

UNICEF PAKISTAN

Consolidated Emergency Report 1 January 2016 to 31 December 2016



Young girls at a UNICEF-supported school in Jalozei camp in Khyber-Pakhtunkhwa province, Pakistan.
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Acronyms

C4D	Communication for Development
CCC	Core Commitments for Children in Humanitarian Action
CMAM	Community Management of Acute Malnutrition
DRR	Disaster Risk Reduction
FATA	Federally Administered Tribal Areas
FR	Frontier Region (administrative sub-division in areas of FATA)
HAC	Humanitarian Action for Children
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
HSP	Humanitarian Strategic Plan
IDP	Internally Displaced People
IYCF	Infant and Young Child Feeding
KP	Khyber Pakhtunkhwa
MICS	Multiple Indicator Cluster Survey
MIRA	Multi-Initial Rapid Assessment
NOC	No Objection Certificate
PAK	Pakistan Administered Kashmir
PLaCES	Protective Learning and Community Emergency Services
WASH	Water, Sanitation and Hygiene

Executive Summary

In 2016, humanitarian response in Pakistan's north-west, in Khyber Pakhtunkhwa (KP) province and the Federally Administered Tribal Areas (FATA) shifted from long-running support for displaced populations in camps and host communities towards assisting returnees to areas 'de-notified' (declared open for returns) by Government. Military operations had led to large-scale displacement, often concurrently with returns to peaceful areas. At the start of 2016, 1.15 million people remained displaced, the vast majority living in host communities and adding to the burden on already inadequate services. Over the course of the year, however, some 700,000 people returned home to FATA; camps for internally displaced people (IDPs) closed by mid-year, and the Government declared its intent of ensuring all returns were completed in 2017. However, inter-agency assessments to de-notified areas found that returnees would experience shattered infrastructure, minimal services and few opportunities for livelihoods. Accordingly, UNICEF shifted focus towards ensuring that services for children were sustainably revived and improved under the Government's FATA Sustainable Return and Rehabilitation Strategy, and thereby bridged from humanitarian action towards early recovery and development support in newly accessible areas.

Child malnutrition rates exceed emergency levels in many parts of Pakistan, with 44 per cent of children under five suffering from stunting.¹ Arid areas of Sindh province have experienced recurrent drought over several years, with high rates of food insecurity. UNICEF had introduced the Community Management of Acute Malnutrition (CMAM) programme to treat severe acute malnutrition, advise mothers on Infant and Young Child Feeding (IYCF) and distributed micronutrient supplements. In early 2016, nutrition support was suspended on request of the Government of Sindh, which intended to implement its own large-scale nutrition programme. However, with delays in implementation, UNICEF continued limited support.

Residual WASH support also continued to those affected by monsoon-related flooding in KP, Punjab and Sindh provinces, and an earthquake affecting KP and FATA. This included restoring water supply schemes in northern Pakistan.

In KP and FATA, the cluster approach coordinated effective humanitarian action. UNICEF led the nutrition, education and WASH clusters and the child protection sub-cluster. In Sindh, UNICEF co-chaired the Nutrition Working Group. UNICEF contributed to the following results in 2016:

- For improved newborn and maternal healthcare and thereby reduced mortality and morbidity, UNICEF supported 11,396 women to receive antenatal care; health education sessions benefitted 32,483 women, and skilled birth attendants assisted 1,818 deliveries.
- Timely nutrition actions saved children's lives and 47,541 severe acute malnourished (SAM) children (over half, or 24,722 of girls) were treated with UNICEF support at 384 Outpatient Therapeutic (OTP) sites and 20 Stabilization Centres in KP, FATA and Sindh, achieving a cure rate of 94 per cent. The nutrition cluster collectively treated 66,478 children.
- Improved water supply, sanitation and hygiene promotion interventions prevented disease outbreaks. In total 160,060 people (51 per cent women/girls) had access to toilets and 229,820 (51 per cent women/girls) to improved water sources with UNICEF support. A total of 261,093 people (51 per cent women/girls) received messages on good hygiene practice, and 10,886 girls and women were provided with menstrual hygiene management kits, accommodating their hygiene needs. The WASH cluster as a whole

¹ National Nutrition Survey 2011.

provided access to improved sanitation to 278,853 people and access to improved water sources to 339,594.

- Education interventions promoted safe learning opportunities for displaced and returning children, helping them to enter and continue their education. In total 1,571 schools – 123.6 per cent of the target and 707 of them girls' schools – were supported through the creation of a safe and secure environment, while the cluster as a whole supported 1,811. The cluster partners enrolled a total of 129,134 children and adolescents (55 per cent girls) – about 110,447 (45 per cent girls) of these were enrolled through UNICEF support.
- Vulnerable children and women were linked with protective services. A total of 36,635 children and women (including 13,728 girls) accessed protective spaces, while 3,283 accessed protective services.

UNICEF continued to build national capacity to prepare for and respond to disasters. A partnership with the National Disaster Management Authority (NDMA) led to the development and pilot of a School Safety Framework. Community-based disaster risk reduction (DRR) and child centred DRR were supported through capacity development and planning assistance.

UNICEF pre-positioned contingency stocks for 100,000 people, and signed long-term agreements and 28 contingency partnership agreements. However, no new humanitarian situation occurred in 2016.

UNICEF's humanitarian response in Pakistan under the Humanitarian Action For Children (HAC) was aligned with the Humanitarian Needs Overview (HNO) and the Humanitarian Strategic Plan (HSP) 2016, developed by the Humanitarian Country Team (HCT), and was guided by the Core Commitments for Children (CCC) and other global standards.

At the end of the year, UNICEF faced a shortfall of 67 per cent in its US\$43 million funding appeal under HAC, with education and nutrition critically underfunded. Difficulties in access, due to insecurity and delays in obtaining timely government no-objection certificates also posed significant challenges.

Monitoring and evaluation of humanitarian interventions was enhanced through an evaluation of the nutrition response in Tharparkar and its links to development programming, and updated Multi-sectoral Initial Rapid Assessment (MIRA) tools in partnership with NDMA. The efficacy and accountability of third party field monitoring was improved through the development and deployment of UMMS, an innovative mobile phone-based real-time field monitoring tool which enabled timely course correction for effective implementation.

Humanitarian Context

Of every 1,000 children born alive in Pakistan, 86 die before reaching five years of age, while 42 die in the first month of life.² Nearly half of children (44 per cent) are stunted.³ About 21 per cent of the population still defecate in the open, with higher rates in rural areas.⁴ About 52 per cent of girls of school going age are out of school, compared to 43 per cent of boys,⁵ while only a third of children are registered at birth, hampering assistance in humanitarian settings. There are large inequities based on gender, geographical region and socio-economic backgrounds, and many areas of the country particularly the ones prone to

² State of the World's Children 2015.

³ National Nutrition Survey 2011.

⁴ WHO/ UNICEF Joint Monitoring Programme 2015.

⁵ Pakistan Education Statistics 2014–2015.

natural or human-made disaster, such as the Federally Administered Tribal Areas (FATA) are also home to some of the most historically marginalized. Pakistan is one of only three countries in the world where polio remains endemic; 54 cases were reported in 2015, followed by 20 in 2016. Most cases emerge from polio reservoir areas, of which there is a significant concentration in emergency affected areas of KP and FATA.

Even before the crisis, FATA was one of the most disadvantaged regions of Pakistan. In 2013, female literacy stood at only 3 per cent,⁶ while according to the *National Nutrition Survey 2011*, 36 per cent of children under five were severely stunted – the highest rate in Pakistan.⁷ This situation has been exacerbated by displacement, insecurity, and conflict in which health and education facilities were frequently targeted by militants.

Humanitarian action in this area is also hampered by the necessity of obtaining no-objection certificates (NOCs) from Government. Delays in obtaining or renewing these led to delays in implementation and sudden suspensions of operations in all sectors. These delays were brought to the attention of the HCT, which advocated with the authorities.

Pakistan is vulnerable to natural and human-induced catastrophe and is considered to be amongst the countries most vulnerable to climate change. Much of the country's north is in a seismically active zone, while severe flooding after monsoon rains can be exacerbated by poor water management and climate change. In 2010, severe floods affected 20 million people across Pakistan. Monsoon flooding has since been an annual occurrence, albeit to a lesser extent, but with strengthened Government capacities in recent years, Government has managed response with only limited support requested from humanitarian partners including UNICEF. Insecurity and inequitable access to services also exacerbate vulnerability in many areas.

Complex emergency in KP and FATA

Since 2008, more than 5 million people have experienced waves of displacement from and return to FATA in Pakistan's northwest, bordering Afghanistan, as well as neighbouring Khyber Pakhtunkhwa (KP) province.⁸ Displacements have been caused by insecurity, non-state militant activity (including targeting schools), and military operations. In 2014, military operations against armed groups displaced a million people from North Waziristan and Khyber Agencies of FATA. Patterns of displacement and return have changed over the years, however with much of FATA declared peaceful in 2016, the government declared a 'year of returns', with the aim of ensuring that all displaced families returned to FATA by early 2017.



UNHCR KP and FATA IDP Population Fact Sheet, As of 31 December 2016

⁶ FATA Secretariat (March 2015). FATA Reforms Commission Report.

⁷ National Nutrition Survey 2011.

⁸ Humanitarian Needs Overview 2016.

The map displays the region around Peshawar, Pakistan, with a focus on the FATA (Federally Administered Tribal Areas) and Khyber Pakhtunkhwa provinces. The map shows various districts and locations, including Peshawar, Nowshera, Shunkas, Jarma, Kohat, Hangu, Bannu, Mirzail Check Post, Tank, Khawga, and various districts like Kurram, Khyber, FATA, North Waziristan, South Waziristan, and Khyber Pakhtunkhwa. The map also shows the border with Afghanistan to the west and India to the east. A legend in the bottom right corner identifies symbols for Camp (black triangle), Humanitarian hub (green square), Embarkation point (black rectangle), Return agencies (yellow rectangle), and De-notified areas (red diagonal lines). A scale bar indicates 50km.

