

PAKISTAN ANNUAL REPORT  
2016

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# 2016







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# Foreword

The year 2016 offered UNICEF Pakistan much to celebrate, with enhanced legal protections for children, the elimination of deadly neonatal tetanus from Pakistan's largest province, Punjab, millions of people now living in hygienic environments, and significant progress towards the eradication of polio. We saw important advances in establishing a policy environment and institutions conducive to ensuring all children get the nutrition they need, and exercise their right to a quality education.

We celebrate the Government's leadership in taking ownership of the country's sustainable development, and of protecting the entitlements of its children. With the Sustainable Development Goals (SDGs) mainstreamed as Pakistan's own national development goals, we look forward to a close partnership with the Federal Government and devolved administrations as they implement the policies and plans needed to achieve the SDGs in their specific contexts.

During this year, we saw an increasing number of families who had endured insecurity and displacement return to the Federally Administered Tribal Areas (FATA). The Government's FATA Sustainable Returns and Rehabilitation Strategy guided us and our partners as we welcomed them home with packages of services and information to protect their children's health and wellbeing.

No major disaster struck the country, so we were able to consolidate our work with Government to progress our shared long-term development objectives, build stronger systems for service providers, and enhance resilience amongst the communities they serve.



UNICEF Representative in Pakistan, Angela Kearney, with a child in Swat Valley, Khyber Pakhtunkhwa province.

© UNICEF/Pakistan/2016/Asad Zaidi

For example, we partnered with the National Disaster Management Authority (NDMA) to develop a School Safety Framework that will eventually set the standard for comprehensive safety against natural and human-made threats to schools, making them safe places to learn and play for children.

Under the One UN programme, we collaborated with our sister agencies in the United Nations to support Government in achieving the SDGs through wide-ranging consultations, planning and by leading on the development of a monitoring framework. Under the umbrella of Government's Sustainable Return and Rehabilitation Strategy, we collaborated with United Nations Development Programme (UNDP), Food and Agriculture Organization (FAO) and World Food Programme (WFP) to support recovery in areas of return in FATA.

We at UNICEF are proud of what we bring to our partnerships. Our focus on equity aims to reach all children, especially the most marginalized. We emphasize the need for evidence

and quality data to underpin our work. And our mandate to protect children's rights places their needs front and centre in all that we do.

These considerations have also informed our planning for the next UNICEF Country Programme, which will guide our efforts from 2018 to 2022. During 2016 we held extensive consultations with partners in government, civil society and our sister UN agencies, building consensus on the future we envisage for Pakistan's children and the means by which we may achieve it. Using robust data we identified the children who suffer the greatest deprivations. The Situation Analysis emerging from this process will create an invaluable understanding of where the greatest needs are, and help us devise concrete, evidence-based strategies to address them.

The progress made in 2016, the achievements celebrated and the groundwork laid, would not have been possible without our donors. Their dedication to furthering the rights and wellbeing of Pakistani children underpins our work.

As I look forward to 2017, UNICEF's staff join me in reiterating our shared commitment to a future in which every Pakistani child, whether rich or poor; rural or urban; no matter their gender, language or faith, lives a life of health and opportunity.

**Angela Kearney**  
Representative  
UNICEF Pakistan



With Polio Eradication Initiative partners UNICEF supported **repeated polio vaccination** of 37 million children on five National Immunization Days, with additional vaccinations for 20 million children in high-risk areas on six Sub-National Immunization Days



Polio cases fell by 63 per cent, from 54 in 2015 to 20 in 2016. This was a 17-fold reduction in confirmed cases, to only 0.5 cases per 1 million children



About **936,000** people gained access to **safe drinking water** through new and rehabilitated water systems



About **100,000** children who would not have otherwise enrolled were **brought to school** through community mobilization, advocacy, and improved school environments



## Achievements

Over **2.3 million** people (1.2 million women) gained access to **improved sanitation** with UNICEF support



Punjab, home to half of Pakistan's population, was validated for the **elimination of maternal and neonatal tetanus**



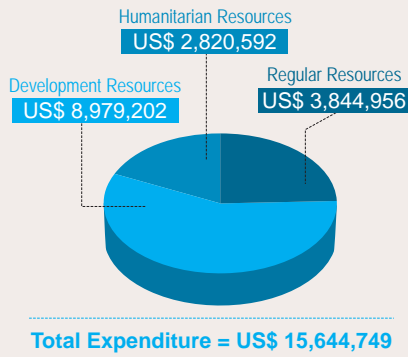
To educate caregivers about **how to feed children to help them flourish**, an Infant and Young Child Feeding strategy and communication strategy with costed communication plans were developed



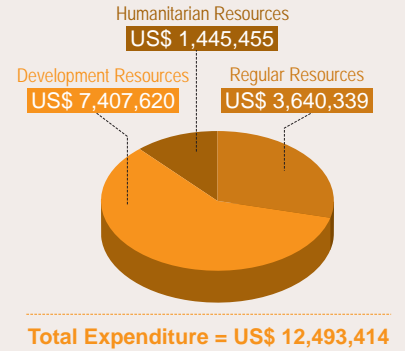
UNICEF supported the development of Pakistan's **first Child Protection Bill**, fully aligned with the CRC, enacted in Balochistan, where a public child protection case management and referral system will now be established



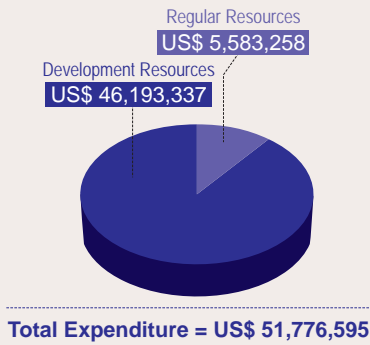
## Water, Sanitation and Hygiene



## Education



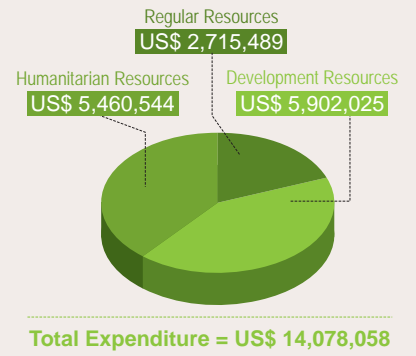
## Polio Eradication



# Financial Highlights

**Grand Total**  
**US\$ 126,564,226**

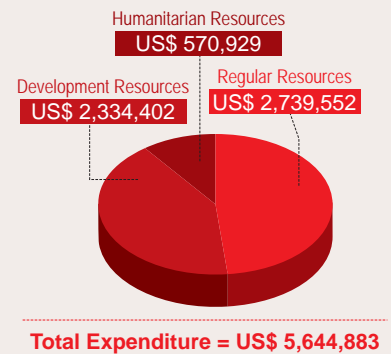
## Nutrition



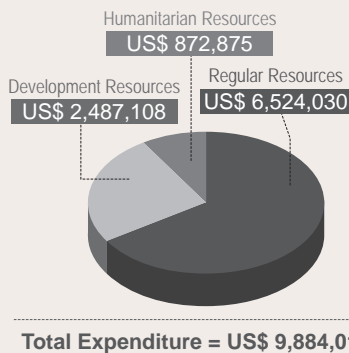
## Health



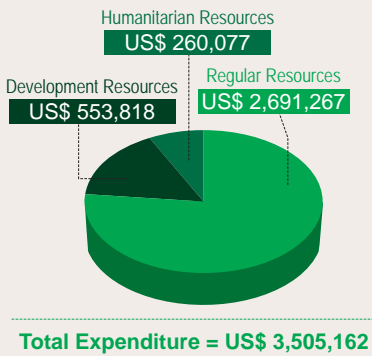
## Child Protection



## Operations, Advocacy and Communication



## Evidence-based Action





The UNICEF Mobile Monitoring System is a smartphone app which enables field monitors to visit and report on sites where UNICEF interventions are taking place in real time. The app sends a record which can be analysed immediately, helping UNICEF respond immediately if, for example, supplies are low. It also helps to track field monitors as they visit remote locations and document the status of programme delivery at all times.

Insecurity has weakened bonds amongst young Pakistanis, rendering them vulnerable to violence. Through UNICEF's Social Cohesion and Resilience programme, over 113,000 children (42 per cent girls) participated in sport and recreational activities. An evaluation found that when youth from different backgrounds interact, play, create and learn together, they are less likely to see each other negatively. This opened a new way to bring all children into education and build a socially cohesive Pakistan.



## Innovations



When emergencies strike, response may be delayed as information is gathered and required staff and supplies identified. To address this, UNICEF piloted a RapidPro SMS application and training for NGO staff already working in disaster-prone regions. Staff are registered in a database and can be contacted in real time to provide on-the-ground information, saving valuable time in responding quickly and effectively to emergency situations.

To address stunting due to malnutrition, UNICEF promotes cross-sectoral action between nutrition and WASH, yet coordination is often difficult between traditionally silo-ed sectors. For the Maternal and Child Stunting Reduction Programme in Sindh, UNICEF developed a systematic coordination mechanism for joint planning, training, monitoring, and consultations. By establishing clear points of convergence between programmes, government departments, NGOs and community groups, UNICEF created a strong foundation for coordinated action.



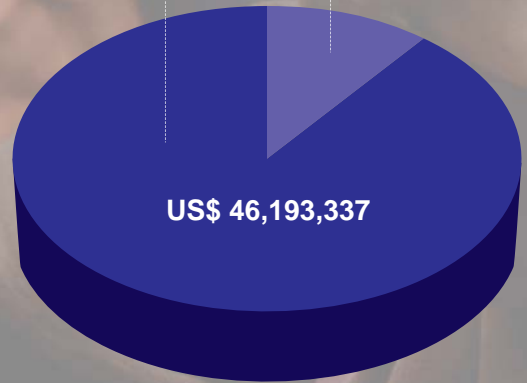


# Polio Eradication

Regular Resources

US\$ 5,583,258

Other Resources (Regular)



US\$ 46,193,337

Total Expenditure = US\$ 51,776,595





# Polio Eradication

## Key issues



Pakistan, Afghanistan and Nigeria are the only three countries in the world where polio remains endemic

Polio cases in Pakistan have declined from

306

in 2014, to

20

in 2016, but transmission has never been interrupted



Core reservoirs of polio virus sustain the infection and periodically reseed the virus across Pakistan

## Issue

Polio is a contagious and potentially fatal disease that once left more than 350,000 people, primarily children, paralysed yearly. Since then, a global effort has been underway to eradicate polio.

Today, Pakistan is one of only three countries in the world where polio remains endemic. Until transmission is interrupted in the Afghanistan-Pakistan epidemiological block, there is a risk that polio will spread again to other countries, reversing global gains.

After polio cases spiked in 2014 to 306 in Pakistan, a paradigm shift occurred towards reaching children who had been missed in vaccination drives.

## Action

As part of the Polio Eradication Initiative, UNICEF works to eradicate polio under Government leadership by helping to implement the National Emergency Action Plan (2016–2017). Shutting down engines of transmission through a range of measures in core reservoirs is at the heart of this plan.

