, and one to protect the rights of children in cotton picking areas.

A six-year partnership between civil society organisations (CSOs) and Government, supported by UNICEF and EPI, reached 500,000 people with health information and built a platform for CSOs to participate in decision-making. By the project’s conclusion, the consortium had expanded from 14 to 70 CSOs contributing actively to policy through the Inter-Agency Coordinating Committee for EPI.

With the Asian Disaster Preparedness Centre (ADPC), UNICEF trained government and partner staff across Pakistan on disaster risk management and climate change adaptation. This was seen as a best practice approach and led to an umbrella partnership between the ADPC and UNICEF’s Pakistan, India, Nepal offices and Regional Office for South Asia to conduct comprehensive trainings in these countries.

UNICEF built new partnerships with peace-building organizations to reach 70,600 conflict-affected out-of-school adolescents (40 per cent girls) with recreation, learning, and life-skills. Partners provided access and peace-building expertise, while UNICEF used education as an entry-point for improved conflict-sensitivity programming, social cohesion and resilience.

In humanitarian situations, UNICEF partnered with disaster management authorities, governments, United Nations agencies and other partners to deliver assistance to affected populations quickly and effectively. UNICEF was cluster lead for WASH and Nutrition, co-lead for Education, and lead for Child Protection within the Protection Cluster. UNICEF coordinated humanitarian response for those displaced by conflict and flooding in KP province and FATA, despite funding gaps and restricted access.
Evidence-based Action

Effective action depends on high quality data, and the strongest programmes rigorously evaluate their work and modify their actions appropriately.

In 2015 UNICEF participated in key United Nations coordination mechanisms (One UN Programme II ‘OPII’; Delivering as One), helping to maintain a child rights and equity focus, and to ensure that research underpinned action, particularly in its position as chair of the OPII Programme Monitoring and Evaluation group. As convenor of the large Strategic Priority Area, SPA1, in Pakistan, UNICEF improved management and coordination in efforts to improve services for the most marginalized, and as co-chair of OPII in Sindh, strengthened government ownership.

Following a ‘light’ Mid-Term Review of the UNICEF Country Programme and a strategic planning exercise, UNICEF developed 2.5 year Multi-Year Work Plans for the four provinces and FATA in addition to federal-level programme work plans, promoting the concept of Delivering as One UNICEF. These evidence-driven, multi-sectoral programmes strengthened the alignment and responsiveness of UNICEF programming for the remainder of the country programme with national and regional strategic priorities, ensuring geographical convergence and programmatic complementarity, and advancing a lifecycle approach to the child.

Through high quality and timely reporting, UNICEF engaged effectively with donors and other partners, creating strong and sustainable partnerships towards the achievement of results for children. Annual and mid-term reports were completed, and over 98 per cent of donor reports were submitted on time.

UNICEF conducted five evaluations and research projects which will have important implications for future work. These included a major research project on ALPs, and evaluations of projects in WASH, health and other areas. Management responses for three 2014 evaluations were completed and more than 90 per cent of recommendations were accepted and follow-up actions taken, ensuring that future action builds on past experience and lessons learned.

In 2015, the United Nations Year of Evaluation, UNICEF celebrated an important milestone in National Evaluation Capacity Development (NECD) when an evaluation module was incorporated by the Pakistan Planning and Management Institute into its regular training programme for government officials across Pakistan. UNICEF also initiated the development of an evaluation policy for Punjab province, and was asked to do the same by Balochistan.

The Multiple Indicator Cluster Survey (MICS) is an invaluable source of district-level data for evidence-based action, but in Pakistan their data was often under-utilized. In 2015, Punjab and Sindh provinces published key findings from the first MICS surveys led and conducted entirely by their own Bureaus of Statistics with technical assistance from UNICEF. Both surveys adhere to the highest global standards, and Punjab and Sindh are now advising other provinces and areas on how to conduct their own
surveys. An innovative field monitoring system was piloted in Punjab, and will be replicated in upcoming MICS in KP, GB and Balochistan. With complete government ownership of the projects, both Punjab and Sindh have committed to using the high quality data which emerged to inform their annual development plans and budgetary allocations. The Child Wellbeing Index was also updated with the latest data. As a result of this, UNICEF government and other partners now have access to a growing body of data to underpin action for children.