OCHA FATA Returns Snapshot, January to December 2016

In 2015, the FATA Secretariat launched the FATA Sustainable Return and Rehabilitation Strategy to encourage safe and voluntary return, and to ensure that IDPs returned to an enabling environment with rehabilitated infrastructure and access to services. However, a 2016 multi-cluster assessment jointly led by the Humanitarian Regional Team and the Provincial and FATA Disaster Management Authorities found a severe lack of basic health and nutrition services, poor connectivity, and a lack of access to safe drinking water and sanitation.¹⁰ Education services had been badly affected, with many schools damaged or destroyed, and there were major protection needs especially for children and women. Key findings related to UNICEF priority areas were:



Additionally, over a fifth of returning households to Khyber and South Waziristan were female headed.¹¹

UNICEF's humanitarian response in areas of displacement and return were, as in previous years, hampered by insecurity, which limited access to areas of the greatest need, as well as delays in obtaining no-objection certificates (NOCs) from government permitting access and activities for UNICEF and its implementing partners. Funding constraints also posed a major challenge to response: at the end of the year, 67 per cent of the total US\$ 43,244,692 remained unfunded, with significant funding gaps for education (80 per cent), nutrition (72 per cent) and child protection (62 per cent).

⁹ OCHA Pakistan: 2016 FATA Returns Snapshot (January to December 2016). Based on sources from Government (including FDMA, RRU, CLCP), UNHCR, WFP, OCHA Pakistan.

¹⁰ Multi-cluster assessment of IDPs and returnees, August 2016, compiled by OCHA. Available at: https://www.humanitarianresponse.info/system/files/documents/files/multi-cluster_assessment_of_idps_returnees_kp-fata_aug_2016.pdf

¹¹ Ibid.

Drought in Sindh

Nearly half of Sindh province in Pakistan's south-east is arid and has faced a mild to moderate and severe drought-like situation since 2013. Four districts (Tharparkar, Jamshoro, Sanghar and Dadu) were notified by Government as experiencing severe drought-like conditions, while mild to moderate drought-like conditions prevailed in Sukkur, Umerkot, Khairpur and Thatta districts.

The Sindh Multiple Indicator Cluster Survey (MICS) 2014 showed that 42 per cent of children are underweight and 17 per cent are severely underweight – in Mirpurkhas division, which includes three of the districts listed above, almost 59 per cent are underweight. About 48 per cent are stunted for their age and 24 per cent are severely stunted. Food insecurity caused by extreme poverty and recurrent drought risked exacerbating these already high rates of malnutrition.

UNICEF support for lifesaving nutrition services in Tharparkar and other affected districts continued until March 2016, when these were handed over to the Government of Sindh. However, UNICEF continued to provide limited support.

Earthquake and flooding in 2015

An earthquake measuring 7.5 on the Richter scale, with its epicentre in Afghanistan killed 280 people and damaged 103,000 houses in 2015. In Chitral district (KP province) flash floods following summer monsoon rains displaced more than 300,000 and damaged 30 schools. Whilst a formal emergency was not declared in either situation, residual WASH response continued in 2016 to rebuild infrastructure for safe drinking water.

Humanitarian Action in Pakistan

UNICEF's humanitarian plan in Pakistan is fully aligned with the CCC and the Pakistan Humanitarian Strategic Plan. It reflects Pakistan's humanitarian needs and funding requirements under the global UNICEF Humanitarian Action for Children (HAC). In line with global and regional priorities, UNICEF has adopted an equity-focused and gender-sensitive approach and seeks to reduce vulnerabilities especially for the most marginalized, and to increase resilience through Disaster Risk Reduction (DRR) and enhanced preparedness. Through capacity development for government, implementing and community partners, support for DRR planning and Communication for Development, UNICEF has strengthened the crucial links between humanitarian response and development programming. In 2016, this was apparent in the transition from relief to recovery through the revitalization of services in KP/FATA, as well as in support to government nutrition services in Sindh.

The Pakistan Humanitarian Country Team (HCT) developed a Humanitarian Strategic Plan (HSP) to guide assistance to those in need. The HSP 2016 identified and targeted 3.6 million people then in need of assistance, including displaced and returning families, Afghan refugees, and undernourished children and mothers. It also prioritized strengthening humanitarian preparedness for a coordinated and effective response in case of disasters.

To address the humanitarian needs arising from the emergency in KP and FATA, particularly those affecting children and women, UNICEF continued to provide health, nutrition, WASH, education and child protection support to IDPs and returnees in 2016 under the cluster system.

In 2016, UNICEF embarked on a joint community resilience programme with FAO, UNDP and WFP to support the FATA Sustainable Return and Rehabilitation Strategy and implement joint return and recovery interventions in Khyber and South Waziristan Agencies, FATA, thus linking humanitarian support for displaced populations to early recovery support

in areas of return. The initiative has demonstrated convergence of efforts to support returnees between partners, and has helped to reduce duplication of response and resources.

All clusters conducted midyear monitoring of their outputs and activities in July 2016, measuring progress against in the HSP 2016, and fed findings and lessons learnt into the Humanitarian Needs Overview (HNO) and HSP for 2017.

In alignment with the global UNICEF Strategic Plan (2013–2017), DRR has been mainstreamed into all programme areas, with support for enhanced Government preparedness and response through partnerships with the relevant line departments and disaster management authorities. These long-running efforts have contributed to the fact that despite recurrent natural disasters, including yearly monsoon floods, Pakistan governments did not request international humanitarian assistance in 2016.

Humanitarian Results

Maternal, Newborn and Child Health

UNICEF worked closely with the World Health Organization, the lead agency for the health cluster, other cluster partners, as well as National and Provincial Disaster Management Authorities, the Ministry of National Health Services, Regulation and Coordination and Departments of Health, KP and FATA.

Indicator	UNICEF		
	target	results	achievement
Number of children (6 months to 10 years old) vaccinated against measles	334,163	206,620	61.8%
- girls	163,740	101,244	61.8%
- boys	170,423	105,376	61.8%
Number of deliveries assisted by skilled birth attendants (SBA)	50,743	1,818	3.6%
Number of women provided with antenatal care (ANC) (new contact)	50,743	11,396	22.5%
Number of people reached through health education sessions conducted during Mother Child Week/Days (women)	259,904	32,483	12.5%

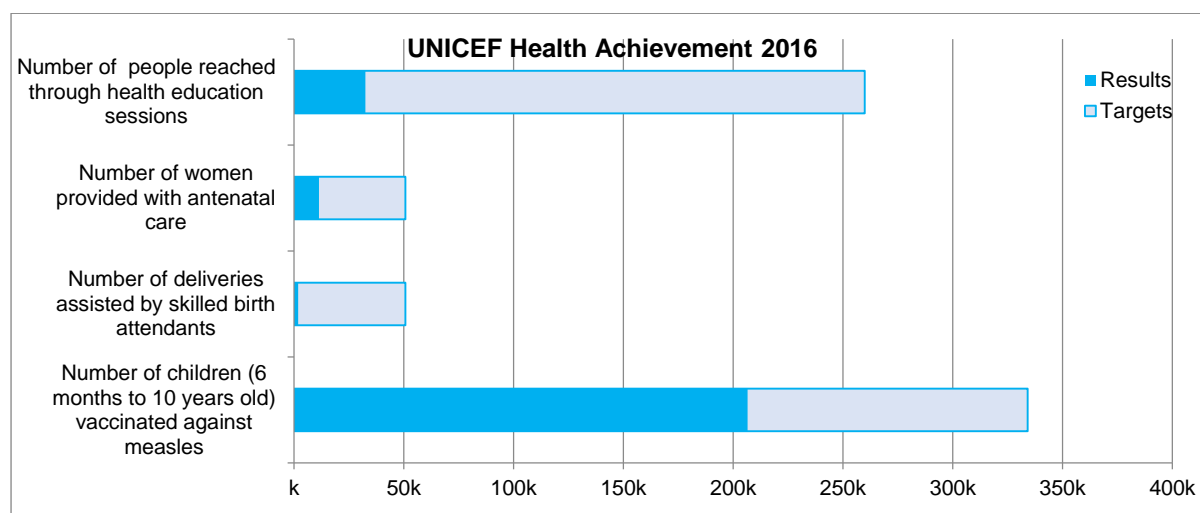
Results are achieved through contributions against appeals, as well as resources from UNICEF's regular resources where necessary.

In 2016, UNICEF aimed to provide children and women affected by the complex emergency with lifesaving maternal, newborn and child health and immunization services.

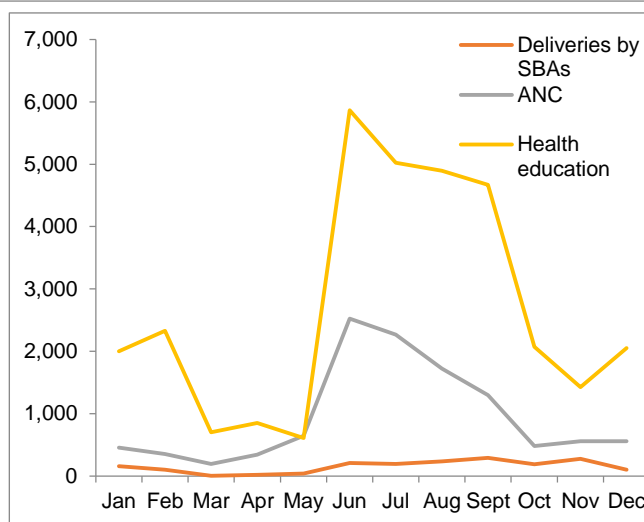
In IDP-hosting districts of southern KP provinces, these included Mother & Child Days providing health education to displaced and host families in Bannu district. In the first half of the year, UNICEF also supported vaccinators to provide uninterrupted routine immunization services in Bannu district, reaching 10,772 women with tetanus toxoid, 6,372 children with pentavalent vaccine, and 7,176 with measles vaccine. UNICEF strengthened the cold chain and vaccine management for routine immunization services by installing 78 Solar Ice Lined Refrigerators, thereby boosting routine immunization services in southern KP. In Lakki Marwat district, UNICEF supported 24/7 basic Emergency Obstetric Care services in four Rural Health Centres, covering 100,000 people, through its partner FPHC. In the long term these will contribute to reducing high rates of newborn mortality due to the lack of skilled birth attendance amongst host communities in these areas.

Needs assessments had shown that the already rudimentary health infrastructure in conflict-affected areas of FATA had been badly damaged by years of fighting. For this reason, UNICEF support in areas of return focused on restarting health services by rehabilitating and

restocking facilities, thereby bridging humanitarian and development support, and building resilience within communities against further shocks.