Working with its partners, UNICEF supported the vaccination of about 37 million children on each of five National Immunization Days, and approximately 20 million children on each of six Sub-National Immunization Days held in high-risk areas. On behalf of the Government, UNICEF supported the bulk of procurement of polio vaccine supplies through trust funds in 2016.

About

37 mil

children were vaccinated per National Immunization Day



Important means of increasing acceptance of vaccination were large-scale



A Sehat Muhafiz (Guardians of Health), administers polio drops to a child in Khyber Pakhtunkhwa province.

© UNICEF/Pakistan/2016/Waseem Niaz

communication campaigns, and the Community-Based Vaccination (CBV) approach which takes vaccination to the doorstep in core reservoirs and high-risk areas. These enabled the Polio Eradication Initiative to significantly reduce the number of children remaining unvaccinated after each campaign. UNICEF covered 80 per cent of the CBV initiative, with 13,000 workers reaching 2.75 million children under five years of age in some of the hardest to reach areas of Pakistan.

**2.75 mil** 


children in the hardest-to-reach areas were reached by UNICEF-supported CBV workers

To make polio vaccination more acceptable to families in high-risk areas, UNICEF also supported health camps providing a range of health services to attract children who are persistently missed by campaigns. Over 2,300 camps were held, enabling over 13,000 zero-dose children to be reached with polio vaccinations.

With UNICEF support, an online dashboard for polio monitoring was

enhanced, ensuring that up-to-date data was available even at the field level. Using this, frontline workers and managers were able to respond and change course effectively, reducing the number of missed children.

The Sehat Muhafiz ('Guardians of Health') strategy, integrating communications and operations, was extremely effective in changing perceptions of vaccination in areas where the polio virus is still circulating. Instead of warning parents about the hazards of polio, this campaign reframed vaccinators as Guardians of Health for children who would address family misgivings at the doorstep. This contributed to the findings of a Knowledge, Attitudes and Practice study in 2016 that 97 per cent of parents intended to vaccinate their children.

**97 per cent** of parents  
now **intend to vaccinate**  
**their children** according to  
a **2016 Knowledge, Attitudes**  
and **Practices survey** 

This progress was reflected in the 63 per cent year-on-year reduction in polio cases in Pakistan, from 54 in 2015 to only 20 in 2016. Environmental sampling confirmed that the presence of poliovirus in sewage was declining, from 19 per cent in 2015 to 12 per cent in 2016.

## 2017 and beyond

Under Government leadership and as part of the Polio Eradication Initiative working through Emergency Operations Centres, UNICEF will continue to support the implementation of the National Eradication Action Plan for polio. In 2017, UNICEF will:

- Stop poliovirus transmission and sustain interruption through increased routine immunization coverage in core reservoirs.
- Detect, contain and eliminate poliovirus from newly infected areas and decrease risk across transnational reservoirs.



- Maintain and increase population immunity against polio throughout Pakistan.

## Focus

The National Emergency Action Plan 2016–2017 recognized that to eradicate polio it was essential to target its core reservoir areas – the people and places where cases appeared repeatedly, suggesting that a more local, intensive and systematic approach was required.

Thus, a key shift in 2016 was the expansion of CBV to all core polio reservoirs in Khyber-Pakhtunkhwa (KP) and FATA (Khyber agency and Peshawar district), Balochistan (Quetta, Killa Abdullah and Pishin districts), and at least 60 per cent of the target population in Karachi. CBV teams were also deployed to other hard-to-reach areas in KP and FATA.

About 13,000 CBV workers drawn from local communities went door-to-door, vaccinating children and

building trust. The majority – 82 per cent – of these vaccinators were local women. Collectively, they covered over 2.75 million children in some of the hardest to reach areas of Pakistan.

Through these local teams, recording of children missed in vaccination campaigns improved, and coverage equalled or exceeded 90 per cent. As a result, only 1–3 per cent of missed children remained against targeted populations.

## From the field

Impervious to the heat, humidity and hard terrain, three women walk determinedly through Gorbaz Camp, FATA, which hosts displaced families from North Waziristan. This is one of polio's last reservoir populations, and the Sehat Muhafiz vaccinators, Fehmida, Zainab Bibi and Najia, are here to protect children again the debilitating disease.

Najia was a schoolteacher in North Waziristan before she joined the team. Whilst the community respects her work, some need to be educated.

**“At the communication skills training we learned the art of managing challenges, to overcome such hurdles and achieve our goal of vaccinating each and every child in the camp,” Najia says.**

Zainab Bibi observes that being from the community is critical to success.

**“We speak their language and dialect and they trust us. At times they could be challenging but now we know them and they know us so it helps seal the deal – vaccinating the children with polio drops.”**



*Children wait their turn to receive polio drops from Sehat Muhafiz (Guardians of Health) in Khyber Pakhtunkhwa province.*

© UNICEF/Pakistan/2016/Waseem Niaz



*A Lady Health Visitor marks a child's finger after administering polio drops in Sheikhpura, Punjab province.*

© UNICEF/Pakistan/2016/Waseem Niaz

The three women have reached their target of providing 1,044 children with oral polio vaccine and, as Fehmida, the supervisor, notes proudly, no polio case has emerged in their area. Through the efforts of thousands of men and women like Fehmida and her colleagues, Pakistan is approaching its goal of finally eradicating the disease.

## Key Results

Polio cases fell by 63 per cent year on year, from 54 in 2015 to 20 in 2016. This was a 17-fold reduction in confirmed cases, to only 0.5 cases per 1 million children



Only  
**12%** of environmental samples  
tested positive for wild polio virus,  
compared to 19 per cent in 2015



With Polio Eradication Initiative partners UNICEF supported repeated vaccinations for 37 million children on five National Immunization Days, with additional vaccinations for 20 million children in high-risk areas on six Sub-National Immunization Days

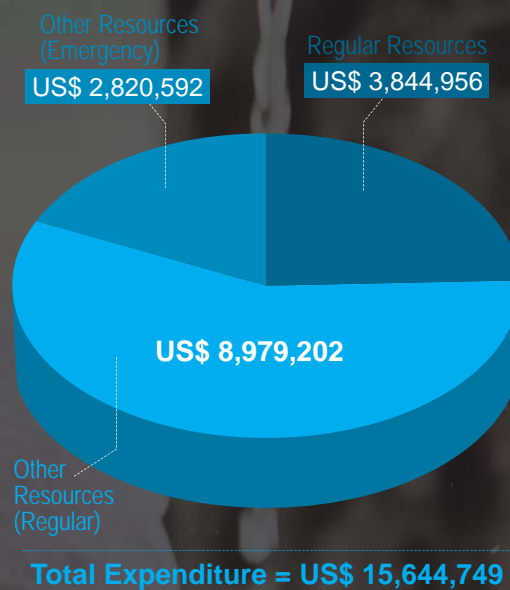


“Entering 2017, Pakistan’s mission to eradicate polio has resulted in the lowest number of cases ever recorded. We are not yet satisfied and remain resolutely focused on achieving and sustaining zero cases by ensuring we fully protect each and every child in the most under-served areas of Pakistan.”

– Senator Ayesha Raza Farooq  
*Prime Minister's Focal Person  
on Polio Eradication*



## Water, Sanitation and Hygiene








# Water, Sanitation and Hygiene

## Key issues

**25 mil**   
Pakistanis defecate in the open<sup>1</sup>

 at least  
**80%**  
of drinking water is bacterially  
contaminated and unsafe for drinking<sup>2</sup>



**94%**  
of the richest  
urban population



**12%**  
of the poorest  
rural population

have access to improved sanitation<sup>3</sup>

## Issue

Many potentially deadly diseases, such as diarrhoea, pneumonia and infections, which affect Pakistani children are related to lack of sanitation, poor quality drinking water and inadequate hygiene. Across Pakistan, diseases related to water, sanitation and hygiene (WASH) are estimated to take the lives of 110 children daily.<sup>4</sup>

Although Pakistan has made major gains in eliminating open defecation, more than a third of Pakistanis still lack adequate sanitation facilities.<sup>5</sup> Most of these people live in rural areas.

Whilst 91 per cent of the population uses improved sources of drinking water,<sup>6</sup> the majority of these are bacteriologically contaminated, especially in densely populated unplanned urban areas. The water and sanitation infrastructure is susceptible to damage by disasters, such as floods or earthquakes.

Lack of adequate sanitation facilities deters children from education; this is particularly acute for adolescent girls, whose menstrual hygiene needs are rarely accommodated.

## Action

The Pakistan Approach to Total Sanitation (PATS) is a revolutionary approach to ensuring that every household in a village or community has, and uses, sanitation facilities. This approach, pioneered by UNICEF, was instrumental in achieving Pakistan's Millennium Development Goal on sanitation. In 2016 alone, 2.3 million more people were living in sanitary environments through this approach. In 2016, UNICEF began transitioning from implementing PATS itself to helping governments implement it. UNICEF also developed a new, enhanced programme called

<sup>1</sup> WHO/ UNICEF Joint Monitoring Programme 2015.

<sup>2</sup> Pakistan Council of Research in Water Resources.

<sup>3</sup> WHO/ UNICEF Joint Monitoring Programme 2015.

<sup>4</sup> United Nations Inter-agency Group for Child Mortality Estimation (2014) "Levels & Trends in Child Mortality: Report 2014", UNICEF, New York. UNICEF analysis based on 2014 provisional estimates from the World Health Organization and Child Health Epidemiology Reference Group. Retrieved from: [http://www.who.int/healthinfo/statistics/ChildCOD\\_method.pdf](http://www.who.int/healthinfo/statistics/ChildCOD_method.pdf).

<sup>5</sup> WHO/ UNICEF Joint Monitoring Programme 2015.

<sup>6</sup> Ibid.

Students demonstrate the correct method of handwashing at the Government Girls Primary School, Mission Road, Quetta, Balochistan province.

© UNICEF/Pakistan/2016/Sami Malik

PATS-Plus which focuses on ensuring that families do not lapse back into open defecation.

in 2016 alone,

**2.3 mil**   
more people were living in sanitary environments through PATS

Additionally, almost 5 million people received critical information to help protect against diseases linked to poor hygiene and sanitation.

 Almost  
**5 mil**  
people received critical information to help protect against diseases linked to hygiene and sanitation

Across Pakistan, government leadership in water and sanitation was strengthened. The Ministry of Climate Change was mandated the federal focal point for WASH and began to conduct sector-wide dialogue on SDG 6.1 and 6.2 related to water and sanitation.

In December 2016, UNICEF joined Government and other partners in launching a major five-year communication campaign to change social norms around health and hygiene. This campaign features an unprecedented partnership with Pakistan's private sector and Chambers of Commerce.

