

UNICEF PAKISTAN

Consolidated Emergency Report

2018



Young kids smile after being vaccinated against measles during the nationwide campaign in Surizai Payan village, Peshawar district, Khyber Pakhtunkhwa province, Pakistan. © UNICEF Pakistan/2018/Asad Zaidi

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Acronyms

CCC	Core Commitments for Children in Humanitarian Action
DRR	Disaster Risk Reduction
FATA	Federally Administered Tribal Areas
HAC	Humanitarian Action for Children
HACT	Humanitarian Action for Children
KP	Khyber Pakhtunkhwa
MIRA	Multi-sectoral Initial Rapid Assessment
NDMA	National Disaster Management Authority
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goal
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Executive Summary

Pakistan faces major continuing challenges that increase vulnerabilities to both natural and man-made hazards, including wasting amongst children below five years of age exceeding emergency levels, a high though slowly declining rate of neonatal mortality, limited access to safe water and sanitation and poor or absent child protective systems. Gender inequality is a major concern – for example, 60 per cent of the country's 5 million out of school children are girls.

The long-running humanitarian situation due to insecurity and displacement in the area formerly known as the Federally Administered Tribal Areas (FATA) improved in 2018, and the region was merged with neighbouring Khyber Pakhtunkhwa (KP) province. It is known in this report as KP's Tribal Districts. This has initiated the long-awaited process of bringing the area into the same administrative frameworks as the rest of Pakistan. Almost all of those temporarily displaced due to insecurity, identified in the FATA Vulnerability Assessment 2017, returned home during the course of the year, totalling 4.4 million people including 2.5 million children. However, many returned home to find severely affected infrastructure and livelihoods, pointing to the urgent need for support with recovery.

Under the Humanitarian Action for Children (HAC) appeal for 2018, UNICEF worked with its partners to provide residual humanitarian support to returning families, helping them to resettle and rebuild their lives and bridging towards development support. While no major natural disasters were declared in 2018, ongoing drought-like conditions persisted in parts of Sindh and Balochistan, contributing to high levels of malnutrition and requiring multisectoral nutrition and water, sanitation and hygiene (WASH) support. At the end of 2018, areas of Sindh were officially notified by the provincial government as drought-affected, and areas of Balochistan as affected by a nutrition emergency.

As lead agency for the Nutrition and WASH clusters, co-lead for the Education cluster and lead for the Child Protection sub-cluster (all currently active only in KP's Tribal Districts), UNICEF played an important role in coordinating cluster partners and transitioning towards development assistance under government leadership.

In 2018, UNICEF received US\$ 4.61 million against its appeal of US\$ 18.17 million (25 per cent funded). Only nutrition and education received funding; these programmes were approximately half funded. The remainder received no funding in 2018. The year ended with a critical financial resource gap of 74 per cent. This hampered achievement of results against targets set. Nevertheless, despite this funding constraint, UNICEF leveraged its partnerships, regular resources and carry-over funds to achieve the following results:

- Health: 871,536 children were vaccinated against measles by incorporating KP's Tribal Districts into a major nationwide campaign (622.5 per cent of target); 3,607 deliveries were assisted by skilled birth attendants (22.5 per cent), 8,467 women were provided with antenatal care (26.5 per cent); and 9,853 people were reached with health education (4.7 per cent).
- Nutrition: 78,350 pregnant and lactating women (45.2 per cent of target) and 76,655 children aged 5–59 months (40.8 per cent) received multi-micronutrient supplements; 8,605 children with severe acute malnutrition were admitted to therapeutic care in KP's Tribal Districts with UNICEF support (25.0 per cent);
- WASH: 76,300 people were provided access to safe drinking water and information on hygiene practices (50.9 per cent of target) and 21,000 with access to sanitary toilets (21.0 per cent).
- Education: 80,095 children were enrolled in school (100.1 per cent of target, however only 73.8 per cent of girls targeted); 54 schools were supported to establish a safe and

secure environment (30.0 per cent); and 62,134 girls and boys accessed humanitarian education programmes (77.7 per cent).

- Child Protection: 7,175 children accessed preventative and protective services (46.2 per cent of target); 13,161 caregivers were reached through awareness raising activities (96.6 per cent) and 14,220 children were reached through awareness raising activities (91.6 per cent).