To enhance humanitarian action, UNICEF improved humanitarian performance monitoring under the Core Commitments to Children. All provinces and areas developed Emergency Preparedness & Response Plans with updated monitoring matrices; stocks were pre-positioned for 100,000 people, partnerships pre-certified, trainings for UNICEF and implementing partner staff conducted, and surge and rapid response teams identified in order to ensure that UNICEF was ready to respond to emergency situations.
New approaches yielded innovative solutions to long-standing problems. With nearly 126 million mobile phone subscribers, Pakistan is believed to have the highest mobile phone penetration rate in South Asia, including among women. This offers an opportunity to amplify the voices of traditionally hard to reach groups, as well as maintain real time contact with large teams of frontline workers in inaccessible or insecure areas.

In 2015, UNICEF launched PakAvaz, the Pakistani implementation of the global U-Report platform for young people to make their voices heard on the national stage. Soon after launch it had over 3,000 registered users.

UNICEF pioneered a feedback system for families receiving hygiene kits in humanitarian situations, creating a way for the voices of those in these situations to be heard. Nearly 800 people, including women, responded, providing invaluable information on how hygiene kits could be improved.

As part of the Polio Eradication Initiative, UNICEF used RapidPro to motivate, train and support frontline workers. By surveying 13,700 workers, it identified those who missed training and improved service quality and salary payment methods.

An innovative birth registration initiative in Sindh and Punjab used mobile phones to improve registration rates by as much as 85 per cent in target areas.

In 2015, UNICEF launched PakAvaz, the Pakistani implementation of the global U-Report platform for young people to make their voices heard on the national stage. Soon after launch it had over 3,000 registered users.

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UNICEF brings the voices of those who benefit from its work to an international stage creating awareness of vital issues affecting children, and UNICEF programmes in support of child rights, amongst donors, partners and the wider public.

Through traditional and social media, UNICEF helped put child rights on the national agenda. Over 219,000 Facebook fans and 23,500 Twitter followers received regular updates on the challenges faced by Pakistan’s children, and UNICEF’s successes in addressing them. UNICEF staff collected stories and images from the field, and brought them to the wider world. In 2015, 20 human interest stories about programme and emergency activities were published on the national website, bringing visibility to donors and supporting fundraising. About 10 million people were reached with SMS messages about polio campaigns, and 6,699 stories appeared in print and electronic media to build momentum towards polio eradication.

When disaster occurred, UNICEF responded swiftly to global media interest and prepared for sudden fundraising needs. Thus, when the October earthquake struck, communications packages were immediately prepared for fundraising and awareness-building, including photos and reporting on the real-life needs of people on the ground.

Donors, government and other partners were engaged through events, such as a major event to mark the mid-point of UNICEF’s Country Programme and showcase achievements to date. In support of UNICEF programmes, special events increased momentum on critical issues; these included World Day against Child Labour and Global Handwashing Day.

Five op-eds in major newspapers highlighted UNICEF’s contributions, for example to efforts to eradicate open defecation, while interviews with staff positioned UNICEF as a national authority on child rights. In 2015, UNICEF focused on integrating polio into general communications activities; for example, when the Representative was interviewed on Universal Children’s Day, she stressed three key interventions related to equity: registering all births, bringing girls to school, and ensuring that all children are vaccinated against polio.
Operations

Through operational support and careful risk management, UNICEF ensures that humanitarian and development assistance are effective and transparent.

A Business Operations Strategy was developed in 2015 for shared United Nations procurement, and will be implemented in 2016.

Financial management

The Harmonized Approach to Cash Transfers (HACT) is a framework for transferring cash to implementing partners. In 2015 UNICEF conducted a macro-assessment of the government’s Financial Management System and rolled out HACT, including training, for government partners. Micro-assessments were completed for 10 government implementing partners. UNICEF mapped out its partnerships across Pakistan and put in place effective assurance mechanisms. All CSOs which received over US$500,000 in funding were audited.