Unhygienic environments have serious implications for all aspects of children's wellbeing. For example, lack of WASH facilities in school has been shown to deter children from education, especially girls as they reach puberty and begin to menstruate. After completing a study of menstrual hygiene management needs in Balochistan and Punjab, UNICEF piloted the provision of menstrual hygiene kits to 18,900 young women, and convened a national forum with UN-HABITAT and other partners to advocate for including these in education planning.

UNICEF mobilized urban communities in Jacobabad, Sindh, to demand better WASH services, creating social structures to amplify citizens' voices and increasing accountability.

**Risk mapping** was conducted in all **35 targeted disaster-prone districts** with **216 community maps** completed in Punjab

WASH facilities are particularly vulnerable to natural disaster and diseases such as diarrhoea or typhoid can spread rapidly in such situations. Through a multi-year partnership with the International Organization for Migration and the FAO, UNICEF enhanced preparedness and response, including for communities affected by flooding and earthquake in northern Pakistan. In 2016, UNICEF also focused on helping communities in disaster-prone districts to create local risk management plans. Risk mapping was conducted in all 35 targeted disaster-prone districts with 216 community risk maps completed in Punjab.



## 2017 and beyond

UNICEF will intensify efforts to sustainably create a safe and hygienic environment for all children, eliminating open defecation, ensuring access to safe water, and building awareness of hygienic practices amongst both rural and urban families. In 2017, UNICEF will:

- Increase focus on WASH in urban environments.
- Support provincial governments in implementing the PATS approach aimed at eradicating open defecation.
- Scale up the revised PATS Plus programme with a renewed emphasis on disaster risk reduction and sustainability.

## Focus

The success of the PATS approach to ending open defecation contributed to Pakistan's achievement of its Millennium Development Goal for sanitation. Nevertheless, there remain significant gaps between urban and rural areas and between rich and poor in access to sanitation. Meanwhile, Pakistan's rapid pace of urbanization and its vulnerability to natural disasters raise new challenges to creating a safe and hygienic environment for all children.

At the policy level, UNICEF worked with provincial governments to mainstream PATS into efforts to eliminate open defecation. Punjab, which had already adopted PATS as its primary strategy to achieve an open defecation free Punjab by 2018, took PATS to scale, providing 1.8 million people with access to toilets. UNICEF supported the government develop plans for human resource development to facilitate further scale-up. In Sindh, the government allocated US\$13 million to implement PATS in 13 districts.

Ensuring that families sustain behaviour change and do not slip

back into open defecation became a priority under the revised PATS-Plus initiative introduced in 2016. This new model integrates sustainability checks and disaster risk reduction to ensure that open defecation is permanently eradicated, and to reduce the impact of natural or human-made disasters on sanitation.

## From the field

A year ago, many people in Killi Sarqhar village, Balochistan, did not use toilets. Open defecation was widely practiced, causing diarrhoea, typhoid and other sanitation-related diseases. "It was a big problem here because people were doing their business outside," says 21-year-old Nadia Ghaffar. "Even the few people who had toilets didn't use them; they kept them nice and clean so only guests could use them."

Nadia joined a UNICEF-supported women's village sanitation committee



Members of the Health and Hygiene Club demonstrate tips for improving personal hygiene in a classroom at the UNICEF-supported Government Girls Campus High School, Jacobabad, Sindh province.

© UNICEF/Pakistan/2016/Asad Zaidi





Soap for handwashing provided by UNICEF as part of its behaviour change communication drive in urban areas of various districts in Sindh province.

© UNICEF/Pakistan/2016/Asad Zaidi

to raise awareness in her community about harmful hygiene practices. She went door-to-door to 80 households, persuading them to build and use toilets. At first not everyone was convinced. But, in time, Nadia's village was certified open defecation free.

**“We are armed with knowledge now,” she says. “If you walk around, you will see that everyone has built a latrine.”**

At nearby Killi Ali Khan Muslim School, children have formed a WASH club to maintain school toilets constructed by UNICEF, and provide hygiene education and supplies. Where previously girls had to stay home when menstruating, now they receive menstrual hygiene kits to keep them in education.

Thanks to community activists like Nadia, dedicated children inschool WASH clubs and many others like them, more than 145,000 people in Balochistan now live in open defecation free environments.

## Key Results

Over

**2.3 million**

people (1.2 million women) gained access to improved sanitation with UNICEF support



About

**936,000**

people gained access to safe drinking water through new and rehabilitated water systems



**5 million**

people were educated on hygienic practices to prevent disease



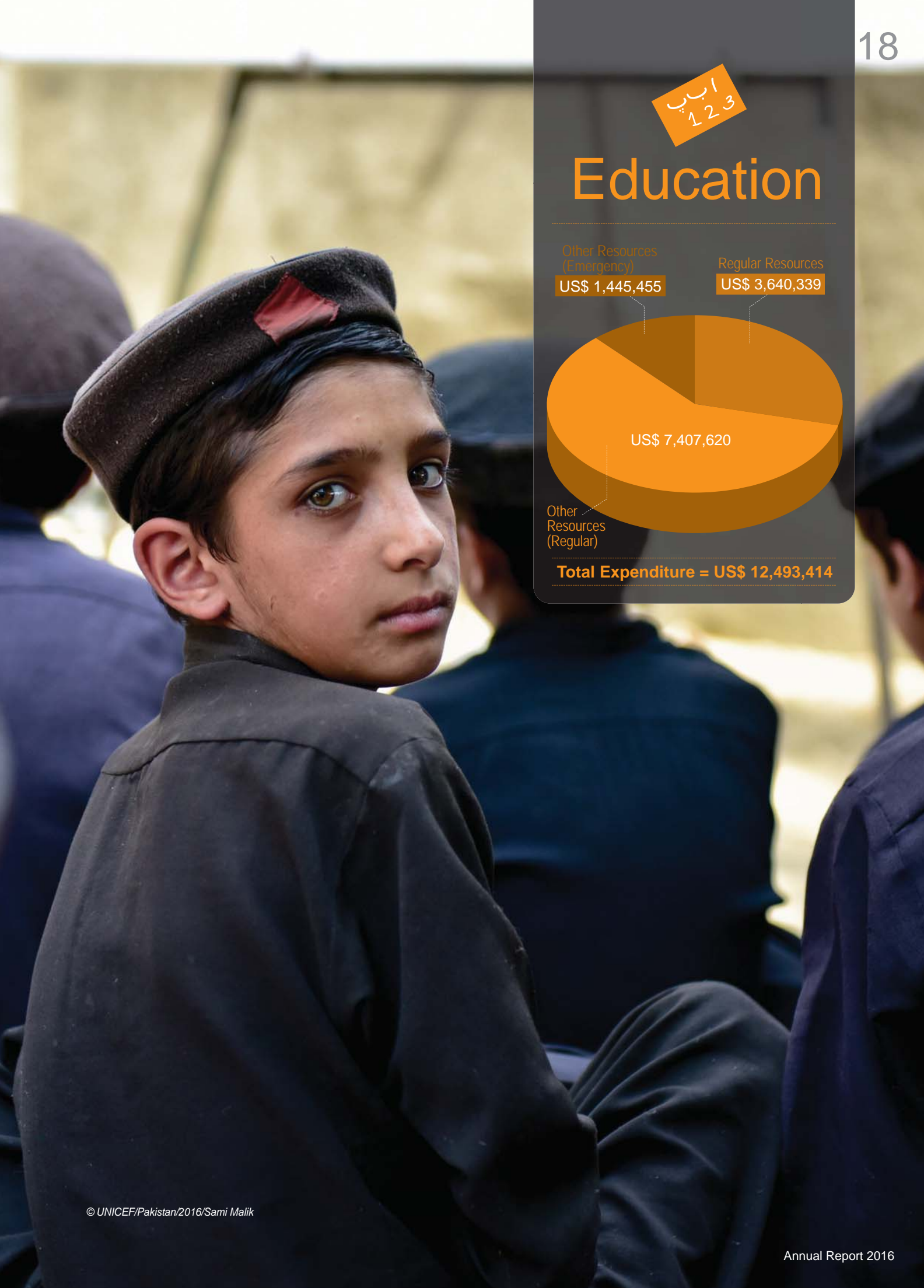
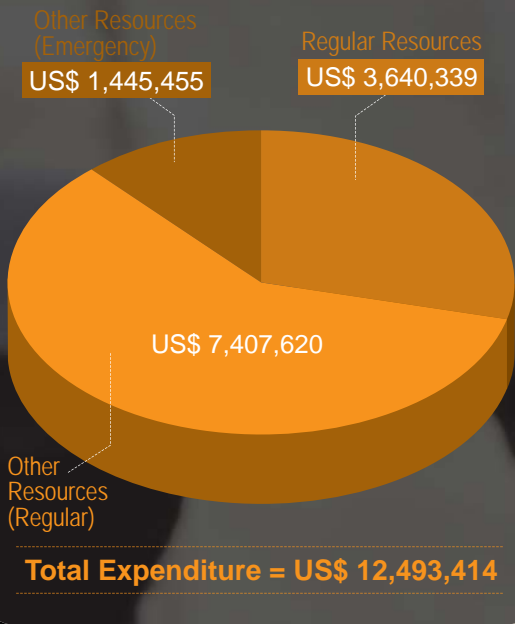
“WaterAid Pakistan has been engaged with UNICEF since its operations started in 2006. We have moved from strength to strength in a complementing manner.

Launching the national campaign to improve water and sanitation behaviours and engaging citizens to demand for better water and sanitation services in Jacobabad remained pinnacles of this growing partnership in 2016.”

– Siddiq Ahmed Khan  
*Country Director*  
*WaterAid Pakistan*



# Education

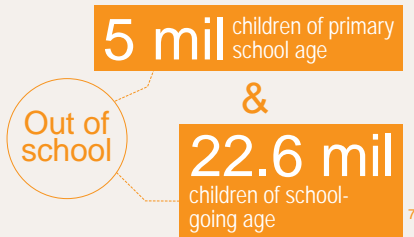






# Education

## Key issues

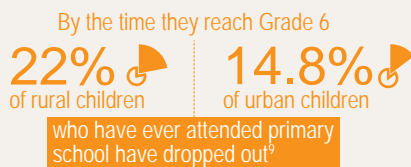


Girls from poor rural families receive **1.01 yrs** of education throughout their lives



whereas

Girls from wealthy urban families receive **9.39 yrs** of education throughout their lives<sup>8</sup>



## Issue

Whilst Article 25-A of Pakistan's Constitution guarantees the right of every child to education, over 22.6 million children aged 5–16 are out of school, including 5 million of primary school age.<sup>10</sup>

There are severe inequities in school attendance by province, gender, rural/urban location, and wealth. For example, under 10 per cent of Islamabad girls are out of school, compared to over 75 per cent in Balochistan and FATA.<sup>11</sup>

Many children do not receive a quality education. Less than half of Grade 5 children in KP, Sindh and Balochistan could read in their vernacular language at a Grade 2 level,<sup>12</sup> and children from the wealthiest families perform far better than their poorest counterparts.

## Action

UNICEF and UNESCO supported the Ministry of Education to conduct the first set of consultations on how Pakistan would achieve SDG4 for education. The seven consultations set the stage for provincial roadmaps and planning.