In areas of return in FATA (South Waziristan and Khyber Agencies), UNICEF worked via local implementing partners to strengthen 24/7 basic emergency obstetric care through six facilities and Mother and Child Days. Capacity building was provided to project staff including 140 community and facility based staff on maternal, newborn and child health and routine immunization. A total of 1,818 deliveries were conducted and antenatal care was provided to 11,396 women. Supplies were also procured to strengthen 20 health facilities in return areas, including



furniture, 22 Solar Ice Lined Refrigerators, two cold boxes, 122 vaccine carriers, eight midwifery kits, as well as 280 cartons of oral rehydration salts and 5,600 packs of zinc tablets for diarrhoea treatment. Distribution of supplies began in South Waziristan, North Waziristan and Khyber Agency and was ongoing at the end of the year.

A major focus in areas of return was to promote skilled birth attendance via institutional deliveries. Thus, the rehabilitation of facilities was accompanied by behaviour change communication to create the required culture change, including innovative approaches such as working closely with religious leaders who became actively involved in implementation. However, culture change is necessarily a slow process, and whilst many women were already familiar with antenatal care from services during displacement, UNICEF experienced a significant shortfall against targets in skilled birth attendance due to the cultural preference for home births. This was exacerbated by the fact that rehabilitation activities in FATA health facilities were severely delayed by lack of access and the late issuance of NOCs to operate in these areas by Government.

Following a measles outbreak, a needs-based vaccination campaign was held in July 2016, followed by mop-up campaigns, reaching about 206,620 children and successfully suppressing the measles outbreak in areas of return. Since this was a needs-based campaign, the target was revised accordingly. UNICEF successfully advocated for gender-disaggregated data to be collected by the government Expanded Programme for

Immunization (EPI) system, and this data will be available in future through the new EPI Management Information System.

UNICEF's health response in KP and FATA was hampered by lack of funding. With only 47 per cent of requested funds received, scale up of programming was delayed. This also contributed to under-achievement against targets, exacerbated by access and security concerns as well as social norms surrounding childbirth that had to be addressed by social mobilization.

Whilst polio eradication efforts are not part of the humanitarian response, access to new areas after many years of insecurity offered an important opportunity to reach missed children. All returnees to de-notified areas of FATA received polio vaccinations, within host communities or through embarkation points, in 2016. Community-based vaccination, a means of enhancing vaccine acceptability, was introduced with 2,961 staff hired to reach target children in Peshawar, Bannu and Tank districts of KP and 1,712 engaged in FR Bannu, Khyber, South and North Waziristan Agencies. Community engagement strategy and tracking through COMNet and CBV staff and social mobilizers deployed at registration points has improved outreach and significantly reduced the caseload of missed children in these areas, contributing to the 63 per cent year on year decline in polio cases and marking a significant advance towards the eradication of this debilitating disease.

Nutrition

The nutrition cluster coordination mechanism remained active in KP/FATA during 2016, with UNICEF as co-lead with the Department of Health. In this position, UNICEF supported the coordination between government, UN agencies (WFP, WHO, UNOCHA), and national and international NGOs. The cluster supported engagement and capacity building for government, cluster members and nutrition development partners on provincial and district specific Emergency Preparedness and Response Planning, linking it with the Nutrition in Emergencies training package.

Indicator	Cluster			UNICEF		
	target	results	achievement	target	results	achievement
Number of targeted children aged 6–59 months with Severe Acute Malnutrition admitted to therapeutic care for specified period of time	126,900	66,478	52.4%	89,366	47,541	53.2%
- girls	64,719	34,569	53.4%	44,782	24,722	55.2%
- boys	62,181	31,909	51.3%	44,584	22,819	51.2%
Number of pregnant and lactating women in affected areas registered in a multi-micronutrient supplementation programme receiving multi-micronutrient supplement (or iron and folic acid)	508,411	397,034	78.1%	358,036	335,867	93.8%
Number of children 6–59 months in the affected areas receiving multi-micronutrient supplement	593,972	453,058	76.3%	418,290	408,475	97.7%
- girls	302,926	240,121	79.2%	213,328	208,322	97.7%
- boys	291,046	212,937	73.1%	204,962	200,153	97.7%

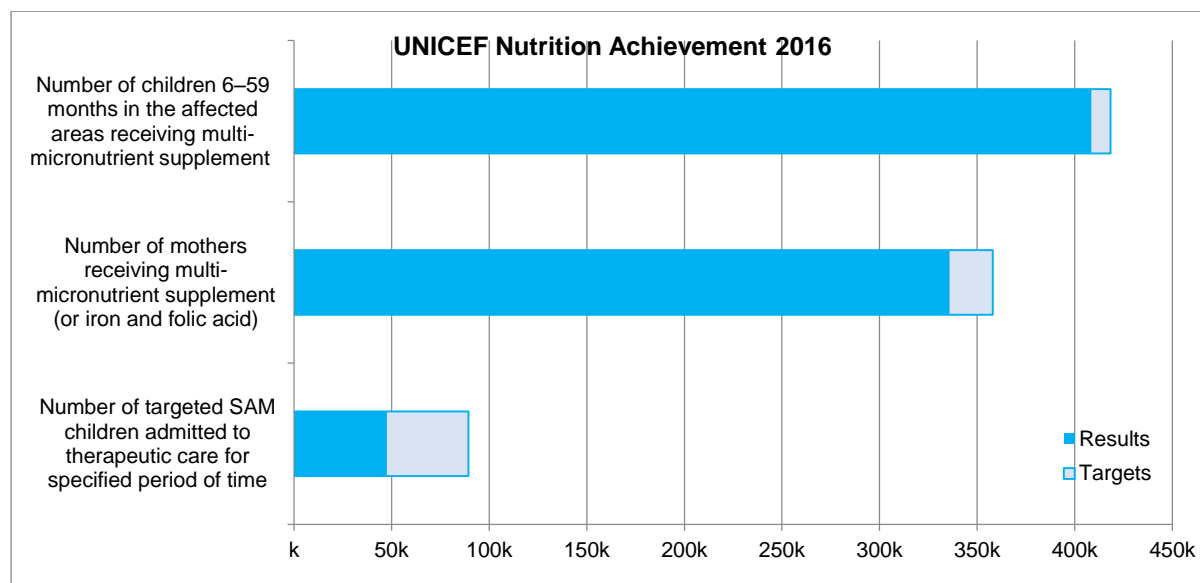
UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

UNICEF's key priorities included identification and treatment of severe acute malnourished (SAM) children with ready to use therapeutic food via CMAM programmes, provision of multiple micronutrient supplements for use by children under five years of age and pregnant and lactating women, and to consolidate the gains made from these through the promotion

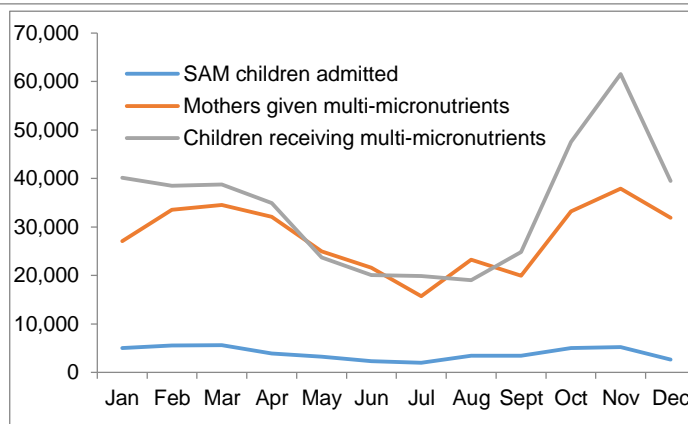
of appropriate maternal, infant and young child feeding practices. With support from UNICEF in close collaboration with the World Food Programme (WFP) and World Health Organization, Community Management of Acute Malnutrition (CMAM) continued in 43 districts and tribal agencies with 384 Outpatient Therapeutic (OTP) sites and 20 Stabilization Centres.

UNICEF's primary focus was on identifying and treating acute severe acute malnutrition. In KP, FATA and Sindh, UNICEF supported nutritional screening for 1,416,736 children of whom 47,541 were treated at UNICEF-supported sites for SAM. A cure rate of 94 per cent was achieved, exceeding Sphere¹² standards.



According to programme data, girls are more likely to be brought for treatment of SAM (58 per cent) than boys (42 per cent) though larger population level studies show more boys than girls are wasted.

In areas of return in FATA, UNICEF provided operational support and the establishment of nutrition sites at health facilities. The establishment of four at major health facilities in



Khyber Agency were also accessed by children and women availing other services, leading to a sudden surge in achievement in those areas. Lady Health Workers running supplementary feeding programme for moderately malnourished children also refer severe cases to UNICEF supported nutrition sites for treatment and micronutrient supplementation. In those areas, therefore, there was over-achievement against targets.

Key implementation challenges included a severe funding constraint, with only 28 per cent of required funds received. Nevertheless, timely leveraging of Government development funds and UNICEF regular resources helped to make significant progress, with over 53 per cent of SAM children provided required treatment through the Out-patient Therapeutic Programme. Over 93 per cent of registered pregnant and lactating women and 97 per cent of children

¹² An internationally recognized set of common principles and minimum standards for quality of humanitarian response.

were provided multi-micronutrient supplementation, helping to address key deficiencies such as anaemia and Vitamin A deficiency amongst these populations. To achieve this high rate of supplementation despite a significant funding shortfall, existing multi-micronutrient supplies were leveraged in addition to those procured under this intervention.

Additional challenges included limited availability of qualified women health workers in affected areas, and delays in the issuance of NOCs to implementing partners. To avoid such issues in future, UNICEF is working on implementation directly with the FATA Department of Health in order to sidestep the need for NOCs.

In light of Pakistan's high rate of malnutrition, UNICEF provided capacity development to 7,367 health professionals in CMAM in KP, FATA and Sindh, to ensure that these services are maintained even after the end of humanitarian response. To sustain nutritional status of children in these populations once the immediate need had been treated, UNICEF supported training on infant and young child feeding for 5,842 health professionals who reached 369,726 people with information and guidance on nutritional practices such as exclusive breastfeeding in the first six months of life and introduction of appropriate complementary foods thereafter.

Sindh drought response

In Sindh, the Nutrition Working Group was led by the Government, with UNICEF acting as co-chair and supporting regular coordination meetings. Humanitarian coordination meetings were hosted by the PDMA with UNICEF participation, on monsoon preparedness and joint observation missions to Tharparkar. UNICEF participated in a joint UN coordination mission to Tharparkar in September, finding that food security was currently adequate but required ongoing monitoring due to the risk of crop failure.