UNICEF continued to build national capacity for resilience and response to disasters. This included the development of a School Safety Framework by the National Disaster Management Authority (NDMA) with UNICEF support, for which scaleup began in all schools of the Islamabad Capital Territory and integration into the provincial education sector plans in Sindh and Punjab.

UNICEF is participating in a HAC appeal for 2019 to continue support for building resilience, bridging to recovery in KP's Tribal Districts, and supporting nutrition response.

Humanitarian Context

After many years of limited progress, improvements have been observed in key indicators related to child survival since 2012–2013.¹ Neonatal mortality has fallen from 54 deaths per 1,000 live births to 42, skilled antenatal care increased from 73 to 83 per cent and skilled birth attendance from 52 to 69 per cent. UNICEF identified the latter as key gender, as well as health, indicators. Routine immunization coverage has experienced a slow but steady rise thanks to several years of consolidated action, and the ratio of fully immunized children rose from 54 to 66 per cent between 2012 and 2018. The immense coordinated fight against polio continued to bring the country closer to completely eradicating the disease, with eight cases reported in 2018 but persisting circulation in high-risk areas. Certain aspects of Pakistan's alarming nutritional situation also appear to be gradually abating, with stunting falling from 44 per cent in 2011 to 38 per cent in 2018, with a gender disadvantage to boys. However, wasting among children under five, at 15 per cent, still exceeds international emergency thresholds.

About five million children are out of school, 60 per cent of whom are girls.² The number of out-of-school children increases drastically after this level, with 17.7 million adolescents aged 10–16 years (51 per cent of them girls) outside formal education. National averages continue to mask substantial variations by gender, region, socioeconomic status and other factors; in the region formerly known as FATA, 57 per cent of all children of school-going age, and 73 per cent of girls, are out of school.

Gendered cultural and social norms posed continuing challenges for the protection of girls and boys from violence and exploitation. Weak institutions, insecurity and poor quality services exacerbate protection issues including child marriage, corporal punishment and child labour. While 5 million children are born in Pakistan annually, only one-third of children under the age of five are registered, with a small gender disadvantage to girls.³ This increases protection risks and renders children invisible to government institutions, including in humanitarian situations.

At the start of 2018, protracted displacement from FATA had significantly declined as families returned home to areas that had been declared secure. By the end of 2017, 262,623 families had returned to their places of origin since March 2015, while 32,455 families remained displaced and living in host communities.

¹ Pakistan Demographic and Health Survey 2017–2018.

² Pakistan Education Statistics 2016–2017.

³ Pakistan Demographic and Health Survey 2012–2013.

A major development in 2018 contributed to the transition from humanitarian assistance to development aid. With the passage of the 25th Amendment in May, FATA was merged into the adjoining province, KP. Now known as the Tribal Districts of KP, the area is no longer subject to the punitive colonial-era regulations, and a new space was opened for development assistance. Moreover, the Government has committed to allocating US\$ 865 million to a 10-year plan for rehabilitating infrastructure. As such this report uses “KP Tribal Districts” to denote the area formerly known as FATA.

PAKISTAN: KP and FATA - Areas of Displacement, Hosting and Returns
as of 31 December 2017

OCHA

Return and Displacement

- return in 2017
- return before 2017
- displacement
- Humanitarian Hub
- Embarkation Point
- Hosting Areas
- Areas of Displacement
- Areas of return in 2015 - 2017
- Areas of return completed before 2015

4,375 IDP families in Peshawar

34 IDP families in Khyber Agency

847 IDP families in Kurram Agency

174 IDP families in Nowshera

2,895 IDP families in Kohat

1,731 IDP families in Hangu

12,765 IDP families in Bannu

1,531 IDP families in Tank

4,797 IDP families in Dera Ismail Khan

Total IDPs: 29,059 families

Total Returns: 332,413 families

Khyber: 96,958 families

NWA: 91,311 families

SWA: 74,590 families

Kurram: 40,757 families

Orakzai: 28,797 families

Map data sources:
 OCHA data: UNHCR (31 December 2018)
 Admin. boundary (Government): OCHA
 Admin. boundary (other): Pakistan Bureau of Statistics (PBS)

Disclaimer:
 The designations employed and the presentation of material in this map do not imply the expression of any opinion whatsoever on the part of the Government of the United Kingdom concerning the legal status of any country, territory, city or area, or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Scale:
 0 25 50
 Kilometers

Map Doc Name: PKR709_201801_IDPs_FATAKP_v40_A3_2

Creation Date: 05 January 2018

Projection/Scale: Geographic / UTM 38Q

Web Resource: <http://www.humanitarianresponse.info/pakistan/pakistan>

Source: OCHA

Following General Election 2018 a new government came to power and made new commitments to health, nutrition, education and WASH, as well as to improved resilience.