In the lead up to the transition to the Global Shared Services Centre in Budapest, Hungary in 2016, UNICEF established a Transaction Centre to centralize key activities and reduce transaction costs.

Risk assessment

Fourteen risks were identified through biannual risk assessments, such as possible inadequate supply monitoring, attacks against teams in the field, floods and earthquake. Appropriate mitigation measures were planned or implemented.

Efficiency and greening

To increase efficiency, UNICEF developed travel plans for advance booking and engaged two travel agents for competitive bids, leading to savings of approximately US$25,000.

UNICEF installed LED lighting expected to reduce electricity consumption by 40 per cent, and commissioned a solar power plant which will reduce carbon emissions by about 37,000 kg/year.

Supply and logistics

Using existing Long Term Agreements for supply, UNICEF responded to the October earthquake swiftly, without needing additional surge staff. In partnership with Government and
Gavi, seven EPI warehouses were handed over to the government in 2015. UNICEF stock valued at US$ 30.4 million was distributed, as well as ready-to-use therapeutic food.

Security
UNICEF reviewed and enhanced security at its country and field offices, and ensured staff received appropriate security training. Coordination with government, police and military helped access restricted and insecure areas. There were no major security incidents affecting UNICEF operations in 2015.

Human resources
UNICEF invested heavily in staff development, and filled 27 per cent of new positions from existing staff. In addition to group learning, individual staff received management, technical, competency and advocacy training. An online ethics course achieved 100 per cent compliance.

As leader of the One UN Human Resource Working Group, UNICEF achieved US$30,700 cumulative cost savings for 19 member agencies through a joint recruitment portal and talent management system.

Information technology
UNICEF deployed the innovation-driven RapidPro system to improve advocacy and service delivery. Through cloud-based collaboration tools and teleconferencing, UNICEF increased productivity while reducing its carbon footprint.

Greening UNICEF
UNICEF assessed its environmental footprint for the first time in 2015, evaluating its energy and resource consumption, travel and waste management. To reduce its environmental footprint, UNICEF reduced non-essential travel through teleconferencing. UNICEF also reduced energy consumption by installing LED lighting, waste and resource consumption by introducing reusable commodities in its offices, and travel costs by phasing out high consumption vehicles.

In focus
To help ensure that sufficient and high quality health commodities are available when and where needed, through Procurement Services UNICEF helped Pakistani governments improve their ability to manage supply chain and procurement.

The major part of these services was in support of vaccination for the federal and provincial governments, the Polio Eradication Initiative and routine immunization through EPI. UNICEF also helped establish a more sustainable vaccine management system at Federal EPI and upgrade the cold chain system with WHO.

In 2015, UNICEF signed nutrition related Procurement Services MoUs with provincial governments and helped to develop Pakistani expertise to manufacture ready-to-use therapeutic food and thus contribute to reducing stunting.
In the third year of its Country Programme, UNICEF had US$132.72 million available to implement its development and five year humanitarian programmes in Pakistan, of which it expended US$94.49 million (71 per cent). In the context of a changing humanitarian situation, UNICEF increased development expenditures significantly relative to 2014, while humanitarian expenditures fell to almost half. However, overall expenditure in 2015 was similar to that in the previous year (Figure 1).

Resource mobilization for polio eradication remained high and timely donor support was crucial in achieving positive results for polio eradication. Similarly donor support contributed to strong results in WASH, nutrition, and health under the humanitarian response (Figure 2). Expenditure in support of polio eradication stood at US$21.14 million. This was followed by health expenditure at US$13.73 million, education expenditure at US$13.63 million, and WASH expenditure at US$13.01 million.

UNICEF celebrated considerable success in strengthening relationships with donors by organizing field visits and briefings, and providing regular...
updates and fundraising documents. This helped to significantly increase support. By the end of 2015, UNICEF had raised 88 per cent of its five year target and expended over 76 per cent of received funds.