Indicator	UNICEF		
	Target	Results	Achievement
Number of targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care for specified period of time	50,886	19,777	38.9%
- girls	25,952	11,471	44.2%
- boys	24,934	8,306	33.3%
- Number of pregnant and lactating women in affected areas registered in a multi micronutrient supplementation programme receiving multi-micronutrient supplement (or iron and folic acid)	139,983	123,230	88.0%
Number of children aged 6-59 months in the affected areas receiving multi-micronutrient supplements	120,298	132,302	110.0%
- girls	61,352	68,797	112.1%
- boys	58,946	63,505	107.7%

UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

In March 2016, UNICEF and WFP withdrew support for nutrition interventions on the instruction of the Government of Sindh, which announced it would take over nutrition services covering nine districts under a PC-1 development project through its Nutrition Cell. UNICEF handed over nutrition services in all 44 supported union councils of Tharparkar district, though WFP was eventually allowed to continue addressing moderate acute malnutrition with its own funds. However, the Department of Health was unable to start providing services at scale under its PC-1 during 2016; as such, UNICEF supported the development of user-friendly nutrition management information system to continue tracking of malnutrition, and to provide services and supplies as required, and continued stabilization support for Stabilization Centres in Tharparkar to treat cases of SAM with further

complications, and the provision of lifesaving services in 23 union councils of Jamshoro district. Through local partners, UNICEF supported capacity building and emergency nutrition (targeted supplementary feeding, micronutrient supplementation and IYCF services).

With UNICEF support, Standardized Monitoring and Assessment of Relief and Transitions (SMART) and Semi-Quantitative Evaluation of Access and Coverage (SQUEAK) surveys began in KP/FATA and Sindh to assess needs and coverage of nutrition interventions. An evaluation of UNICEF's emergency response in Tharparkar was also completed, providing key recommendations on outreach, multi-sectoral coordination, service delivery and capacity development.

The Scaling Up Nutrition initiative to coordinate multi-sectoral activities and technical support was launched in KP/FATA and Sindh during the second half of 2016. In KP/FATA, cluster partners participated in awareness campaigns, including Global Breastfeeding Weeks with awareness sessions in communities using materials provided by the cluster, while in Sindh working group partners organized Universal Salt Iodization Day.

Water, Sanitation and Hygiene

UNICEF led the WASH cluster in 2016 and coordinated the provision of improved water and sanitation services to displaced and returning populations. Key partners included the Provincial Disaster Management Authority, FATA Disaster Management Authority, Public Health Engineering Department, Local Government and Rural Development Department, Tehsil/ Town Municipal Authorities, United Nations Development Programme, International Rescue Committee, World Health Organization and other national and international partners.

Indicator	Cluster			UNICEF		
	target	results	achievement	target	results	achievement
Number of target population provided with access to improved water sources as per agreed standards (context specific)	640,362	339,594	53.0%	320,100	229,820	71.8%
- women	150,229	79,669	53.0%	75,095	53,916	71.8%
- men	144,338	76,544	53.0%	72,151	51,801	71.8%
- girls	176,356	93,524	53.0%	88,156	63,292	71.8%
- boys	169,440	89,857	53.0%	84,698	60,810	71.8%
Number of target population provided access to appropriately designed toilets (including self-made toilets through provision of sanitation kits)	400,226	278,853	69.7%	200,100	160,060	80.0%
- women	93,893	65,419	69.7%	46,943	37,550	80.0%
- men	90,211	62,853	69.7%	45,103	36,078	80.0%
- girls	110,222	76,796	69.7%	55,108	44,081	80.0%
- boys	105,900	73,785	69.7%	52,946	42,352	80.0%
Number of target population provided with key messages on safe hygienic practices	800,453	457,931	57.2%	400,200	261,093	65.2%
- women	187,786	107,431	57.2%	93,887	61,252	65.2%
- men	180,422	103,218	57.2%	90,205	58,850	65.2%
- girls	220,445	126,114	57.2%	110,215	71,905	65.2%
- boys	211,800	121,169	57.2%	105,893	69,085	65.2%

UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.

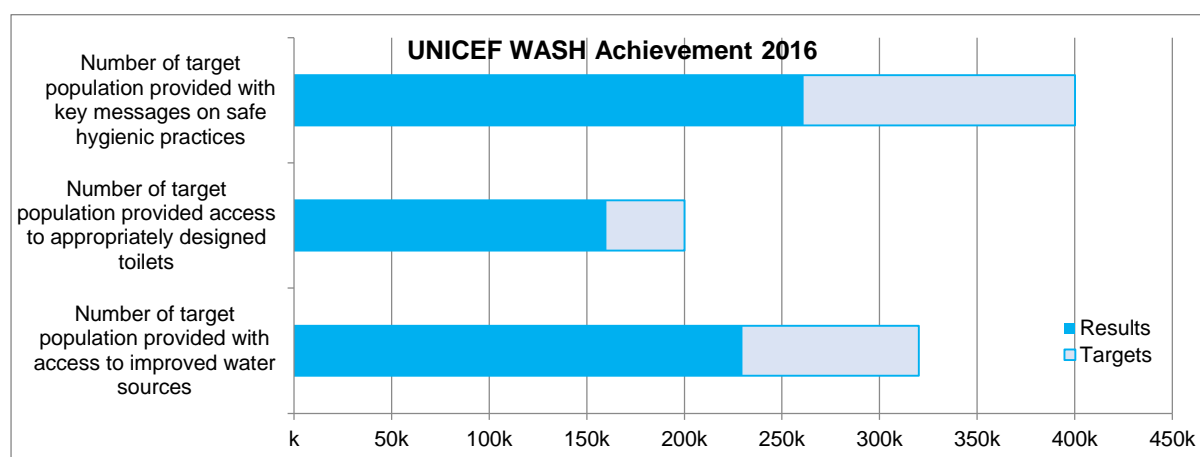
Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

During the first half of the year, WASH interventions focused on IDP hosting areas. Gradually, there was a shift towards areas of return de-notified by the Government and where IDP repatriation had been completed. UNICEF interventions sought to ensure that children and women in host communities, areas of return and in IDP camps (for the first few months of the year), had access to sufficient water from improved sources, adequate

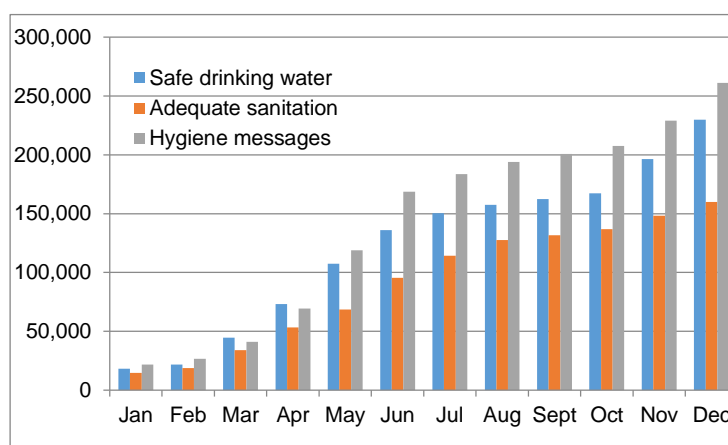
sanitation and the knowledge and tools to maintain hygiene, preventing outbreaks of WASH-related diseases and their resultant impacts on child health.

This contributed to the fact that despite the challenges encountered in project areas, no outbreaks of diseases related to water, sanitation and hygiene were reported from project areas – in camps, host communities and areas of return – during 2016.

Despite a funding gap of 39 per cent, strong coordination enabled UNICEF and WASH cluster partners to scale up services in accordance with Sphere guidelines. The cluster provided improved sanitation and water services, and supplemented these with hygiene promotion including safe handling of water, proper use of latrines and hand washing with soap at critical times. The WASH cluster also supported the celebration of Global Hand Washing Day and a large-scale Sanitation Mela (festival) to celebrate World Toilet Day to spread awareness of good hygiene practice. A total of 4,320 hygiene kits were provided to help peoples safeguard their health, and menstrual hygiene management kits were introduced, enabling 10,886 adolescent girls and women to manage their menstrual hygiene needs safely and with dignity.



UNICEF sought proactively to reach people of all ages and genders by appropriate culturally means. FATA's cultural norms and low education posed particular challenges to reaching women, and even to recruiting female social mobilizers who could reach women and adult girls inside their homes. In addition to recruiting women social organizers, UNICEF trained Lady Health Workers through female trainers, and gained the consent of community elders to engage women's religious groups to promote hygiene. These innovative approaches resulted in significant progress in terms of reaching women in socially conservative environments. About 51 per cent of those reached by WASH interventions by both UNICEF and the cluster as a whole were girls or women.



To improve accountability to beneficiaries and enhance transparency, UNICEF continued a pilot of RapidPro for real-time beneficiary feedback on the usefulness and effectiveness of family hygiene kits. The feedback will improve the contents of future hygiene kits and gives beneficiaries a voice in projects affecting them. Real-time information was received from

nearly 2,500 recipients out of 20,000 who were provided kits: a 12.4 per cent response rate, pointing to the acceptability of this feedback mechanism amongst recipients in Pakistan.

Funding gaps (with 52 per cent of requested funds received by UNICEF and a larger funding gap for the cluster as a whole) posed a challenge to achievement of targets. Delays in the issuance of NOCs required for project interventions and local travel were also a major barrier. UNICEF addressed this challenge through a simple but innovative measure: seconding NGO staff to government counterparts. This resolved understaffing issues in government at field level, made women staff available for social mobilization, increased government ownership and capacity, and reduced the need for NOCs. An important lesson learned was that implementation through government line agencies, when accompanied by extensive capacity building, is a workable model for operating in FATA.

With UNICEF support, 86,223 returning families of South and North Waziristan, Orakzai, Kurram and Khyber Agencies (FATA) had access to clean drinking water and sanitation facilities, and received hygiene messaging at government designated embarkation points. In areas of return in FATA, projects were designed to meet the long-term needs of the population. For example water trucking was replaced by rehabilitation of sustainable water sources benefiting 108,592 individuals, ensuring that each individual had sustainable access to 15 litres of water a day, as per SPHERE guidelines. Water quality monitoring for bacterial and chemical impurities was regularly conducted at the embarkation points and at areas of return to ensure provision of safe drinking water. The tests were conducted prior to the rehabilitation/installation of water supply schemes. Moreover to overcome the acute power shortage which was a major bottleneck in service delivery of drinking water, UNICEF collaborated with the Public Health Engineering Department to introduce water supply systems powered by solar energy. Eleven water supply systems benefiting 14,850 households (103,950 individuals) were installed in 2016.