Ongoing drought-like conditions persisted in parts of Sindh and Balochistan, contributing to high levels of malnutrition and requiring multisectoral nutrition and WASH support. Nearly half of Sindh province in Pakistan's south-east 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. This had significant impacts on the nutritional status of women and children, with over 190,000 malnourished children and 75,000 malnourished pregnant and lactating women in need of humanitarian support.

Eight districts of Sindh were notified as drought-affected by the provincial government in September, impacting about 877,000 children. A nutrition emergency was declared in Balochistan in November, affecting approximately 1.05 million children.

This year also provided opportunities to consolidate disaster risk reduction and preparedness in planning under the leadership of the NDMA. This is critically important since Pakistan is considered the seventh most vulnerable country in the world to climate change according to the Global Climate Risk Index 2018. This means that girls and boys are at risk of the effects of drought, extreme temperatures, flooding, and other climate-related hazards, with girls and women often facing disproportionate impact of such hazards, due to their limited access to resources and decision-making as well as reduced mobility.

Humanitarian Action in Pakistan

UNICEF's humanitarian action in Pakistan is fully aligned with the Core Commitments for Children and reflects the country's humanitarian needs and funding requirements under the global UNICEF HAC. In line with global and regional priorities, including the global Strategic Plan (2018–2021) UNICEF has adopted an equity-focused and gender-responsive approach and seeks to reduce vulnerabilities especially for the most marginalized, and to increase resilience through disaster risk reduction (DRR) and preparedness in partnership with federal and sub-national disaster management authorities. Thus, through capacity development for government, implementing and community partners, support for DRR planning and Communication for Development, UNICEF strengthened the crucial links between humanitarian response and development programming.

In its capacity as cluster lead agency for WASH and nutrition, co-lead for education and sub-cluster lead for child protection, UNICEF facilitated coordination among the Government and non-governmental organizations in KP and its Tribal Districts. In late 2017 UNICEF collaborated with the Government of Pakistan, its sister agencies in the United Nations, the World Bank and other humanitarian partners to conduct a vulnerability assessment in KP's Tribal Districts to develop a joint analysis of immediate and longer-term issues in the region and to establish collective outcomes to guide interventions and investment over a three-year transition period under the Pakistan Transition Plan 2018–2020. This plan is aligned with key development frameworks, Government of Pakistan's 10-year development plan, One UN (OPIII), the World Bank's Country Partnership Strategy, Vision 2025 and the Sustainable Development Goals (SDGs) and is intended to ensure stakeholders coordinate effectively to lay a solid foundation for development whilst ensuring that urgent humanitarian needs are met. The plan guided UNICEF's support in the area during 2018 and was the framework for the transition from humanitarian to early recovery and building resilience in areas of return.

In Sindh, UNICEF engaged with Government and sector partners to provide technical assistance, supplies, advocacy and coordination support. Nutrition response was primarily provided by the department of health with World Bank support.

UNICEF's new Country Programme (2018–2022) was initiated in 2018, and includes, as a cross-cutting strategy, deepened continuum and balance between development and humanitarian work alongside ongoing efforts to build national capacities on DRR and emergency response. The new global Strategic Plan (2018–2021) also includes humanitarian assistance as a cross-cutting area, in particular focusing on strengthened delivery of humanitarian assistance, community engagement, risk-informed programming and preparedness, and enhanced complementarity between humanitarian and development programming.

Humanitarian Results

Maternal, Newborn and Child Health

UNICEF worked closely with the World Health Organization (WHO), 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 Department of Health, KP, and the Health Directorate and Maternal Newborn and Child Health programme in KP's Tribal Districts.