In Sindh and Balochistan, home to some of the most educationally deprived children in Pakistan, UNICEF helped to coordinate its education sector governance and improve accountability and identify course corrections through Joint Education Sector Reviews.

In Balochistan, UNICEF also helped develop an innovative real-time school monitoring system. Using this system, the government identified 55 non-functioning schools and worked with UNICEF to find out why these schools were effectively closed. Once the schools were revitalized, 2,200 children were able to access education once again. Additionally, social

<sup>7</sup> Pakistan Education Statistics 2015–2016.  
<sup>8</sup> UNESCO Deprivation and Marginalization in Education 2010.  
<sup>9</sup> Pakistan Social and Living Standards Measurement 2013–2014.  
<sup>10</sup> Pakistan Education Statistics 2014–2015.  
<sup>11</sup> Ibid.  
<sup>12</sup> Annual Status of Education Report 2015.



Girls attend to their lesson at the UNICEF-supported Government Girls Primary School, Upper Dir, Khyber Pakhtunkhwa province.

© UNICEF/Pakistan/2016/Sami Malik

mobilization in 2016 under the Every Child In School campaign enrolled about 100,000 children from across Pakistan who would not have otherwise attended school, with 565,000 children overall (45 per cent girls) newly enrolled.

**55** 

non-functioning schools were revitalized, enabling 2,200 children to access education once again

Children who attend preschool (early childhood education, ECE) are better prepared to enter primary school, and are less likely to drop out. In 2016, UNICEF piloted an ECE model in 300 Punjab schools for 15,000 students (over half girls) in one district. Its success led to expansion to 2,000 schools, and the Punjab government committed to scaling it up to 7,000 schools (210,000 students) from 2017, through a World Bank programme.

Quality of learning is a major concern in Pakistani schools. UNICEF worked

with Punjab and Balochistan examination commissions to help improve student assessment at Grade 5 and 8 levels, benefiting 2.2 million students in Punjab alone.

**Improved Grade 5 and 8 assessments benefited 2.2 million students in Punjab alone**

Alternative learning programmes (ALPs) provide a route to education for children who might otherwise be excluded, such as child labourers or those who are too old for primary school. In 2016, 147,000 children (47 per cent girls) in Sindh, Balochistan and KP/FATA attended ALPs with

**147,000** 

children in Sindh, Balochistan and KP/FATA attended ALPs, and 3,600 children were mainstreamed into conventional schools

UNICEF support, and 3,600 children (1,400 girls) were mainstreamed from ALPs into conventional schools. Over 12,000 teachers and government education staff were trained in ALPs, ECE and assessing student learning.

## 2017 and beyond

UNICEF will continue efforts to help ensure that every child, even the most marginalized, completes a full course of quality education and is not deprived of opportunities to develop because of gender, location, wealth, ethnic or religious background, or any other reason. In 2017, UNICEF will:

- Support development of the SDG4 Action Plan with a credible monitoring mechanism, 2030 scenario modelling, and continuing support to incorporate SDG4 priorities in education plans and programmes.



- Build capacity of education stakeholders with a focus on early learning, accelerated education and improving learning outcomes.
- Generate evidence for effective advocacy, policy dialogue and evidence-based planning and management for equity-based education provision.

## Focus

In recent years, Pakistan schools have been vulnerable to militant attacks and natural disasters, with serious impacts on education, while unrest and insecurity have weakened social bonds amongst young Pakistanis. In 2016, UNICEF explored education as a critical channel for building social cohesion, and advanced school safety planning to protect children in education.

Over 4.5 years, the Social Cohesion and Resilience programme explored ways of increasing social cohesion and trust amongst marginalized young people through education and

recreation. Of the 113,000 participants, 14 per cent were madrassah students; others included schoolchildren and out of school children.

Initiatives included ALPs bringing 19,400 children into education, pioneering ALP centres for madrassah students, recreational activities such as calligraphy, and child friendly education in Afghan refugee hosting areas that increased girls' enrolment by 27 per cent and refugee enrolment 25 per cent. In 2016, an evaluation confirmed that learning and playing together enhances social cohesion amongst young people.

To create a safe environment for learning, UNICEF helped develop School Safety Plans benefiting around 25,000 students in Sindh, KP and Balochistan study. In KP, the worst affected province, School Safety Surveys were conducted in 27,800 schools via SMS.

In 2016, UNICEF worked with the NDMA to develop and pilot a School Safety Framework with 204 teachers trained to pilot vulnerability assessments. Once finalized, the framework will help protect every school in

Pakistan, ensuring that education continues even when disaster strikes.

## From the field

**“When I started working at the barbershop three years ago, I could not imagine that going to school was still possible for me,”**

says 12-year-old Mohammad Shahzad of Basti Katpal village in Punjab. Yet today, Shahzad is completing a 30-month primary school course whilst continuing to work after school hours. He is now preparing to sit an examination qualifying him to enter Grade 6.

Shahzad's teacher, Rafia Bibi, is one of the few educated women in Basti Katpal.



*Students benefiting from UNICEF-provided furniture and equipment at the Government Fatima Jinnah Postgraduate College for Women Muzaffarabad, Pakistan Administered Kashmir.*

© UNICEF/Pakistan/2016/Wahaj Alley





A student at the UNICEF-supported school in Jalozaï camp, Khyber Pakhtunkhwa province.

© UNICEF/Pakistan/2016/Asad Zaidi

“In the beginning, it was very difficult to convince parents to send their children to the centre,” she says. “I told parents that if they sent their children to the centre, they would acquire new skills and be better prepared for opportunities for work.”

Mian Khalid Farooq chairs the Village Education Committee and has contributed two of the three rooms of his home to the centre. He works actively to persuade his neighbours to enrol their children. “As a health worker, I believe that we cannot improve health standards without educating our children,” he says.

To date, this initiative has enrolled about 8,900 of the most marginalized children, including 6,100 girls, in flexible, child-friendly education through 120 formal schools and Non-Formal Centres.

## Key Results

About **100,000**  children who would not have otherwise enrolled were brought to school through community mobilization, advocacy, and improved school environments

 An **Early Childhood Education** model piloted in 300 Punjab schools is now being scaled up to an additional **7,000 schools** by government

**147,000**  children who might otherwise have been excluded from education were enrolled in **alternative learning programmes**

“UNICEF and the School Education Department, Government of Sindh, are coordinating excellently in the cause of education development and maintaining a cordial working relationship.

In 2016, UNICEF saliently played a key role in organizing the successful Joint Education Sector Review II, developed District Education Plans for 29 districts along with their translation into Urdu and Sindhi languages, and translation of Early Childhood Care Education Policy, under the Sindh Education Sector Plan roll out. Moreover, UNICEF also supported the non-formal education sector in policy and curriculum development.”

– Faisal Ahmed Uqaili  
*Chief Programme Manager Reform Support Unit  
School Education Department  
Government of Sindh*





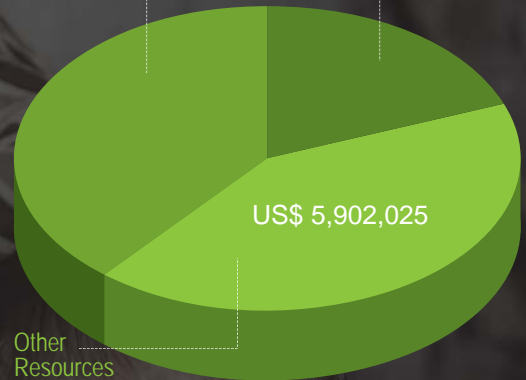
# Nutrition

Other Resources  
(Emergency)

US\$ 5,460,544

Regular Resources

US\$ 2,715,489



Other Resources  
(Regular)

US\$ 5,902,025

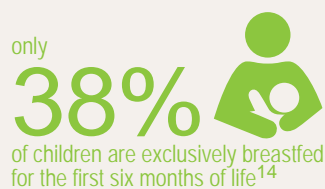
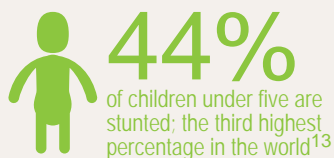
**Total Expenditure = US\$ 14,078,058**





# Nutrition

## Key issues



## Issue

Studies have found that 44 per cent<sup>16</sup> of Pakistani children are stunted; 22 per cent are severely stunted. This occurs when children are chronically undernourished, which has potentially devastating lifelong impacts on their health, achievement and wellbeing. Nationally, 15 per cent of children suffer from wasting.

Globally, malnutrition is responsible for a third of child deaths. These could be prevented by breastfeeding children for the first six months and providing them with diverse and sufficient food thereafter. Hygiene practices and maternal nutrition have significant impacts on children's nutrition. Even in Pakistan's wealthiest province, Punjab, less than 10 per cent of children receive a minimum acceptable diet and all women suffer from some form of micronutrient deficiency.<sup>17</sup>

## Action

Pakistan's high rates of malnutrition can only be addressed through coordinated action between the many sectors that influence children's nutrition, including health, water and sanitation. By the end of 2016, all provinces and areas of Pakistan had developed multi-sectoral nutrition strategies with UNICEF in partnership with World Health Organization (WHO), WFP and FAO to ensure that all children receive the nutrition they need.

Coordination on nutrition initiatives was strengthened and streamlined through UNICEF support for the establishment of Scaling Up Nutrition (SUN) Units in KP, FATA, Pakistan-Administered Kashmir (PAK) and Gilgit-Baltistan (GB), as part of the UN nutrition network. Training in financial tracking was provided to federal, KP and Punjab government planning departments for interventions related to nutrition. UNICEF also began support for a new National

<sup>13</sup> National Nutrition Survey 2011.

<sup>14</sup> Pakistan Demographic and Health Survey 2012–2013.

<sup>15</sup> National Nutrition Survey 2011.

<sup>16</sup> Ibid.

<sup>17</sup> Punjab MICS 2014.



A Lady Health Worker conducts an awareness session on exclusive breastfeeding and its benefits for a newborn child as part of a UNICEF-supported health and hygiene campaign in Muzaffargarh, Punjab province.

© UNICEF/Pakistan/2016/Asad Zaidi

Nutrition Survey and an assessment of complementary feeding practices, to be conducted in 2017. These will provide a critical picture of the nutrition situation in Pakistan and how it has changed over time.

Many caregivers are poorly informed about how to ensure a child receives the right nutrition at the right time, through exclusive breastfeeding for the first six months of life and appropriate complementary feeding thereafter. To address lack of knowledge, end harmful traditional practices and the use of infant formula, UNICEF supported the development of an endorsed Pakistan Infant and Young Child Feeding (IYCF) Strategy 2016–2020 and IYCF Communication Strategy, with costed communication plans for each province and area. These will guide targeted efforts to change nutrition behaviours.