Similarly, instead of emergency pit latrines to meet immediate needs in areas of return UNICEF provided basic sanitation kits to 84,499 people with subsidies and limited construction support to the most vulnerable populations. For long term engagement, the highly successful Pakistan Approach to Total Sanitation, a community-centred demand-driven implementation approach, was introduced to eliminate open defecation. Moreover, WASH in School programmes were implemented, and were critical means of enrolling and retaining children, especially girls. These included emergency WASH facilities in temporary schools, and sustainable facilities (water points, hand washing facilities and latrines) in permanent schools to link emergency interventions to development.

Education

UNICEF co-led the education cluster along with the FATA Education Directorate in the complex emergency response with the KP and FATA Department of Education, and was responsible for a significant share of management responsibilities. In this capacity, UNICEF led an online Training Needs Assessment survey of capacity building needs of cluster members, organized training on gender markers, and a consultation on the proposed Common Platform for Education in Emergencies and Protracted Crises. The feedback was provided to the Global Education Cluster and Inter-Agency Network for Education in Emergencies.

Indicator	Cluster			UNICEF		
	target	results	achievement	target	results	achievement
Number of school-aged children including adolescents enrolled in schools (including in schools in affected areas still functioning, re-opened schools and/or temporary facilities established)	204,000	129,134	63.3%	124,032	110,447	89.0%
- girls	91,800	58,110	51.8%	55,814	49,701	89.0%
- boys	112,200	71,024	77.3%	68,218	60,746	89.0%
Number of schools supported having safe and secure environment	2,091	1,811	86.6%	1,271	1,571	123.6%
- girls' schools	941	815	86.6%	572	707	123.6%
- boys' schools	1,150	996	86.6%	699	864	123.6%
Number of children with access to humanitarian education programmes that incorporate psychosocial support	30,600	30,280	99.0%	18,605	28,604	153.7%
- girls	13,770	13,626	99.0%	8,372	12,872	153.7%
- boys	16,830	16,654	99.0%	10,233	15,732	153.7%

UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

UNICEF was responsible for a major share of the education cluster caseload in KP/FATA. Despite a massive funding shortfall (only 20 per cent of requested funds were received), UNICEF demonstrated over-achievement against two indicators – the number of schools with safe and secure environments, and number of children with access to humanitarian education incorporating psychosocial support, drawing on the USAID funded Pakistan Safer Schools Programme. UNICEF also had substantial achievement (89.0 per cent) against its enrolment target.

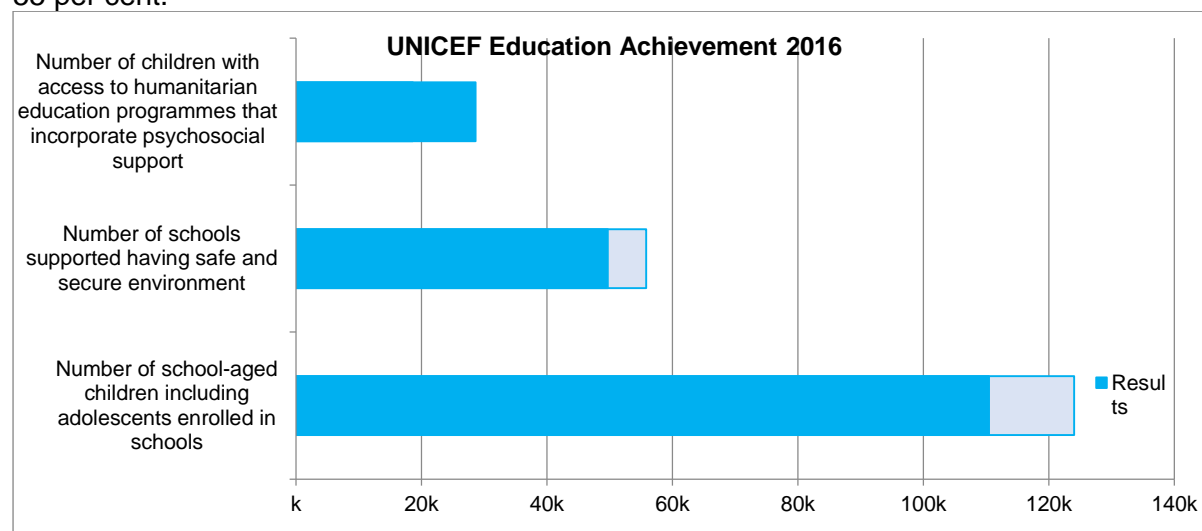
During the first half of 2016, UNICEF supported education of 1,339 children, including 853 girls, in camp schools. Schools in New Durrani and Togh Sarai camps were closed with the closure of the camps themselves, while support to the camp school in Jalozi camp continued through PDMA until end-April. Interventions were complemented with culturally-appropriate latrines for girls; training for 65 education managers and 2,781 teachers, psychosocial support and life skills-based education; and mobilizing Parent-Teacher Councils in 1,571 schools. UNICEF engaged the services of psychosocial support experts who trained 2,781 teachers including 1,520 women to assist children needing support in schools.

Communities and parents, especially mothers, were sensitized on child rights and girls' education. The closure of camp schools was followed by a dip in enrolment figures during the summer months, as children were not longer being served in camp schools but had not yet arrived in areas of return.

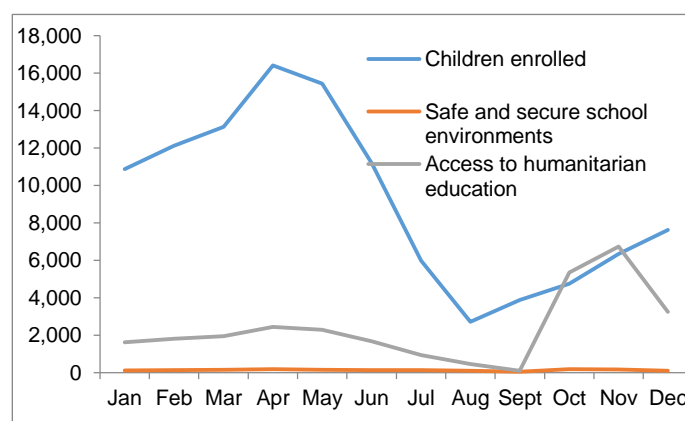
Education supplies including tents, schools-in-a-box and schoolbags, complemented with teacher training, gave educational opportunities to children returning to de-notified areas of FATA. UNICEF provided education supplies to over 110,000 children returning home to help them resume education in areas where schools have experienced heavy damage.

Cultural norms have long posed challenges to girls' education in FATA. Typically, boys are given preference over girls due to poverty, access to schools and cultural barriers. Girls are expected to support their mothers in household chores and taking care of younger siblings. During displacement, however, the issue of issue was addressed when schooling became available in host communities and camps, and was accompanied by intensive social mobilization, sensitization of parents, and engaging qualified women as para-teachers. In

particular, the KP Education Department made a public announcement that district education authorities were to enrol displaced children without the usual documentation requirements. Thus, displacement offered many girls the opportunity to attend school, enhanced acceptance of girls' education even as families returned to FATA, and contributed to there being little discrepancy between girls' and boys' enrolment in 2016. About 45 per cent of those enrolled with UNICEF support were girls, while the cluster as a whole achieved 55 per cent.



Maximum community participation was also ensured through the formation of School Management Committees (locally known as *taleemi islahi jirga*) in FATA. These committees were trained and actively involved in assisting and monitoring school activities, and their members were instrumental in creating community ownership of education and ensuring that children were enrolled. In total 1,571 committees were trained including 707 women's committees. A communication strategy was developed for social mobilization, and a media package was developed for use in campaigns across FATA.



Many schools were damaged in areas of return, and UNICEF supported the establishment of temporary learning centres, accommodating the particular educational needs of marginalized children within their cultural contexts, at damaged school sites to help children restart their education immediately in areas of return. An important lesson learned in 2016 was the use of culturally sensitive education services, flexible education programmes, such as alternate learning programmes, second-shift schooling, temporary learning centres and camp schools to reach even the most marginalized.

School DRR, and school safety protocols were developed covering all FATA schools, ensuring children's safety and well-being in areas of return and enhancing the resilience of returning communities. To bridge humanitarian to development assistance, an Education Technical Working Group was established at FATA Secretariat. UNICEF is now technically supporting a review of the FATA Education Sector Plan so as to include emergency education and DRR, and thus build community resilience and preparedness. These will be also reflected in Agency education plans once the area plan is complete.

Child Protection

As lead of the child protection sub-cluster UNICEF convened monthly coordination meetings, with active participation from sub-cluster members, including Disaster Management Authorities, KP Child Protection and Welfare Commission, PVDP, CERD, SPO and the Hayat Foundation. UNICEF contributed to efforts to strengthen the technical Child Protection in Emergencies (CPIE) capacity of sub-cluster members, mobilize resources, advocate on thematic priority concerns and ensure a coordinated CPIE response in KP/FATA.

Indicator	Sub-Cluster			UNICEF		
	target	results	achievement	target	results	achievement
Number of targeted children and women accessing protective spaces including recreational support	417,560	48,666	11.7%	250,536	36,635	14.6%
- girls	148,150	17,884	12.1%	88,892	13,728	15.4%
- boys	136,760	22,411	16.4%	82,054	16,370	20.0%
- women	132,650	8,371	6.3%	79,590	6,537	8.2%
Number of targeted children and women who have accessed child protective services	20,879	4,265	20.4%	12,529	3,283	26.2%
- girls	7,418	1,630	22.0%	4,445	1,220	27.4%
- boys	6,850	1,929	28.2%	4,104	1,442	35.1%
- women	6,632	692	10.4%	3,980	621	15.6%
Number of girls, boys, women and men reached through child protection awareness raising activities	122,247	54,405	44.5%	73,350	46,690	63.7%
- girls	37,038	13,402	36.2%	22,224	12,040	54.2%
- boys	34,189	15,453	45.2%	20,514	13,511	65.9%
- women	26,530	13,502	50.9%	15,918	10,599	66.6%
- men	24,490	12,048	49.2%	14,694	10,540	71.7%
Number of children and women provided with psychosocial support	56,002	3,595	6.4%	33,601	1,930	5.7%
- girls	22,223	1,214	5.5%	17,778	575	3.2%
- boys	20,514	2,048	10.0%	16,410	1,249	7.6%
- women	13,265	321	2.4%	7,959	106	1.3%

UNICEF, as sub-cluster lead agency, is responsible for information management of sub-cluster partner results and sharing overall results achieved by sub-cluster members collectively.