Table 1: Maternal, newborn and child health results in 2018

Indicator	UNICEF		
	Target	Results*	Achievement
Number of children (6 months to 10 years of age) vaccinated against measles	871,561	871,536	100%
- girls	n/a	400,907	
- boys	n/a	470,629	
Number of deliveries assisted by skilled birth attendants	16,000	3,607	22.5%
Number of women provided with antenatal care	32,000	8,467	26.5%
Number of people reached through health education sessions conducted during Mother Child Week/Days**	210,000	29,642	14.1%
- women and girls	n/a	26,869	
- men and boys	n/a	2,773	

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

**Results reported for 2018 and includes additional partner reporting till end February 2019.*

*** Both target and results include all health education sessions, not exclusively those provided through Mother and Child Weeks/Days.*

During 2018, UNICEF support focused on provision of health services to returning families in KP's Tribal Districts by revitalizing and strengthening the government's primary healthcare systems including mother and child health and reproductive health services- identified as key gender issues in UNICEF's Gender Action Plan (2018–2021). This was achieved despite a 100 per cent funding gap by leveraging a small amount of carry-over funds from the previous year, and by drawing on regular resources and development funding.

In particular, while humanitarian funding for measles vaccinations for children affected by displacement and return was not available, by bridging from humanitarian to development assistance, the region was incorporated into a nation-wide measles campaign. Pakistan as a whole was estimated by WHO and UNICEF to have measles vaccination coverage of only 76 per cent in 2017, which contributed to widespread outbreaks – 60,100 cases were reported in 2017 and 2018. In response a 12-day measles campaign was conducted, in which KP's Tribal Districts were included. In Pakistan as a whole, 37 million children aged 9–59 months were vaccinated, exceeding national targets with 105 per cent coverage. In KP's Tribal Districts, there were delays in programmatic activities as the region's merger meant administrative roles took time to clarify, nevertheless, when the measles campaign was initiated it was highly successful and led to achievement of the planned result.

While independently of the campaign UNICEF had only been able to vaccinate 2,344 children through routine immunization as of 31 October, with the national campaign, 871,536 children were immunized in KP's Tribal Districts by the end of the year. The national campaign support was provided using UNICEF regular resources and in partnership with WHO and the government. The health response was gender-responsive, with 46 per cent of children reached being girls. A major factor in the success of the measles vaccination campaign across Pakistan was the use of real-time micro-planning, successful social mobilization and rigorous monitoring utilizing innovative tools such as RapidPro. Polio vaccination structures were leveraged to support routine immunization by identifying zero-dose children – in this region, 30 per cent of children identified as zero-dose were retrieved.

UNICEF humanitarian support for maternal, newborn and child health was hampered by the funding gap, with only 26.5 per cent of targeted women receiving antenatal care, and 22.5 per cent of deliveries assisted by skilled birth attendants (see Figure 2). Health education related to the wellbeing of children and women was provided through various modalities: 19,789 women were reached through Mother and Child Health Weeks and Days, but outreach to men was also included through support for maternal and neonatal health care in North Waziristan, recognizing their position as primary decision-makers on health. The latter initiative reached an additional 9,853 people, of whom 90.6 per cent were women and girls. Nevertheless, targets for health education were not achieved, with only 14.1 per cent of the 210,000 women/girls and men/boys targeted reached.