Children suffering from acute malnutrition require treatment using therapeutic foods. Through the Community Management of Acute Malnutrition (CMAM) programme, UNICEF and its partners screened 1.3 million

children in humanitarian contexts and treated 49,000, supported Stabilization Centres to treat the most severe cases, and built capacity of government staff to take over nutritional support through training for 4,000 people and procurement of essential supplies.

1.3 mil   
children in humanitarian contexts  
were screened and 49,000 were treated

Vitamin A deficiency contributes to child mortality. With UNICEF support, Government implemented a modified Vitamin A supplementation strategy with field monitoring and reporting. This enabled more accurate reporting within a national supplementation

Government implemented a modified **Vitamin A supplementation strategy** with field monitoring and reporting

drive, helping ensure that stocks were distributed where they were most needed.

## 2017 and beyond

UNICEF will continue efforts to reduce stunting by strengthening policies and systems that seek to improve nutrition in the first 1,000 days of life. In 2017, UNICEF will:

- Support SUN Secretariat and Units in ensuring coordinated actions and accountabilities for multi-sectoral actions in support of nutrition.
- Assist governments in rolling out multi-sectoral nutrition strategies.
- Provide technical assistance to Government in implementing the Infant and Young Child Feeding communication strategy to

achieve sustainable behaviour change within families.

- Support governments in collecting critical nutrition information to fill information gaps and to analyse trends.

## Focus

The right nutrition at the right time gives children the best start to life. In the first six months, breastmilk provides all the nutrition babies need, and reduces the risk of infections due to poor hygiene. After this age, sufficient quantities of diverse foods should be introduced. Yet cultural practices and lack of knowledge mean many families do not follow these essential IYCF practices. In Punjab, for example, 45 per cent of children under six months of age are bottle-fed.

After two years of sustained effort, in 2016 UNICEF and its partners celebrated the finalization of individual costed communication plans to promote IYCF practices. These will

address the specific needs and practices in each province and area. Guidelines on IYCF in emergencies were also endorsed, providing a policy foundation to refine existing programmes for the most vulnerable children.

To increase awareness amongst those with a duty to protect the rights of children, UNICEF engaged in advocacy with policymakers and the media. Workshops were prepared for doctors, and videos were designed for use by Lady Health Workers in deprived districts of Punjab, addressing specific local misconceptions about breastfeeding.

## From the field

“These women are a godsend, they saved the life of my grandson.”

says Mai Jeaari, holding Raza close and nodding at the staff of the CMAM Centre in Imdad Khoso village, Sindh.

Raza had been fed on formula milk when he was only three months old, on the advice of a local dispenser. He suffered repeated episodes of diarrhoea, leading to severe acute malnutrition. The dispenser said the baby would not recover and, despairing, Mai Jeaari consulted the UNICEF-supported CMAM staff.

On their advice, Raza returned to being exclusively breastfed and received a course of Ready to Use Therapeutic Food. After a slow start, Raza gained weight: today, he is a lively 10-month-old with moderate



The Mid-Upper Arm Circumference reading is used for assessing the nutritional status of a child – the red colour indicates severe acute malnutrition.

© UNICEF/Pakistan/2016/Wahaj Alley





A child after recovering from acute malnutrition with the help of UNICEF-supported Outpatient Therapeutic Programme at a Basic Health Unit in Muzaffargarh, Punjab province.

© UNICEF/Pakistan/2016/Sami Malik

acute malnutrition and well on the road to recovery.

Mai Jeaari now uses her position as a village elder to counsel young mothers on infant and young child feeding, following up with them personally. Food insecurity is rampant in this impoverished mining village, and low awareness leads many to feed children formula or goat milk. With advice from respected elders like Mai Jeaari, and UNICEF-supported interventions, however, children like Raza are given another chance at life.

## Key Results

With UNICEF support, Punjab developed a **stunting reduction strategy**



To **educate caregivers** about **how to feed children** to help them flourish, an **Infant and Young Child Feeding strategy** and communication strategy with costed communication plans were developed

**Scaling Up Nutrition Units** in KP and FATA laid the foundation for multi-sectoral coordination to **tackle high rates of malnutrition**



“The Ministry of National Health Service, Regulations and Coordination, Pakistan, valued its partnership with UNICEF on excelling on the national agenda of protection and promotion of breastfeeding and focusing on complementary feeding.”

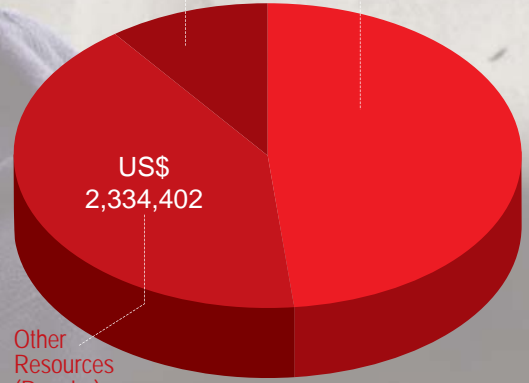
– Saira Afzal Tarar  
*State Minister for National Health Services  
Regulations and Coordination  
Government of Pakistan*



# Child Protection

Other Resources  
(Emergency)  
**US\$ 570,929**

Regular Resources  
**US\$ 2,739,552**



Other Resources  
(Regular)

**Total Expenditure = US\$ 5,644,883**







# Child Protection

## Key issues

only **34%**   
of Pakistani children under five years of age are registered at birth – only five per cent amongst the poorest<sup>18</sup>

**6%**   
of women aged 20 – 49 were married before age 15, and 32 per cent before eighteen years of age<sup>19</sup>

over **12 mil**   
child labourers currently exist in Pakistan, according to the International Labour Organization<sup>20</sup>

## Issue

Children in Pakistan are vulnerable to many forms of violence and exploitation, including child marriage, physical and/or sexual abuse, and child labour. These issues are often exacerbated by limited awareness and gender-biased social norms, including within the context of frequent natural and human-made disasters. Challenges also exist due to a lack of up-to-date, reliable data on key issues related to child protection.

Nearly 30 years after Pakistan ratified the Convention on the Rights of the Child (CRC), no integrated child protection case management and referral system – as aligned with international standards – has been established. Only a third of Pakistani children under five are registered and, amongst the poorest and most marginalized, this figure drops to 5 per cent.<sup>21</sup> Children born to non-Pakistani parents are not registered at all. As a result, access and service delivery to the most marginalized children is significantly hampered.

## Action

UNICEF celebrated a notable advance in 2016, when the Balochistan Provincial Assembly enacted its Child Protection Bill. This is the first such Act in the country that is fully aligned with the CRC and that provides for the establishment of a public child protection system, helping to ensure that children who are victims of violence, neglect and exploitation are identified, supported and connected with the services they need.

An ongoing collaboration with the Federal Ministry of Human Rights contributed to the enactment of the Criminal Law (Amendment) Bill, 2015, which came into effect in 2016. This Act partially domesticates Pakistan's obligations under the Second Optional Protocol to the CRC by criminalizing sexual violence against children, including child pornography and child prostitution.

Birth and marriage registration are important tools to protect the rights of

<sup>18</sup> Pakistan Demographic and Health Survey 2012–2013.

<sup>19</sup> Ibid.

<sup>20</sup> International Labour Organization 2012 estimate.

<sup>21</sup> Pakistan Demographic and Health Survey 2012–2013.



A girl plays on the swings at a playground established with the UNICEF-supported social fund initiative in Bahawalpur district, Punjab province.

© UNICEF/Pakistan/2016/Mobeen Ansari

children, including those at risk of child marriage. UNICEF supported the efforts of the Federal Ministry of Planning, Development and Reforms to develop a national Civil Registration and Vital Statistics strategy, towards the goal to achieve universal birth registration by 2024.

UNICEF, the Governments of Punjab and Sindh and a private telecommunications company, Telenor Pakistan, initiated planning to scale up an innovative mobile phone birth registration initiative to support the universal registration of children's births in five districts in 2017. This project emerges from a successful 2015 pilot which achieved an 85 per cent increase in the numbers of newborns registered at birth in target areas.

UNICEF also provided technical assistance to the Governments of Punjab and Sindh to reduce child marriage, primarily by strengthening the right of adolescents to freedom of expression and participation. This multi-year project was initiated with a rigorous baseline survey, providing robust data on social norms related to child marriage and a Communication

for Development strategy was designed to help reduce the practice.

**170,000**  
children have been supported through conditional cash transfers facilitated by Pakistan Bait-ul-Maal



UNICEF implemented social protection initiatives, including conditional cash transfers, income-generating projects for women and community development funds, in areas of Balochistan, Punjab and Sindh where children are commonly involved in exploitative economic activity in the cotton farming sector. Since 2013, almost 170,000 children have been supported through conditional cash transfers facilitated by Pakistan Bait-ul-Maal and UNICEF has also

**222**

community centres were established as sites of education and recreation serving 74,000 people

helped establish 1,185 community centres as sites of education and recreation, of which 222, serving 74,000 people, were established in 2016.

## 2017 and beyond

UNICEF will help governments then child protection systems in accordance with international commitments and ensure that all children are registered at birth. In 2017 UNICEF will:

- Support universal birth registration of children in FATA and in five districts of Punjab and Sindh.
- Support child labour surveys in Punjab, KP, GB and Sindh.
- Lead a strategic shift towards the creation of public child protection systems.



## Focus

The first and only survey of child labour in Pakistan was conducted in 1996 and found that approximately 3.3 million children aged 5–14 years were economically active and that nearly half of them worked more than 35 hours a week. In the 20 years since the survey, no comprehensive information on child labour was collected.

In 2015, UNICEF began advocating with provincial governments to inform the development of comprehensive policies for the eradication of child labour – primarily through obtaining child labour statistics – including its prevalence, causes and manifestations. As a result, in 2016, through a partnership between UNICEF, the International Labour Organization (ILO), and the Punjab and Sindh Departments of Labour and Bureaus of Statistics, the latter provincial governments initiated the first child labour surveys in more than two decades, applying the UNICEF-ILO Statistical Information and Monitoring Programme on Child Labour (SIM-POC) methodology. A pilot began in

two districts of Punjab in order to inform the sampling methodology to be applied in the province, and to ensure comparability at the national level. About 68,000 households in Punjab and 26,200 households in Sindh will be sampled, providing a detailed snapshot of child labour in these provinces today.

The University of Mannheim, Germany, was engaged to support the delivery of both surveys, and a digital data collection application was developed to improve efficiency and enable real-time monitoring.

says 18-year-old Tasawar. “We have the right to an education in order to become in life what we wish to be.”

Tasawar belongs to Ghulam Hyder Hundal village, Sindh, where UNICEF has established one of 1,185 Multi-Functional Community Centres. At these community-managed spaces in cotton-farming areas, where children are vulnerable to child labour and early marriage, people come together to learn, play and build awareness.

Educated about their children’s rights, project communities are helped to mobilize funds for local needs. In Ghulam Hyder Hundal, this has resulted in a fully-equipped playground and in neighbouring Khanpur Junejo, a computer lab training 70 adolescents was established in the centre.