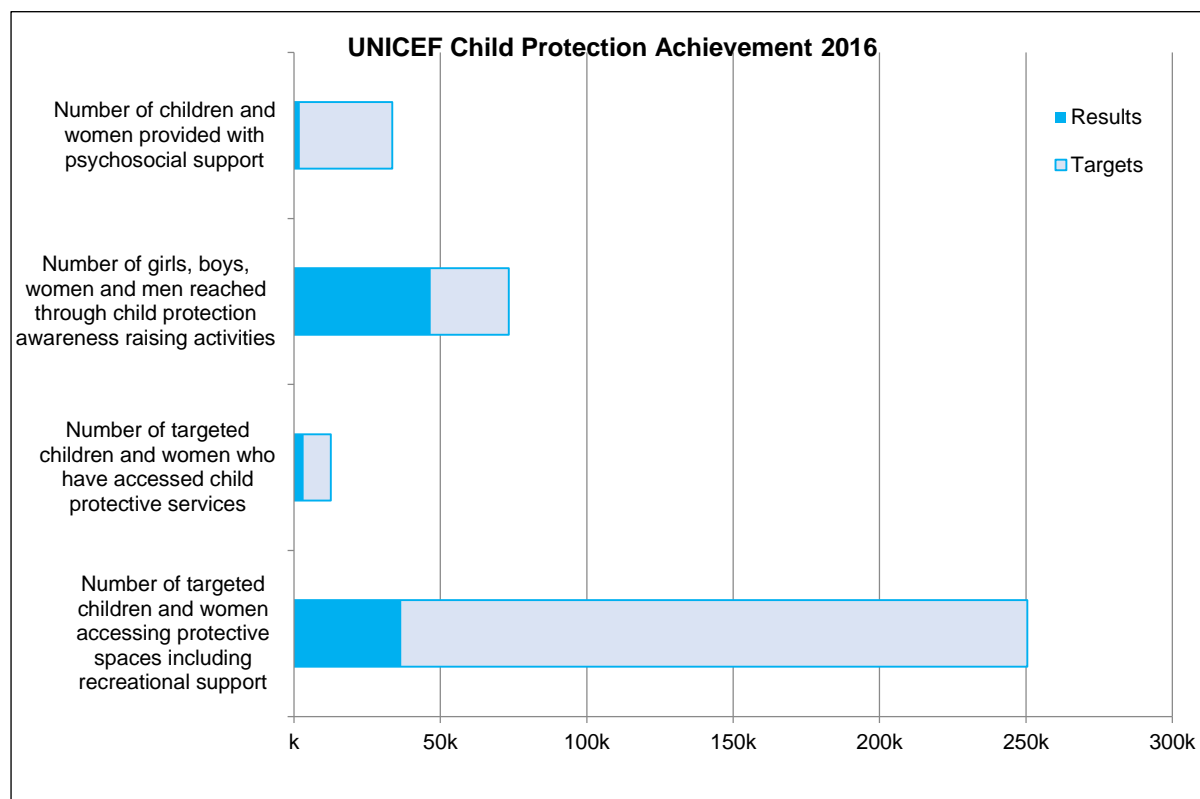
Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

UNICEF supported 50 Protective Learning and Community Emergency Services (PLaCES) sites and 40 outreach service sites in IDP host communities in FR Bannu (KP), and areas of return in Kurram Agency and South Waziristan Agency (FATA), providing vulnerable children and women with a means to access psychosocial support, recreation and communications, and to be linked with essential information and protective services.

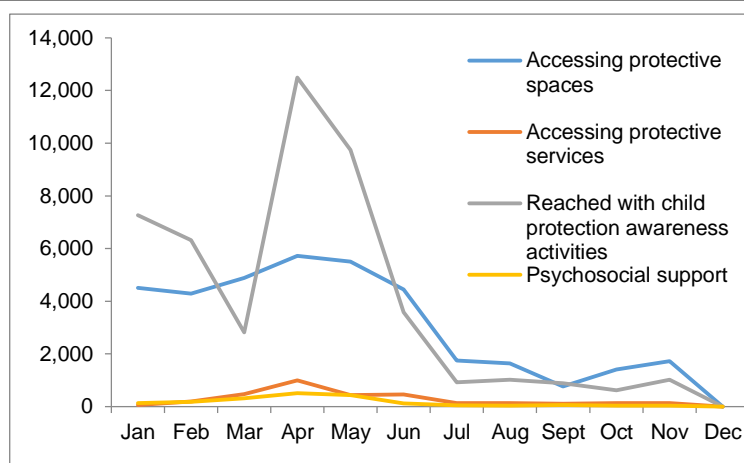
Despite constraints related to funding, as well as access and issuance of NOCs limited achievement of results against other indicators, UNICEF reached nearly two-thirds of its target for the number of individuals reached with awareness-raising activities. These activities used multiple platforms such as PLaCES and outreach activities including sports days and integrated communication interventions.

UNICEF and its sub-cluster partner, PVDP, organized a sports week for children in host communities of Bannu district, providing children the opportunity to play and celebrate their achievements. Approximately 2,025 children (1,112 boys and 913 girls) participated in physical activities such as rope-skipping, volleyball, sack races, cricket and other games, as well as in art competitions. A total of 236 women also took part, engaging in embroidery and handicraft activities. This enabled children to exercise their right (article 31 of the Convention on the Rights of the Child) to recreation and play in a safe and healthy environment – a particularly important consideration in situations of stress, such as that caused by displacement, yet a right that is often overlooked in humanitarian situations.

With the closure of IDP camps and intensification of returns, in April 2016 UNICEF partners established two child protection help desks at embarkation points in Kurram Agency and FR Tank (KP), where families returning to de-notified areas were provided messages on child protection, mine risk education and health and hygiene, and 6,296 children, 3,951 women and 5,521 men were reached during the first half of the year. Whilst returns continued during June–December 2016, access and NOC issuance problems prevented the establishment of help desks at embarkation points during this period.



In 2016, CPIE programmatic delivery continued to rely predominantly on implementing partners, as ongoing security concerns restricted access for UNICEF staff. Access for national implementing partners and UN agencies was also reduced in KP and FATA, and there was a marked reduction in the issuance of NOCs. This, along with the severe funding shortfall (38 per cent received against requirements) led to shortfalls in achievement against key indicators, including access to psychosocial support, child protective services and protective spaces.



Access to protective spaces was also challenged by cultural norms which restrict women's movement, particularly to access activities managed by strangers in communal settings. This contributed to lower results for women than for girls and boys for most indicators. To

mitigate this, UNICEF emphasized the delivery of contextualized, gender-responsive social mobilization strategies, coupled with the recruitment of local female staff.

In some project areas, particularly in Bannu, the participation of children and women in PLaCES fell during the summer, primarily due to high temperatures inside winterized tents.

In 2016, UNICEF reviewed the appropriateness of the PLaCES modality in a protracted humanitarian or return situation, where beneficiaries are typically dispersed, as opposed to in an immediate post-emergency context where beneficiaries are commonly concentrated in camps or communities. Based on the learnings acquired to date, and in support of enhancing access to protective/ recreational services for the maximum number of beneficiaries despite limited resources, UNICEF, in partnership with the Social Welfare Departments and Disaster Management Authorities of KP and FATA, is technically supporting a fundamental change in delivery approaches. A pilot mobile outreach protective/ relief service was initiated in Bannu (KP) and Bara tehsil of Khyber Agency (FATA) in the second half of 2016.

UNICEF's CPIE focus is thus moving away from reliance on NGO partnership towards technical support for strengthening the capacity of Disaster Management Authorities and relevant line departments to enhance the realization of the right of the child to protection in humanitarian contexts. Accordingly, UNICEF supported NDMA technically to strengthen institutional structures and capacity to prepare for, prevent, mitigate and respond to emergencies at the national level, whereby a CPIE curriculum and a training manual on SOPs for Unaccompanied and Separated Children (UASC) were finalized and a training of trainers exercise delivered.

As birth registration rates are abysmally low in FATA, at under 1 per cent for children under five years of age,¹³ UNICEF provided technical assistance to the FATA administration, particularly the Local Government Department, in support of achieving universal birth registration for children in the area, commencing with an estimated target of 250,000 children in Bara, Khyber Agency in 2017.

Earthquake and Floods Response

WASH response in areas affected by the 2015 earthquake and floods continued in 2016. More than 38,000 people (including approximately 15,000 children, 11,780 women and 11,400 men) in Chitral and Shangla received safe drinking water through 41 water supply schemes rehabilitated by implementing partners and government counterparts. Under a consortium led by International Organization for Migration, rehabilitation work on the water supply scheme for Chitral town neared completion. This will provide a sustainable source of safe drinking water for 80,000 residents of the town (32,800 males, 47,200 females). Approximately 9,000 hygiene kits were distributed in Chitral and Shangla following interpersonal communication hygiene sessions, enabling families to protect themselves from diseases related to water and sanitation.

In areas affected by 2015 floods in Punjab and Sindh, 151 hand pumps were installed or rehabilitated (32 of them DRR compliant) benefitting 25,019 people (10,257 men, 14,761 women including children). Some 1,800 latrines were also constructed, benefiting 33,730 people (13,829 men, 19,900 women including children), approximately 13,000 hygiene kits distributed, and sessions on hygiene practices were conducted promoting the health and wellbeing of 58,749 people.

¹³ FATA MICS 2009.

Preparedness, Resilience and Disaster Risk Reduction

As in previous years, UNICEF developed the Emergency Preparedness and Response Plans (EPRPs) for all programme components in line with the CCCs and shared them with provincial and area governments. Supplies targeting approximately 100,000 people were pre-positioned (worth about US\$ 1 million); 28 contingency partnership agreements and long-term agreements for goods and services were prepared, in readiness to address time-critical and life-saving needs. NDMA and its provincial counterparts prepared a 2016 Monsoon Contingency and Emergency Preparedness Plan in sync with UNICEF EPRPs, in readiness for monsoon flooding.

UNICEF also piloted an innovative application of RapidPro to pre-register emergency field workers following a short training session, so that they can be identified, contacted for on-the-ground information, and rapidly deployed in case of emergencies. About 200 partner staff were registered in 2016 as part of a proof of concept.

In collaboration with Asian Disaster Preparedness Centre UNICEF trained over 140 government staff in child-centred DRR and comprehensive school safety in all provinces thereby strengthening the capacity of staff in emergency preparedness and response planning. The effectiveness of similar trainings held in 2015 were seen as a regional best practice and the Asian Disaster Preparedness Centre was engaged to offer further trainings via a consortium agreement including ROSA, India, Nepal and Pakistan country offices.