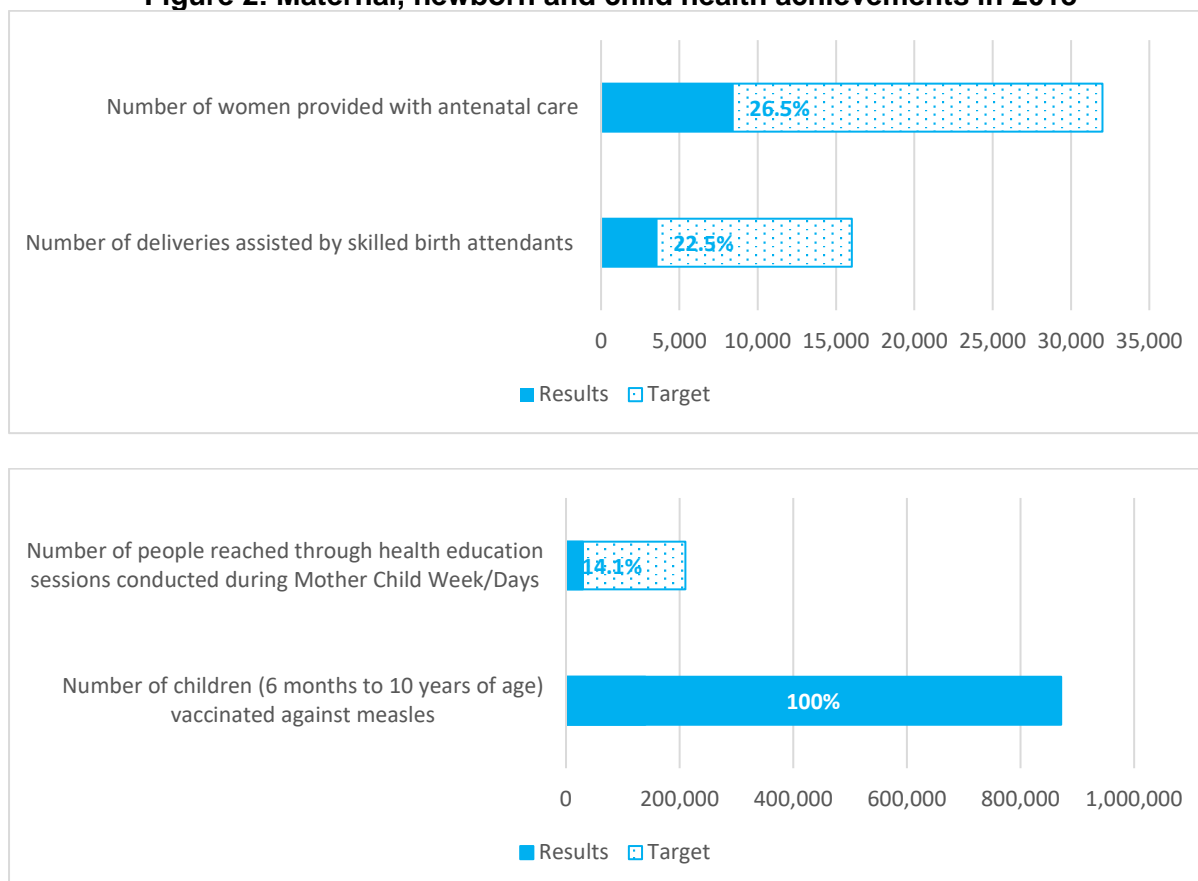
With the mainstreaming of KP's Tribal Districts, developing the area's health systems is a priority. As such, UNICEF used development funding to support the maternal, newborn and child health programme by ensuring availability and access to quality services with 24/7 basic emergency obstetric care at targeted health facilities in North Waziristan. In 2018, this included provision and use of chlorhexidine for umbilical cord care and to prevent potentially life-threatening infections. Supplies were provided for a total of 137,256 newborns in KP's Tribal Districts.

However, there is a shortage of qualified women doctors in the region. For this reason, it was decided to hire qualified skilled birth attendants in target facilities, which helped to improve service delivery at project sites. Take-up of services also remains a challenge due to cultural norms in a conservative region. Whilst some inroads had been made due to exposure during the period of population displacement into more accessible areas of Pakistan, UNICEF initiated measures to reach out to men who are generally the primary decision-makers in households. This included engaging male social mobilizers to increase demand and facilitate access to services in the ultimate goal to enhance women's wellbeing.

Additionally, the programme sought to strengthen community-based programmes for educating communities and bridging the gap with communities and health facilities, strengthen routine immunization services and to strengthen target health facilities for prevention and management of diarrhoea and pneumonia. Community feedback mechanisms were important to enhance accountability to rights-holders. Channels included monitoring visits by field monitors, government and UNICEF staff, and third-party monitoring.

UNICEF's experience in bridging to development in KP's Tribal Districts clearly demonstrated the value of partnering with government for maternal, newborn and child health in a way so as to enhance government capacity, ensure sustainability and ownership, and equip them to support similar interventions in other humanitarian settings. By hiring local staff, UNICEF was also able to tailor capacity building to local needs, helping develop local human resource capacity and generating employment opportunities.

Figure 2: Maternal, newborn and child health achievements in 2018



Nutrition

The nutrition cluster coordination mechanism remained active in KP's Tribal Districts during 2018, however at the national level it was replaced by the Nutrition Working Group. The latter was kept functional with UNICEF support for regular meetings and updates. UNICEF also led and supported the drought assessments in Sindh and Balochistan.

Key partners in the nutrition cluster included the Provincial Disaster Management Authority, FATA Disaster Management Authority, Public Health Engineering Department, Local Government and Rural Development Department, Tehsil/Town Municipal Authorities, UNDP, International Rescue Committee, WHO, the World Food Programme and other national and international partners.