## From the field

“As we are more aware of our rights now, we insist on completing our education instead of getting married at an early age.”

“Until last year, my entire family used to work in the cotton fields, including my young children.”



UNICEF Representative in Pakistan, Angela Kearney, talks to adolescent girls at a UNICEF-supported Multi-Functional Community Centre in Khairpur, Sindh province.

© UNICEF/Pakistan/2016/Asad Zaidi





Girls enjoy the Annual Day event in the UNICEF-supported Government Girls Primary School, Ghulam Hyder Hundal, Khairpur, Sindh province.

© UNICEF/Pakistan/2016/Asad Zaidi

says Zaheeran, a mother of five. She received a 14,000 rupee (US\$140) grant to start her own business, producing traditional bedspreads and cushion covers.

“Now, the entire family does not have to work in the cotton fields anymore and my children are able to continue their studies.”

## Key Results



UNICEF supported the development of **Pakistan's first Child Protection Bill**, fully aligned with the CRC, enacted in Balochistan, where a public child protection case management and referral system will now be established

An amendment to the Pakistan Penal Code criminalized child pornography and child prostitution, domesticating major obligations under the **Second Optional Protocol to the CRC** !



Through agreements with the Governments of Sindh and Punjab, UNICEF began introducing **mobile birth registration targeting 10 million children**, scaling up a pilot which had demonstrated an 85 per cent increase in newborn registration the previous year

“The Punjab Department of Labour and Human Resources and Bureau of Statistics are appreciative of UNICEF’s technical assistance for the finalization of the child labour survey design and its implementation.

The child labour survey data, capturing detailed information on prevalence, causes, circumstances and consequences, shall be of immense value for policymakers to combat the economic exploitation of children in the province.”

– Sohail Shehzad  
*Secretary*

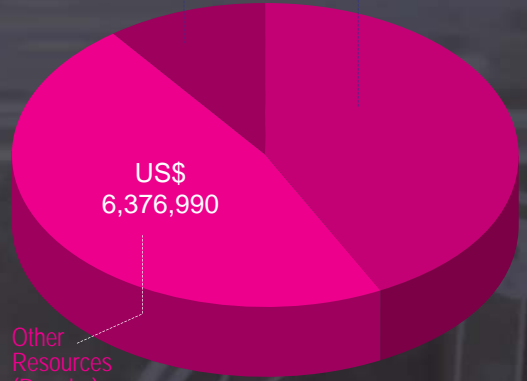
*Labour and Human Resource Department  
Government of Punjab*



# Health

Other Resources  
(Emergency)  
**US\$ 1,371,977**

Regular Resources  
**US\$ 5,788,383**

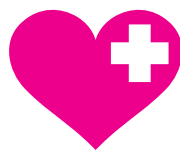


Other Resources  
(Regular)

**Total Expenditure = US\$ 13,537,350**








# Health

## Key issues


  
**89** of every 1,000 children born alive die before their fifth birthday; 55 die during their first month of life<sup>22</sup>

only **54%**

  
 of children aged 12–23 months have received all the vaccinations they need<sup>23</sup>

only **52%**

  
 of deliveries take place in the presence of a skilled birth attendant<sup>24</sup>

## Issue

Pakistan has amongst the highest rates of child mortality in the world: 89 of every 1,000 born alive die before reaching five years of age. Of these, 55 die in the first month of life.<sup>25</sup> With an 8 per cent increase in newborn mortality in the past 20 years,<sup>26</sup> Pakistan faces a serious challenge in protecting children from preventable deaths and meeting international commitments. Most deaths are preventable with skilled attendance at birth and if the child receives a full course of vaccination and the right nutrition at the right time, and by preventing pneumonia and diarrhoea.

Only 52 per cent of deliveries – and 14 per cent in rural Balochistan – are accompanied by a skilled birth attendant, and almost half (46 per cent) of children between one and two years of age have not received a full course of vaccinations which would offer them protection against preventable diseases.

About 27.2 per cent of the population who inject drugs are HIV-positive and their spouses and children are at risk of infection. Only 2 per cent of infants

born to HIV-positive mothers are tested for HIV at six weeks after birth.

## Action

In 2016, UNICEF continued to help governments implement low-cost high-impact interventions to save newborn lives under the Every Newborn Action Plan. These included the rehabilitation of 14 Sick Newborn Care Units expected to treat on average 2,510 newborns monthly in previously un-served areas, and training for the introduction of chlorhexidine to prevent deadly umbilical cord infections for over 1 million newborns in 17 districts of Punjab, KP and Balochistan, in partnership with WHO and the United Nations Population Fund (UNFPA).

Essential Newborn Care, Helping Babies Breathe and chlorhexidine trainings were rolled out in all provinces, and a Kangaroo Care Centre of Excellence was established in Punjab to set up a model for training support across Pakistan. A major initiative to

<sup>22</sup> Pakistan Demographic and Health Survey 2012–2013.  
<sup>23, 24, 25, 26</sup> Ibid.



A vaccinator prepares to immunize women during the UNICEF-supported Maternal and Neonatal Tetanus elimination campaign in Tando Allahyar, Sindh province.

© UNICEF/Pakistan/2016/Wahaj Alley

reduce deaths from pneumonia and diarrhoea was also launched.

 **3.3 mil**  
children were dewormed during  
Mother and Child Week

Mother and Child Week, a long-running UNICEF-supported initiative, provided health education to nearly 7.3 million girls and women, and dewormed 3.3 million children, and provincial/ area governments began the process of taking full ownership of this low-cost high-impact initiative. An innovative low-cost approach to consistent health messaging was launched in Punjab, where Lady Health Workers in remote districts were provided portable projectors and videos to guide community discussion. Over 87,000 people attended (59,000 women and adolescents), and the initiative was subsequently replicated in Balochistan and Pakistan-Administered Kashmir (PAK).

UNICEF collaborated with Gavi, World Bank and WHO to strengthen routine immunization against preventable diseases. To help ensure that sufficient quality vaccines are

delivered where they are needed, Costed Effective Vaccine Management (EVM) Improvement Plans were developed for all four provinces and three areas. These were incorporated into government planning with EVM Secretariats established in Sindh, Balochistan, GB and PAK to support their implementation. To increase demand for vaccination, UNICEF supported provincial governments to develop communication strategies.

With the eradication of polio within sight, UNICEF supported the introduction of injectable polio vaccine into routine immunization with communication campaigns that helped reach 100 per cent of targeted children.

Across Pakistan, 35 districts with high deprivation and low routine immunization began implementing the Reach Every District/ Reach Every Community approach, which had previously been shown to increase fully immunized children by as much as 22 percentage points.

Through training for 41 healthcare providers, treatment was scaled up to reach over 1,600 additional children, women and men living with HIV. The

evaluation of an initiative to prevent parent-to-child transmission of HIV and AIDS led to a revised national strategy which was validated in 2016. Options for early infant diagnosis were assessed, leading to a plan to start testing infants exposed to HIV using Dried Blood Spot samples.

Communication campaigns for the introduction of injectable polio vaccine helped reach 100 per cent of targeted children

## 2017 and beyond

UNICEF will continue to work with governments and other partners to reduce the number of children who die of preventable causes before completing their fifth year of life. In 2017, UNICEF will:

- Continue support for implementation of strategies on maternal and

child health, focusing particularly on high-impact interventions for prevention of neonatal death, and implementation of the National Prevention of Parent-To-Child Transmission of HIV and AIDS Strategy.

- Support implementation of government immunization projects and further strengthen immunization cold chain supply to improve immunization coverage with an equity focus.
- Support the Global Action Plan for Ending Preventable Deaths from Pneumonia and Diarrhoea focusing on availability of supplies, and operationalization of early infant diagnosis for all infants exposed to HIV using Dried Blood Spot samples.

## Focus

Maternal and neonatal tetanus (MNTe) is an infection which kills swiftly and painfully, with a fatality rate reaching 100 per cent without hospital

treatment. It occurs when unimmunized women give birth in unhygienic conditions, or if umbilical cords are not correctly cared for. Thus, MNTe affects the poorest and most marginalized women and children. Pakistan is one of 19 countries to have not eliminated this easily preventable infection.

In 2016, Pakistan celebrated a major achievement when Punjab, home to over half the country's population, was validated as having eliminated MNTe with UNICEF support. This was the culmination of over 15 years of government leadership to vaccinate women of reproductive age in high- and medium-risk districts, improving access to and awareness of safe delivery, and educating mothers and health workers on safe delivery. UNICEF procured vaccines, supported capacity development and operational costs of campaigns. The last round of immunization activities was completed in 2015 with 1.2 million women vaccinated in two high-risk districts.

In 2016, a team from the Ministry of Health, WHO and UNICEF validated elimination in Punjab through a

survey of nearly 11,000 households in the two highest-risk districts, Okara and DG Khan. They found no cases of neonatal tetanus, with vaccination coverage exceeding 90 per cent, suggesting that this deadly disease has been eliminated.

Efforts are now underway to validate Sindh for elimination. In 2016, UNICEF supported two rounds of vaccination with procurement, capacity development and operational costs, covering nearly 2.9 million women in 12 high-risk districts, while key interventions under the Every Newborn Action Plan seek to create safe and hygienic conditions for delivery for mothers across Pakistan.

## From the field

Asma, a 30-year-old mother of four, waits patiently at the Saidu Teaching Hospital in Swat, KP province. Her eight-month-old son, Faiz, was born prematurely in a private hospital



*A doctor examines a newborn child at the UNICEF-supported Basic Health Unit, Shadyoon Wallahyar, Sindh province.*

© UNICEF/Pakistan/2016/Wahaj Alley



which lacked facilities for sick newborns.

“My son was unable to breathe properly until I brought him here,” she says. “But the doctors and staff saved his life by initiating treatment as soon as we brought him in.”

Until recently, there were no government facilities for sick newborns in Swat. Today, however, a Sick Newborn Care Unit caters to nearly 5 million people in the area. Its paediatrics unit has been renovated and essential equipment provided with UNICEF support. Health staff have received training to improve care.

“Our unit is now receiving about 25 new cases every day,” says Dr Fazl-e-Rabi. “Now we do not have to refer children to Peshawar for something as simple as a blood transfusion.”

Many of the children arriving in this formerly conflict-affected area were born at home without proper care.

“Our staff is not only providing care to newborns and their mothers but also counselling patients to challenge societal norms which can be injurious to their children,” says Dr Fazl.

Asma is delighted with the care she has received.

“The staff are very competent and treatment is provided to every mother and child who comes in, no matter if they are rich or poor,” she says.

## Key Results

Punjab, home to half of Pakistan's population, was validated for the **elimination of maternal and neonatal tetanus**



Over **1 million** newborns were targeted for **protection from deadly umbilical cord infections** as chlorhexidine use was introduced in 17 districts of Punjab, KP and Balochistan



Over **3.8 million** children were **vaccinated for measles** with UNICEF support, and costed Effective Vaccine Management Improvement Plans were finalized to ensure that high quality vaccines are delivered where they are most needed



Over **7.3 million** women and girls received health education through **Mother and Child Weeks**



“Over the years, UNICEF has proven to be a reliable and true partner in strengthening equitable immunization services that promote, protect and preserve the health of mothers and children across Pakistan.