With the British Council, UNICEF provided technical and financial support enabling the NDMA to launch a School Safety Framework in 2017, following extensive national consultations with government and private schools. A pilot in 2016 trained 25 master trainers who in turn trained 204 teachers to evaluate specific vulnerabilities and prepare and plan for disasters affecting children in school. This framework is expected to eventually cover every school, public or private, in Pakistan and accommodates both climate change and other natural and human-made risks to children.

UNICEF also held five workshops with the NDMA on the role of the media in emergencies. Following these, guidance kits for emergencies were commissioned to improve the quality of media coverage and support disaster response.

Sectoral efforts to integrate DRR beyond measures integrated into humanitarian assistance in KP/FATA included:

- **Health:** Capacity development continued with training of trainers in all four provinces on community-based DRR, with support for district roll-out. A total of 3,675 health care providers were trained, most of them Lady Health Supervisors and LHWs, raising awareness and building capacities of the communities they covered in disaster-prone districts.
- **WASH:** In 2016 focus shifted towards community based risk management plans to support local resilience. All 35 targeted disaster-prone districts completed risk mapping, while 216 community risk maps were completed in Punjab. An additional 521 community risk maps were planned for completion in 2017.
- **Education:** Across Pakistan, UNICEF continued supporting federal, provincial and district authorities and communities to develop and implement child-centred DRR, risk mitigation and disaster risk management plans. UNICEF continued supporting 970 schools in 13 districts in KP, Sindh and Balochistan to develop and implement community-based DRR mechanisms, including School Safety Plans directly benefiting over 25,000 children (45 per cent girls), as a model for future scale-up linked to the new NDMA School Safety Framework.

- Child Protection: Standard operating procedures on unaccompanied children were included in the Punjab Disaster Response Plan and guidelines on psychosocial support were prepared. KP finalized Minimum Standards for Protective Spaces for Children and a Training Manual on CPIE for government officials, along with standard operating procedures on unaccompanied children. CPIE was also integrated in the KP PDMA contingency and monsoon plan.

Gender

UNICEF-led clusters effectively mainstreamed gender throughout the humanitarian programme cycle, and considered gender-specific needs in the design, implementation and monitoring framework of all humanitarian responses in KP and FATA.

Gender sensitive services such as PLaCES, accelerated learning pathways, separate water collection points and bathing facilities were designed to be accessible to girls, boys and women including those with disabilities and women headed households. In education, male and female teachers were deployed to boys' and girls' schools respectively, and implementing partners used local knowledge and connections to advocate with parents to send their girls to school. Sectoral initiatives used a range of methods to ensure that women and girls were equally reached, such as working with religious women's groups to promote hygiene within FATA communities, to advocating for gender-disaggregated data collection in national measles surveillance. Innovative feedback measures, such as the use of RapidPro for beneficiary feedback on hygiene kits, enabled women with restrictions on mobility to make their voices heard.

Sex and age disaggregated datasets were widely adopted for information gathering and analysis across UNICEF-led clusters. All data collection tools, including 4Ws, Inter-cluster Assessment and Coordinated Assessment tools are designed to collect gender-disaggregated data, so that the analysis through a gender lens can inform decisions.

Cluster Coordination

The Humanitarian Country Team coordinates international humanitarian response in Pakistan. The cluster system was active only in KP and FATA, with sector lead agencies identified at the national level. In 2016, UNICEF was cluster lead or co-lead for Education, Nutrition and WASH, and sub-cluster lead for Child Protection. In this capacity, UNICEF played an active role in providing a platform for coordination to Government, development partners and NGOs, supported engagement and capacity building for partners, and ensured that Emergency Preparedness and Response Planning was in place.

UNICEF-led clusters were represented in all inter-cluster assessment and UNDSS security missions to FATA. As Government declared 2016 the Year of Returns, assessment missions were critical in identifying major needs, finding, for example, the November mission to Kurram Agency found a major need for primary health care support, with the nearest facilities offering basic care located 20 kilometres away over rough terrain.

Under UNICEF's leadership, clusters provided technical assistance and coordination to the preparation of PDMA Emergency Preparedness and Response Plans to strengthen monsoon preparedness. They provided customized training, prepared gender-sensitive advocacy messages for resource mobilization, and gathered critical humanitarian information using 4Ws.

The Programme Monitoring Report under the HSP has an indicator framework compiled by UNOCHA, and all other clusters report on it quarterly. UNICEF-led clusters developed and adopted standardized information management tools (4Ws, funding matrix, assessment tool,

a tracking tool for government-issued NOCs, and profiling tools), which ensure timely flow of information and feedback analysis for planning and decision-making. Cluster information was broadly disseminated via inter-cluster coordination meetings, the humanitarian regional team, bulletins, regular SitReps, 4Ws, cluster, sector working groups, and messaging using the IOM tool, HComm, to affected populations. UNICEF's KP field office introduced a new mobile monitoring system to improve efficiency, effectiveness, transparency and accountability of stakeholders, improving monitoring and sharing of timely information to enable management for rational and informed decision making. A centralized nutrition information system was also supported, with cluster members trained on its use.

HNO and HSP were consolidated in 2016 as important resource mobilization tools for humanitarian assistance. The HCT's emphasis on the transformation agenda contributed to effective and predictable leadership, coordination and resource mobilization. In April 2016, the Senior Transformative Agenda Implementation Team, including the UNICEF Regional Emergency Advisor, visited Pakistan to review the effectiveness of humanitarian coordination structures. This provided valuable insights on how to enhance efficiency in humanitarian response.

The HCT supported the preparation and approval of the Pakistan HSP, which provided an analysis of critical gaps and priority needs to inform planning and resource mobilization. The Cluster Periodic Monitoring Reporting Mechanism by OCHA annually reviews the achievements of each cluster against HSP targets, analyses critical challenges and provides strategic measures to enhance efficiency the following year. Cluster strategic plans were part of the HSP, with all cluster interventions aligned with and contributing to the HSP.

In the clusters it led or co-led, UNICEF helped coordinate response by cluster members to share resources and minimize duplication of effort. To avoid duplication of resources in nutrition response, common implementing partners were utilized by UNICEF, WFP and WHO and UNOCHA. For instance, if UNICEF was providing operational or services establishment support to a partner, WFP provided only mandated supplies for management of moderate acute malnutrition, with minimal supply handling charges, to the same partner in the same location, and vice versa. In areas where the government was an implementing partner, government staff were actively involved and UNICEF and WFP provided supplies and some management costs. Local NGOs contributed staff time and mobility support during multi-cluster assessments and nutrition cluster specific assessments.

As co-lead of the Education cluster, UNICEF was supported by Cluster members to take over some information management functions when the information management officer's position was terminated in August. This included coordination and data collection on 4Ws from cluster members, meeting notes, and managing attendance sheets. The Education cluster, under UNICEF co-leadership played an important role in ensuring that the needs of FATA women were assessed by nominating female staff to participate in the multi-cluster needs assessment missions which were otherwise very male dominated and thus risked excluding women's points of view in this highly segregated society.

UNICEF and its partners in the Nutrition cluster emphasized local capacity, with reconstituted parent support groups trained on emergency nutrition packages, and local private practitioners and community volunteers oriented on how they could support nutrition interventions. In addition to building local capacity and awareness, this helped sensitize frontline workers on the need to address nutrition holistically, and to treat it as both a humanitarian and a development problem.

Case study: Real-time field monitoring via mobile phone

Top Level Results: The UNICEF Mobile Monitoring System (UMMS) is a smartphone app which enables real-time third party field monitoring of humanitarian interventions in areas where access is challenging, enabling geo-linked monitoring reports to be immediately generated to ensure partner and project accountability on the ground, track third party field monitors, and ensure that gaps are quickly identified and addressed, even in contexts where access is otherwise difficult. This system came into use in 2016, and



UMMS enabled a rapid response to poorly stored education supplies in FATA.

improved monitoring and accountability of field monitors and UNICEF interventions. Between March and December 2016, over 5,000 visits by about 20 field monitors, coordinators and UNICEF staff to over 200 sites were recorded using the UMMS system in KP and FATA.

Issue/Background: Due to frequent natural and human-made emergencies, UNICEF has implemented several large-scale response operations since 2008. The complexity of multiple ongoing emergency situations, often in remote, insecure or inaccessible places, require a robust, integrated and intelligent monitoring system to track and measure performance of diverse projects and partners. However, due to scale of programmes, access and insecurity, UNICEF relies heavily on third party monitors to track project performance. In this complex situation, managing the varied data and reporting requirements for emergencies, donor reporting, etc., whilst meeting various timelines and milestones, also posed a challenge. Security and access issues in recently de-notified areas of FATA made access particularly difficult for UNICEF monitors and impeded efforts to ensure that the third-party monitors themselves were accountable for their findings.

Rationale: The purpose of the mobile phone app was to improve real-time field monitoring of UNICEF-supported activities, enhancing their quality, enabling rapid response, and improve UNICEF's accountability to its donors, as well as the accountability of third-party field monitors. With Pakistan's high rate of mobile phone penetration, this technology was considered to be accessible and user friendly, with the potential to collect and analyse detailed reports without first needing to be transcribed.

Strategy and Implementation: UMMS was developed and piloted in UNICEF's field office in Peshawar, Khyber-Pakhtunkhwa (KP) province where humanitarian response to KP and FATA is based. After pretesting the application for two months, the application was formally launched to be used by all third party field monitors, with agreed upon protocols, and smartphones provided to staff by the implementing partner. UNICEF also developed a detailed checklist on Open Data Kit that was used for detailed data collection in each sector. This enabled paper free and evidence based data collection.

The app is available from the Google Play Store and UNICEF servers, and may be installed on Android smartphones. It provides a simple form for monitoring feedback, with a free text field in which monitors can identify matters for urgent action. It also allows photos taken with the smartphone to be attached.

Once completed and submitted, the data (which including GPS coordinates for the site where it was collected) is uploaded to the UMMS website the next time the device has internet connectivity. Through the website, users can conduct further analysis using various filters and predefined reports, as well as view monitoring visits on a map.

Resources Required/Allocated: The UMMS app was developed in-house by UNICEF staff, at a cost of only US\$25 for Google Play Store registration. All other costs (including hosting) were accommodated through existing resources. Third party field monitors received a short training in the use of the app, and smartphones were provided by their employer.