Table 2: Nutrition results in 2018 (KP Tribal Districts only)

Indicator	Cluster			UNICEF		
	Target	Results	Achievement	Target	Results	Achievement
Number of targeted children 6–59 months with Severe Acute Malnutrition admitted to therapeutic care for specified period of time	34,377	8,605	25.0%	34,377	8,605	25.0%
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)	173,380	78,350	45.2%	173,380	78,350	45.2%
Number of children 6–59 months in the affected areas receiving multi-micronutrient supplement	188,050	76,655	40.8%	188,050	76,655	40.8%
- girls	n/a	38,046	n/a	n/a	38,046	n/a
- boys	n/a	38,609	n/a	n/a	38,609	n/a

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.

With a nutrition 'emergency' in place across Pakistan, UNICEF provided support to nutrition sites across the country, focusing in particular on KP and its Tribal Districts (areas affected by displacement and return), and on Balochistan and Sindh (provinces which, later in 2018, declared drought-like conditions or nutrition emergency in certain areas). Thus, while Table 1 above gives results for KP's Tribal Districts only, UNICEF also supported nutrition response in Sindh (under the stunting reduction programme in partnership with the WASH programme) and Balochistan. UNICEF provided support in the following districts:

- KP's Tribal Districts: South and North Waziristan, Kurram, Orakzai, Khyber, Mohmand and Bajaur.
- Sindh: Ghotki, Khairpur and Nausheroferoz.
- Balochistan Quetta, Mastung, Kalat, Lasbela, Gwadar, Chaghi, Musakhel, Sherani and Harnai.

In total, 341 nutrition sites were established with UNICEF technical and financial support (KP and Tribal Districts: 93; Balochistan 98, Sindh: 150). These provided services to 17,928 children (girls: 9,340; boys: 8,588), including 8,605 in KP's Tribal Districts (4,822 girls), 7,314 in Sindh (3,432 girls) and 2,009 in Balochistan (1,086 girls). Multi-nutrient powders addressed micronutrient deficiencies for 115,594 children under five years of age (girls: 57,840, boys: 57,840), including Balochistan: 22,816 (11,411 girls), KP: 76,655 (38,046 girls), Sindh: 16,123 (8,383 girls). Similarly, 231,403 pregnant and lactating women (KP: 78,350, Balochistan: 46,565, Sindh: 106,488) were provided with micronutrient supplementation and 297,397 (KP: 140,559, Balochistan: 81,634, Sindh 75,204) mothers, caretakers and pregnant and lactating women were reached with lifesaving mother, infant and young child nutrition messages and behaviour change interventions.

Support in KP's Tribal Districts was provided through government partners, building capacity, sustainability and reducing the need to initiate the time-consuming process of obtaining no-objection certificates. However, with humanitarian response only 50 per cent funded, there was under-achievement against targets.

In Sindh, UNICEF partners implemented a stunting reduction programme in three districts, providing treatment of SAM, multi-micronutrient supplementation and counselling on infant and young child feeding. The latter also included cooking demonstrations. The programme, funded by USAID and implemented in partnership with UNICEF's WASH programme, concluded in March 2018. It was followed by a knowledge, attitudes and practices survey

which was under preparation at the end of 2018. Once completed, it will provide evidence of behaviour change relative to a similar study completed in 2017.

A behaviour change communication programme called Misaali Maa ('perfect mum') was also implemented in partnership with the Lady Health Worker Programme and a consulting firm. This initiative aims to mobilize frontline health workers to provide advice on the right nutrition at the right age.

To enhance programme delivery and monitoring, UNICEF supported the Sindh planning and development department in developing a multisectoral framework for monitoring and evaluation, alongside an online dashboard.