UNICEF’s hands-on approach and close interaction with all levels of government and other stakeholders to determine and support evidence-based priorities with effective and timely technical assistance underlies this excellent partnership.”

– Dr Syed Saqlain Ahmad Gilani  
*National Programme Manager  
Federal EPI*



# Humanitarian Action

In KP and FATA, UNICEF provided support to families who had been affected by years of insecurity which caused many to flee their homes. Children required ongoing assistance to ensure that displacement did not deprive them of opportunities to flourish. In 2016, as areas were declared peaceful and families began to return home UNICEF began work to help them rebuild their lives under the government's FATA Sustainable Return and Rehabilitation Strategy.

About 50 per cent of children in Sindh are stunted (44 per cent nationally) and 24 per cent suffer from severe stunting.<sup>27</sup> Long-running drought in some of Pakistan's most marginalized districts (including Tharparkar) increased food insecurity and made children even more vulnerable to malnutrition.

In Sindh (nutrition only) and KP/FATA (all programmes), UNICEF worked with government and other partners to provide lifesaving assistance.

- **Nutrition:** 1.3 million children were screened for acute malnutrition and 49,000 were treated.
- **Education:** 25,400 children accessed education programmes

incorporating psychosocial support and 103,000 children and adolescents (46 per cent girls) were enrolled in school.

- **WASH:** 196,000 people accessed safe water and 148,000 benefited from improved sanitation (both 51 per cent female). Over 229,000 people received information on hygiene and sanitation, helping them protect their families' health. No outbreak of waterborne diseases were reported in affected areas.
- **Health:** 206,000 children were vaccinated against measles (49 per cent girls) and 30,400 children and women attended mother and child health days receiving basic healthcare.
- **Child protection:** 36,600 children and caregivers availed protective spaces and 3,280 accessed protective services.

Additionally, 38,000 people in Chitral and Shangla (KP) who had been affected by earthquake and floods in 2015 received access to safe water, protecting them against waterborne diseases.

## Focus

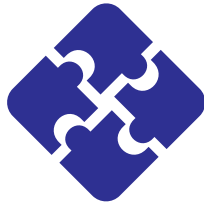
In a disaster-prone country like Pakistan, UNICEF helps government and communities build resilience and prepare for disasters. With the Asian Disaster Preparedness Center UNICEF trained 140 government staff in child-centred disaster risk reduction (DRR) and comprehensive school safety in a model pioneered in Pakistan and followed as best practice across South Asia. Media professionals across Pakistan attended workshops on the role of the media in emergencies, led by UNICEF and the NDMA. A School Safety Framework was also developed and piloted with the NDMA.

DRR kits with information on key risks reaching 357,600 children helped create a culture of resilience by increasing awareness and enhancing capacity for disaster response amongst communities. The Government of Pakistan subsequently began development of a new character based on UNICEF's Meena<sup>28</sup> for its child-centred DRR communication.

<sup>27</sup> National Nutrition Survey 2011.

<sup>28</sup> A fictional cartoon character used in communications to change perceptions and behaviours hampering the survival, protection and development of girls in South Asia.





# Partnerships

## Partnerships with donors

UNICEF strengthened partnerships with major donors through briefings, events and high quality reporting, mobilizing US\$89.6 million to support programming. Close partnerships with key donors, such as USAID, Canada, the UK Department for International Aid (DFID), the European Commission/ECHO, Sweden, Denmark and the Government of Japan, as well as Gavi, the Bill and Melinda Gates Foundation, the IKEA Foundation, Rotary International and Micronutrient Initiative, were critical in achieving results. UNICEF collaborated with Telenor Pakistan and the Governments of Sindh and Punjab to scale up a successful pilot mobile phone birth registration initiative from 2017.

## Partnerships for the SDGs

As part of the UN in Pakistan, UNICEF helped facilitate national and provincial consultations on SDG4 (Education) and SDG6 (Clean water and sanitation). In 2016 it worked with government, civil society and sister UN agencies to ensure that child rights for the most vulnerable remained central to the sustainable development agenda, with support for meetings and planning on SDG2 (Nutrition), SDG5 (Gender equality)

and SDG16 (Peace, justice and strong institutions). UNICEF began leading the development of the SDG Monitoring and Evaluation framework, creating a foundation for accountability and mid-course corrections.

## Partnerships for implementation

Partnerships with government and civil society organizations were instrumental in achieving results in 2016. Working with government in all provinces and areas, and at the federal level, UNICEF advocated for policies and programmes to help fulfil Pakistan's commitments under international agreements, deliver lifesaving humanitarian assistance to people in Sindh and KP/ FATA and achieve significant progress in the global effort to eradicate polio.

Whilst the number of active agreements varied during the year, at the end of 2016 UNICEF had 38 civil society partners, with 60 active partnership agreements for development programming and 20 for humanitarian programming.

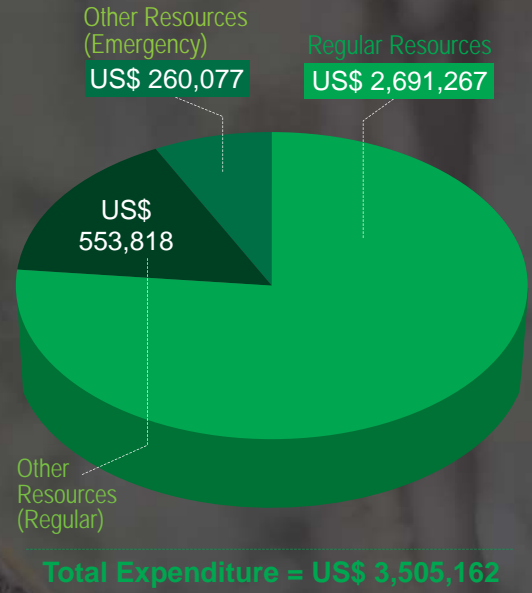
## Partnerships for procurement

UNICEF strengthened partnerships with Government and key donors through trust fund agreements under Procurement Services. It supported procurement of essential nutrition, polio and routine immunization supplies, provided technical and institutional support to EPI on managing its Procurement Services portfolio and built capacity on supply chain management.

On behalf of the Government, 332 million doses of polio vaccine were procured for all polio campaigns, and 'new vaccines' (pentavalent, pneumococcal and injectable polio vaccines) for routine immunization. A US\$60 million project to strengthen EPI cold chain infrastructure was initiated, while Memoranda of Understanding (US\$100 million) with the Islamic Development Bank and the Japan International Cooperation Agency will support polio vaccine procurement and social mobilization.



# Evidence-based Action







# Evidence-based Action

Planning for UNICEF's next Country Programme (2018–2022) began with rigorous child deprivation profiling to identify the children in greatest need are. A Situation Analysis of Pakistani children was developed based on these profiles to refine Country Programme priorities, with wide-ranging consultations to create a shared understanding of UNICEF priorities going forward.

To ensure that planning and programmes were geared towards achieving verifiable results for children, two week-long results-based management training courses were held, attended by 80 UNICEF staff including 70 mid-level and senior staff.

Punjab and Sindh released Multiple Indicator Cluster Surveys (MICS) conducted with UNICEF support, and the Bureaus of Statistics used the capacity built by UNICEF to assist GB and KP begin conducting their own MICS surveys. Balochistan also began planning its MICS programme.

UNICEF strengthened its emphasis on evidence-based planning by conducting, for the first time, an evaluability assessment of a major initiative to combat diarrhoea and pneumonia. This assessed the degree to which the initiative's objectives were adequately defined. A major baseline survey for an impact evaluation of a planned child protection project introduced randomized control trials to provide rigorous data on social norms, offering a new model for UNICEF research and evaluation globally.

To improve humanitarian response, UNICEF built the capacity of provincial and district disaster management authorities on tactical planning, and provincial planning departments and district administrations on operational planning. UNICEF also worked with sister agencies to assess the needs of people returning to peaceful areas of FATA, and worked with the NDMA to update the Multi-sectoral Initial Rapid Assessment tool which is used to find out immediate needs after a disaster occurs.

## Action

In 2016, Punjab and Sindh Bureaus of Statistics released landmark MICS reports providing reliable data on the situation of children and women. For the first time, provincial governments had led the surveys themselves, developing new tools to improve monitoring and present data to make it user-friendly. Planning for similar surveys was initiated in KP and GB which committed to funding 65 per cent of their MICS programme, while Balochistan allocated US\$47,000 for planning.

To enable policymakers to understand and use data, UNICEF helped Bureaus of Statistics in Sindh, Punjab and KP update their statistical databases. UNICEF supported staff from Punjab and Sindh to attend international workshops on creating thematic equity profiles with MICS data to identify drivers of key deprivations. Both provinces committed to using MICS for their Annual Development Plans and budgetary allocations, to shape evidence-based policies for the improvement of children and women's lives.

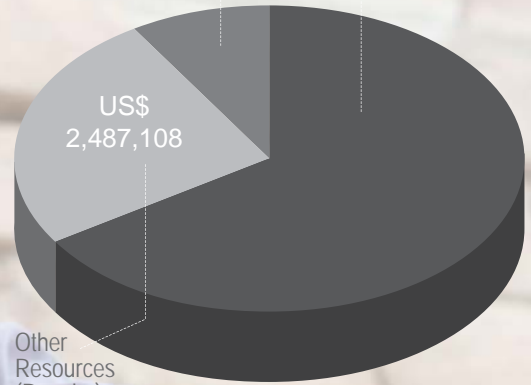




# Operations

Other Resources  
(Emergency)  
**US\$ 872,875**

Regular Resources  
**US\$ 6,524,030**



Other Resources  
(Regular)

**Total Expenditure = US\$ 9,884,013**



# Operations

## Financial management

UNICEF enhanced compliance with Harmonized Approach to Cash Transfer (HACT) guidelines. Half of implementing partners initiated use of dual bank signatories, with risk mitigation measures implemented for non-compliant partners.

UNICEF developed its 2016 budget based on the Result Based Budgeting methodology which ensured that the planned results were adequately funded, leading to 99 per cent utilization of funds.

## Human resources

Staffing remained stable, with a 14.5 per cent vacancy rate, and temporary positions reduced to 9.4 per cent, from 20.8 per cent in 2015. About 35 per cent staff were female, reflecting the challenges in recruiting qualified women, but exceeding the average for the UN in Pakistan.

Talent Management and Case Management System implementation achieved faster and more transparent hiring, contributing to a 99 per cent completion rate in the Achieve performance management module against 94 per cent in the region.

## Supply and logistics

Dashboards to monitor supplies improved data gathering and decision-

making. Improved inventory management led to distribution of most supplies above 24 months.

UNICEF successfully negotiated a blanket cess tax exemption with the Punjab government for all UN agencies, worth over US\$90,000 yearly.