Progress and Results: The pilot UMMS system reduced the time for third party field monitoring reports to arrive at the UNICEF field office in Peshawar from up to two days to minutes. It provided a way to 'monitor the monitors' by tracking sites that field monitors visited. UNICEF was able to check summary reports daily to compare visits with approved monitoring plans, follow up on discrepancies and ensure accountability and oversight. About 15 per cent of site visits led to 'red alerts' requiring immediate action, which were followed up and resolved.

Between March and December 2016, over 5,000 visits by 20 monitors to over 200 sites were recorded. The system was used for programme interventions in health, nutrition, education and child protection, with findings shared daily or weekly to improve programme delivery. For example, monitoring visits in August 2016 revealed gaps in warehouse management for education supplies for returnees. Based on the real-time report, with photographs, action was taken within hours to train warehouse staff on supply management.

Lesson Learned: With Pakistan's high mobile phone penetration rate, third party field monitoring via smartphone offers a streamlined approach to monitoring field interventions in areas where access may be limited. It provides a way to return data in real-time, enabling immediate response, thus enhancing accountability of partners and monitoring teams, saves and maps location details for immediate mapping, identifies gaps and compiles an up-to-date monitoring record to avoid duplication. It also reduces delays and the risk of errors inherent in data entry of paper-based monitoring notes, and creates a permanent and easily accessible historical record of monitoring reports.

UMMS has demonstrated the potential to help organizations, donors and governments to use monitoring and evaluation data for immediate decision-making, better implementation and delivery of projects in the long run. UMMS can be easily deployed anywhere in the world with only minor adjustments, offering high-quality results to improve programme performance at minimal cost. It is designed for use in both regular programming and emergency situations, or a blend of both.

Moving Forward: Following the pilot in KP/FATA, UNICEF is now rolling out UMMS for all third party programmatic monitoring from 2017.

Monitoring and Evaluation

Strong mechanisms are in place for humanitarian performance monitoring and situation reporting for the complex emergency humanitarian response in line with EMOPS guidance and the Core Commitments for Children (CCC) framework.

There were robust monitoring, information flow and reporting mechanisms in place from partners to field office to country office, strengthening results-based performance and timely course corrections. Field monitoring for humanitarian and development programming, particularly in areas where security constraints limited access, was enhanced through regular trainings for partner staff and third party monitors and was further strengthened by

implementing recommendations from a review of the third-party field monitoring mechanism. An Android application developed in-house allowed for real-time monitoring, helping ensure prompt response to identified issues, and enabling monitoring of the third-party field monitors themselves (see case study). By aligning field monitoring mechanisms with Harmonized Approach to Cash Transfer (HACT) and global guidelines, HACT compliance was enhanced and feedback loops strengthened for timely course correction.

To further strengthen humanitarian performance monitoring, a midyear situation report was developed and disseminated, and Humanitarian Action for Children (HAC) table and revision were completed. UNICEF and partner staff were provided training on humanitarian performance monitoring and CCC, enhancing progress tracking resulting in more timely and accurate data management and reporting.

This data also informed UNICEF Pakistan and HCT management decisions, donor reporting, advocacy and resource mobilization. UNICEF submits monthly emergency updates and 4W data to UNOCHA for the clusters and sub-clusters it leads.

With increased data sources to assess humanitarian needs, responses and gaps relating to CCC, UNICEF provided technical support in developing profiles of disaster-prone districts using current data through humanitarian planning meetings. These drew heavily on the Multiple Indicator Cluster Surveys (MICS) for Punjab and Sindh published in 2016 – similar exercises are now underway in other provinces and areas.

An evaluation of humanitarian action at the federal level and in Sindh (covering the Tharparkar response) was completed in 2016, and will inform future nutrition response across Pakistan.

Multi-sectoral Initial Rapid Assessment (MIRA) tools and methodology were updated with NDMA and UNICEF facilitated inter-agency capacity building workshops on the revised tools for the joint assessment roster and government staff in KP, Sindh and PAK.

Financial Analysis

In 2016, US\$ 14.1 million was available for UNICEF's humanitarian response and early recovery activities against the US\$ 43.2 million required. Of the available amount, US\$ 5.6 million were received in 2016 whereas US\$ 8.4 million was carried over from the preceding year. The overall humanitarian fund requirements were 33 per cent funded with unmet needs of US\$ 29.2 million, with the largest gap in the education and nutrition sectors (see Table 1).

In 2016, UNICEF received US\$ 37,914 in additional thematic funds for humanitarian response. The office also had US\$ 21,791 in thematic funds available for utilization that were rolled over from the previous year. These funds contributed to programme implementation for critically underfunded sectors. Thematic funding is preferred since it is the most cost-effective due to reduced transaction costs applied at both headquarter and country office levels and also due to the fact that there is no tracking of individual contributions or attribution to specific programmatic activities.

UNICEF's humanitarian funding was primarily received from the governments of Japan, Sweden, Canada and the United States of America (see Table 2). Additionally, UNICEF received CERF funding amounting to US\$ 0.45 million which was instrumental for timely response and continuation of activities for underfunded sectors.

Table 1: Funding Status against the Appeal by Sector (in USD)

Sector	Funding Requirement	Funds Available*	Percent Funded
Health	3,000,094	1,415,775	47%
Nutrition	21,052,247	5,794,177	28%
Education	8,028,504	1,634,544	20%
Water, Sanitation & Hygiene	7,043,647	3,630,654	52%
Child Protection	4,120,200	1,582,700	38%
Total	43,244,692	14,057,850	33%

* Against appeal as of 31 December 2016. Funds available includes funds received against current appeal and carry-forward from previous year.

Table 2: Funding Received and Available by 31 December 2016 by Donor and Funding Type (in USD)

Donor Name/Type of Funding	Programme Budget Allotment Reference	Overall Amount*
I. Humanitarian Funds Received in 2016		
a) Thematic Humanitarian Funds		
<i>See details in Table 3</i>	SM149910	37,914
Total Thematic Humanitarian Funds		37,914
b) Non-Thematic Humanitarian Funds		
Japan	SM160025	2,777,778
SIDA - Sweden	SM160102	760,024
Canada	SM160152	693,577
USAID/Food for Peace	SM160357	146,808
Total Non-Thematic Humanitarian Funds		4,378,187
c) Pooled Funding		
CERF	SM160119 SM160322	454,459
Total Pooled Funding		454,459
d) Other Types of Humanitarian Funds (In-Kind Assistance)		
USAID/Food for Peace	KM160017 KM160018	775,840
Total Other Types of Humanitarian Funds		775,840
Total Humanitarian Funds Received in 2016 (a+b+c+d)		5,646,400
II. Carry-Over of Humanitarian Funds Available in 2016		
e) Carry-Over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM149910	21,791
f) Carry-Over of Non-Thematic Humanitarian Funds		
European Commission / ECHO	SM150313	3,376,899
CERF	SM150442 SM150473 SM150474 SM150492 SM150493 SM150495	2,213,928
USA (USAID) OFDA	SM150401	1,102,507
SIDA - Sweden	SM150363	740,234
SIDA - Sweden	SM150184	383,498
SIDA - Sweden	SM140233	295,818
The United Kingdom	SM130487	136,449
SIDA - Sweden	SM140484	118,533
Total Carry-Over Non-Thematic Humanitarian Funds		8,389,659
Total Thematic Humanitarian Funds (e + f)		8,411,450
III. Other Sources		
-	-	-
Total Other Sources		-

* Programmable amounts of donor contributions, excluding recovery cost.

Table 3: Thematic Humanitarian Contributions Received in 2016 (in USD)

Donor	Programmable Amount	Total Contribution Amount
United States Fund for UNICEF	37,914	39,909
Total	37,914	39,909

Future Workplan

In 2017, UNICEF will continue support for community resilience in areas of return in FATA, in collaboration with UNDP, FAO and WFP and aligned with the government's FATA Sustainable Return and Rehabilitation Strategy.

Based on inter-agency assessments, the Multi-Cluster Needs Assessment of Internally Displaced Persons and Returnees conducted by the National Disaster Management Authority and its sub-national counterparts, as well as other needs assessments and evaluations of earlier interventions, UNICEF contributed to the Pakistan HSP 2017, and is participating in a HAC appeal as described below.

In 2017, the Nutrition Working Group plans to reach 300,000 people, including 101,740 children, with SAM treatment and multiple micronutrient supplement distribution, and 90,674 pregnant or lactating women with micronutrient supplement distribution in Sindh province.

UNICEF targets for 2017 are as follows:

Health:

- 222,070 children (aged 6 months to 10 years) vaccinated against measles.
- 15,175 deliveries assisted by skilled birth attendants.
- 30,350 women provided with antenatal care.
- 156,200 people reached through health education sessions conducted during mother and child weeks/days.

Nutrition:

- 36,900 children targeted for admission to therapeutic feeding programmes in FATA and among the internally displaced persons targeted for management of SAM cases.
- 385,700 pregnant and lactating women in affected areas receiving multiple micronutrient supplementation (or iron and folic acid).
- 419,800 children aged 6 to 59 months in affected areas receiving multiple micronutrient supplementation.

WASH:

- 203,100 people provided with access to water as per agreed standards.
- 143,400 people provided with access to appropriately designed toilets.
- 298,300 people provided with key messages on safe hygiene practices.

Education:

- 78,400 school-aged children, including adolescents, enrolled in schools (still functioning, reopened and/or temporary facilities).
- 1,050 schools supported with safe and secure environments.
- 78,400 children with access to humanitarian education programmes that incorporate psychosocial support.

Child protection:

- 51,850 children and 24,141 women have access to child protective services.

- 13,000 children, 6,035 women and 6,964 men reached through child protection awareness raising activities.

Expression of Thanks

UNICEF extends its sincere thanks to the donors who committed to support its work in humanitarian response for the children and women of Pakistan. Without their timely contributions, many of the achievements described here would not have been possible. In particular, UNICEF acknowledges the flexibility of thematic support, which was crucial in achieving results for children in humanitarian situations. UNICEF looks forward to continued partnerships to ensure provision of vital support to vulnerable children and women in Pakistan when they need it most.

Annex: Donor Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the Consolidated Emergency Report 2015. Thank you!

Please return the completed form back to UNICEF by email to:

Name: Cris Munduate, Deputy Representative, UNICEF Pakistan

Email: cmunduate@unicef.org

SCORING: 5 indicates “highest level of satisfaction” while 0 indicates “complete dissatisfaction”

-
1. To what extent did the narrative content of the report conform to your reporting expectations?
(For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

Thank you for filling this form!