The office successfully negotiated long-term multi-sector contributions and attracted funding under Delivering as One, with over US$ 74 million mobilized in 2015. Of this, US$16.6 million were for regular programming – including US$11.84 million for polio eradication – and US$19.22 million for humanitarian action. More than half of funds were from public sector donors. Major donors included the United States, Canada, European Commission/ECHO, Denmark, Sweden, United Kingdom, Saudi Arabia, the United Nations Central Emergency Response Fund, the One United Nations Delivering Results Together Framework for Pakistan, and Gavi. Private sector donors were actively engaged, yielding funding from the Bill and Melinda Gates Foundation, IKEA Foundation and Telenor.

In 2015, expenditure was highest for funds received from the United States Agency for International Development, Canada and Japan (Figure 3). The United States Fund for UNICEF, Gavi and Bill and Melinda Gates Foundation expenditures topped amongst non-government donors and reinforced UNICEF’s development programming (Figure 4). Thematic funds were received by the office for both development and humanitarian purposes (Figure 5). These flexible pooled funds greatly enhanced UNICEF’s ability to implement underfunded development projects and to spearhead humanitarian programmes. The highest expenditure of thematic funds in 2015 was for development activities in education. Humanitarian thematic expenditure came second with US$2.03 million spent in areas experiencing protracted complex crises.

![Figure 3: Expenditure of funds received from public sector partners](image1)

![Figure 4: Expenditure of funds received from UNICEF National Committees, UN and private sector partners](image2)

![Figure 5: UNICEF pooled thematic funds expenditure](image3)
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADPC</td>
<td>Asian Disaster Preparedness Centre</td>
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<td>ALP</td>
<td>Alternative Learning Pathway</td>
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<td>CCPV</td>
<td>Continuous Community Protected Vaccination</td>
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<td>CMAM</td>
<td>Community-based Management of Acute Malnutrition</td>
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<td>CPiE</td>
<td>Child Protection in Emergencies</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<td>DRM</td>
<td>Disaster Risk Management</td>
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<td>DRR</td>
<td>Disaster Risk Reduction</td>
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<td>EMIS</td>
<td>Education Management Information System</td>
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<td>EPI</td>
<td>Expanded Programme for Immunization</td>
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<td>FATA</td>
<td>Federally Administered Tribal Areas</td>
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<td>GB</td>
<td>Gilgit-Baltistan</td>
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<td>GENAP</td>
<td>Global Every Newborn Action Plan</td>
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<tr>
<td>HACT</td>
<td>Harmonized Approach to Cash Transfers</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>ICT</td>
<td>Information and Communication Technology</td>
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<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<td>KP</td>
<td>Khyber Pakhtunkhwa Province</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MoU</td>
<td>Memorandum of Understanding</td>
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<td>NECD</td>
<td>National Evaluation Capacity Development</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>OOSC</td>
<td>Out of School Children</td>
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<td>PAK</td>
<td>Pakistan-Administered Kashmir</td>
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<td>PATS</td>
<td>Pakistan Approach to Total Sanitation</td>
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<td>PDMA</td>
<td>Provincial Disaster Management Authority</td>
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<td>PLaCES</td>
<td>Protective Learning and Community Emergency Services</td>
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<tr>
<td>PPTCT</td>
<td>Prevention of Parent to Child Transmission of HIV</td>
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<td>REC</td>
<td>Reach Every Community</td>
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<td>RED</td>
<td>Reach Every District</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>SUN</td>
<td>Scaling Up Nutrition</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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The disease of inequality is the product of a vicious intergenerational cycle, in which children denied education, health care, nutrition, and protection are also denied a full opportunity to contribute to their own children’s development, and thus to the narrowing of inequalities, and thus to the defeat of poverty in all its dimensions.…

Sustainable economies can grow if we give every child a fair chance in life. If we reverse the vicious cycle of inequity and inequality by setting in motion a virtuous cycle, by working to invest in every child, everywhere, from the beginning of her life. Greater equity in opportunity today producing fewer inequalities tomorrow.

Anthony Lake
Executive Director
UNICEF