## Efficiency and greening

Savings of approximately US\$85,000 were achieved through joint recruitment, travel savings and reduced overtime. UNICEF helped develop the first Business Operations Strategy for the UN Delivering as One programme.

Annual CO<sub>2</sub> emissions were reduced by 60 tons and greening measures launched in the Punjab field office. The remaining three field offices will follow in 2017.

## Security

UNICEF contributed to security policies shaping UN Security Management System operations in Pakistan. New Standard Operating Procedures enhanced staff security, with training and use of social media for rapid security alerts.

## Information technology

Reliable IT services contributed to efficient programme delivery and reduced the carbon footprint with 90

video conferences supported. No server downtime was reported in any UNICEF office.

## Focus

In 2016, UNICEF strengthened management of cash transfers to implementing partners, enhancing compliance with HACT procedures. UNICEF and implementing partners' staff were trained and brought up to date with procedures and supported in day-to-day assurance activities.

UNICEF adopted HACT procedures for government implementing partners in late 2015, tripling the total number of HACT implementing partners. An Internal Control Guideline was developed for government partners to support efficient use of resources.

UNICEF ensured regular monitoring and reporting of HACT assurance activities (such as conducting micro-assessment, spot-checks, audits and periodic monitoring). Field monitoring mechanisms were strengthened, improving compliance and establishing feedback loops for timely course correction.

This helped ensure that financial disbursement proceeded smoothly and transparently, and programme implementation was efficiently monitored.





# Advocacy and Communication

Using conventional and social media, UNICEF created space for public conversations about issues that affect Pakistani children, including those that are rarely discussed publicly.

Campaigns on issues such as girls' need for menstrual hygiene, and the importance of breastfeeding, created a national debate. Coverage of the risks of formula feeding appeared on Al-Jazeera and AFP, contributing to pressure on policymakers by the domestic media. Punjab began collaborating with UNICEF on communication strategies to combat stunting, while as a symbolic gesture, Parliament announced a breastfeeding room on its premises.

UNICEF's Facebook fans grew by 15 per cent to 258,000, and Twitter followers increased by 18 per cent to 29,000, bringing priorities for children to a broad Pakistani and international public.

UNICEF produced 13 human interest stories and three documentary films to highlight the impact of its programmes in Pakistan and over 1,000 positive mentions appeared in national print media. Senior UNICEF staff appeared in eight major feature appearances on national and international television.

Events to increase awareness included a celebration of Universal Children's Day and commemoration of UNICEF's 70th anniversary attended by schoolchildren, ambassadors and donors in Islamabad, with performances, readings and film screenings.

Participation in U-Report PakAvaz, an SMS platform almost doubled to 22,000, amplifying the voices of young people in communities and UNICEF programming. Two teams of young Pakistanis were supported to participate in the Youth Innovations Challenge Bootcamp held in Malaysia to present innovative projects benefiting children.

Learn about our work in Pakistan:  
<http://www.unicef.org/pakistan>

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View photos from the field on Flickr:  
<http://www.flickr.com/photos/unicefpakistan/>

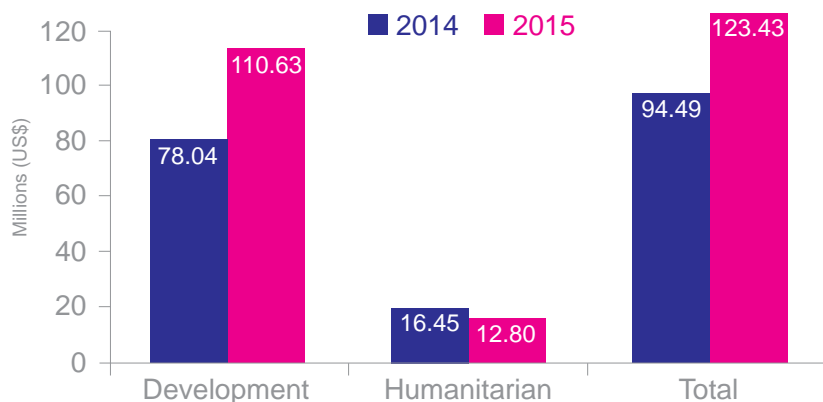


# \$ Financial Resources

In the first four years of the country programme, UNICEF successfully mobilized over US\$300 million (95 per cent of the five year planned amount) and expended over 86 per cent of received funds. UNICEF negotiated long-term multi-sector contributions and continued to attract funding from both public and private sector donors along with the Delivering as One programme. This led to the mobilization of over US\$89.6 million in 2016, which represents an increase of 21 per cent compared to 2015. As polio eradication is a key priority in Pakistan, resource mobilization for this initiative was an imperative. Of the funds raised, US\$48.3 million were for polio eradication. Donor interest in humanitarian response and relief activities for WASH, nutrition and health yielded US\$12.6 million which greatly contributed to the delivery of significant results for these programmes.

Overall expenditures in 2016 were higher compared to 2015 as there was a significant increase in expenditures relating to development programmes, whereas humanitarian expenditures showed a downward trend compared to the previous year. This reflects UNICEF's transition towards bridging between humanitarian

**Figure 1: Expenditures in 2015 and 2016**



and development assistance, the lack of major natural or human-made disasters, and increased in-country capacity to respond to humanitarian situations.

The office will continue to pursue innovation and demonstrate value for money, building on the partnerships already established, with both the public and private sector partners, and seek out additional funding sources. The office has proactively contributed to the development of joint UN programmes for multi-sectoral interventions which have resulted in additional resources being allocated to

UNICEF along with sister UN agencies such as UNFPA, UNDP, WFP, UNHCR and FAO to implement coordinated joint programming. This strategy has generated much needed donor interest in delivering through the One Programme and it is envisaged that major funding would be channelled through this type of mechanism in the coming years as UNICEF continues to actively seek out opportunities to work with other UN agencies.

# Key partners in Pakistan

## Government partners

- Ministry of Climate Change
- Ministry of Education
- Ministry of Elementary and Professional Development
- Ministry of Human Rights
- Ministry of National Health Services, Regulation and Coordination
- Ministry of Planning, Development and Reforms
- Academy of Education Planning and Management
- Expanded Programme for Immunization
- Federal Ombudsman's Office/Office of the National Commissioner for Children
- National and Provincial/area Disaster Management Authorities
- National and Provincial Emergency Operations Centres
- National Commission for Human Rights
- National Education Assessment System
- Pakistan Bait-ul-Maal
- Pakistan Bureau of Statistics
- Pakistan Council of Research in Water Resources
- Prime Minister's Task Force and Focus Group; Provincial and Divisional Task Forces for Polio Eradication
- Provincial/area Bureaus of Statistics
- Provincial/area Departments of Education
- Provincial/area Departments of Health
- Provincial/area Departments of Labour and Human Resources
- Provincial/area Local Government and Rural Development Departments
- Provincial/area Non-Formal Education Departments/ Directorates
- Provincial/area Planning and Development Departments
- Provincial/area Public Health Engineering Departments
- Provincial/area Social Welfare Departments

## Development partners

- Australia
- Bill and Melinda Gates Foundation
- Canada
- Canadian UNICEF Committee
- Danish International Development Agency
- European Commission/ECHO
- Gavi, the Vaccine Initiative
- IKEA Foundation
- International Organization for Migration (IOM)
- Japan
- Micronutrient Initiative
- Rotary International
- Saudi Arabia
- Sweden
- Telenor Pakistan
- United Arab Emirates
- United Kingdom Department for International Aid (DFID)
- United Kingdom Committee for UNICEF
- United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA)
- United States Agency for International Development (USAID)
- United States Centers for Disease Control
- United States Fund for UNICEF

## UN sister agencies

- Food and Agriculture Organization (FAO)
- International Labour Organization (ILO)
- UN Women
- Joint United Nations Programme on HIV and AIDS (UNAIDS)
- United Nations Human Settlements Programme (UN-HABITAT)
- United Nations Development Programme (UNDP)
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- United Nations Office on Drugs and Crime (UNODC)
- United Nations Population Fund (UNFPA)
- United Nations Refugee Agency (UNHCR)
- World Food Programme (WFP)
- World Health Organization (WHO)

## International finance institutions

- Islamic Development Bank
- World Bank

## Civil society organization partners

- Action Against Hunger
- Aga Khan Rural Support Programme
- Balochistan Boys Scouts Association
- Balochistan Rural Support Programme
- Centre of Excellence for Rural Development
- Concern Worldwide
- College of Youth Activism and Development
- Frontier Primary Health Care
- Health And Nutrition Development Society
- Human Development Organization Doaba
- Health, Education and Literacy Programme
- Islamic Relief
- Indus Resource Centre
- LASOONA: Society for Human and Natural Resource Development
- Lodhran Pilot Project
- Muslim Aid Pakistan
- National Commission for Human Development
- National Rural Support Programme
- Pak Women
- Peoples Empowerment And Consulting Enterprise
- Peace, Education and Development Foundation
- Prime Foundation
- Pakistan Fisherfolk Forum
- Pakistan Institute of Labour Education and Research
- Plan International Pakistan
- Pakistan Rural Development Programme
- Qatar Charity
- Relief Pakistan
- Rural Support Programme Network
- Social Action Bureau for Assistance in Welfare and Organizational Networking
- Sindh Agricultural & Forestry Workers Coordination Organization
- Shifa Foundation
- Strengthening Participatory Organization
- Sarhad Rural Support Programme
- Social Services Program
- Water Aid
- Women Concern Organization
- Water, Environment & Sanitation Society



# Acronyms

ALP	Alternative Learning Programme
CBV	Community-Based Vaccination
CMAM	Community Management of Acute Malnutrition
CRC	Convention on the Rights of the Child
DFID	UK Department for International Aid
DRR	Disaster Risk Reduction
ECE	Early Childhood Education
EPI	Expanded Programme on Immunization
EVM	Effective Vaccine Management
FAO	Food and Agriculture Organization
FATA	Federally Administered Tribal Areas
GB	Gilgit-Baltistan
HACT	Harmonized Approach to Cash Transfer
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
IYCF	Infant and Young Child Feeding
KP	Khyber Pakhtunkhwa
MICS	Multiple Indicator Cluster Surveys
MNTe	Maternal and Neonatal Tetanus
NDMA	National Disaster Management Authority
NGO	Non-Governmental Organization
PAK	Pakistan-Administered Kashmir
PATS	Pakistan Approach to Total Sanitation
SDG	Sustainable Development Goal
SIMPOC	Statistical Information and Monitoring Programme on Child Labour
SUN	Scaling Up Nutrition
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization



**unicef**   
unite for children



“ More than ever, we should recognize that development is only sustainable if it can be carried on by future generations.

We have an opportunity to replace these vicious cycles with virtuous cycles in which today's poor children – if given a fair chance at health, education, and protection from harm – can, as adults, compete on a more level playing field with the children of wealthier backgrounds.

Thus making not only their own lives better, but their societies richer in every sense of the word.”

**Anthony Lake**  
*Executive Director*  
UNICEF





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