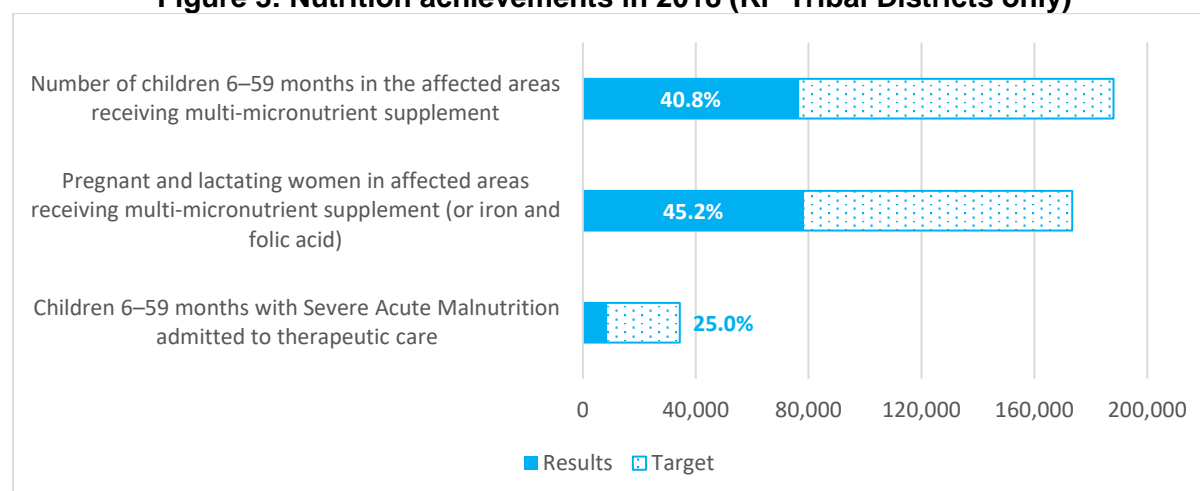
In Balochistan, UNICEF supported a budgetary analysis of the Public Sector Development Programme 2016/2017 reviewed nutrition-related interventions and pointing to bottlenecks in local financing. This was used by the provincial government to review resource allocations for nutrition.

UNICEF also provided procurement services to ensure timely availability of nutrition supplies, worth US\$ 4.8 million to the government, contributing to improved access to SAM treatment across Pakistan.

The completion of the National Complementary Feeding Assessment, a major set of qualitative studies on infant and young child feeding, provided granular evidence of feeding practices and decision-making in all provinces and regions of Pakistan. These provided evidence for contextualized social mobilization and communication strategies, and at the end of the year UNICEF began advocacy with the Government of Sindh to this end.

In late 2018, after the notification of drought in eight districts of Sindh, UNICEF formed part of an inter-agency consortium conducting a multisectoral assessment in October. A similar assessment was undertaken in Balochistan in December. These assessments will form the basis of gender-responsive interagency response planning to address any identified gaps in government response in 2019.

Figure 3: Nutrition achievements in 2018 (KP Tribal Districts only)



Water, Sanitation and Hygiene

UNICEF led the WASH cluster in 2018 and coordinated the provision of improved water and sanitation services to returning populations and other sectoral activities by active cluster partners that had funds for humanitarian results. These partners included Care International, Islamic Relief, Muslim Hands, International Rescue Committee, Secure Islamic France, NCA, Concern, HOPE, PADO, PRDS, RDO and FORT. In this position, with IVAP support, UNICEF led development an online dashboard for data management and reporting for the WASH cluster.

Table 3: WASH results in 2018

Indicator	Cluster			UNICEF		
	Target	Results	Achievement	Target	Results*	Achievement
People provided with access to water as per agreed standards	291,204	212,791	73.1%	150,000	76,300	50.9%
- women	78,712	58,081	73.8%	40,545	20,826	51.4%
- men	75,626	54,698	72.3%	38,955	19,613	50.3%
- girls	69,802	51,506	73.8%	35,955	18,468	51.4%
- boys	67,064	48,506	72.3%	34,545	17,393	50.3%
People provided with access to appropriately designed toilets	291,204	54,116	18.6%	100,000	21,000	21.0%
- women	78,712	14,771	18.8%	27,030	5,732	21.2%
- men	75,626	13,910	18.4%	25,970	5,398	20.8%
- girls	69,802	13,099	18.8%	23,970	5,083	21.2%
- boys	67,064	12,336	18.4%	23,030	4,787	20.8%
People provided with key messages on safe hygienic practices	291,204	164,405	56.5%	150,000	76,300	50.9%
- women	78,712	44,875	57.0%	40,545	20,826	51.4%
- men	75,626	42,260	55.9%	38,955	19,613	50.3%
- girls	69,802	39,794	57.0%	35,955	18,468	51.4%
- boys	67,064	37,476	55.9%	34,545	17,393	50.3%

Note: 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.*

The availability of safe drinking water and adequate sanitation has significant ramifications for children's health and wellbeing. It also supports regular school attendance, especially for girls, as well as their dignity and protection. Sanitation also has strong gender-related benefits, as the availability of latrines and water supply means that women and girls can use toilets and manage menstruation safely, hygienically and privately. In areas of return in KP's Tribal Districts, UNICEF supports the provision of safe drinking water through the rehabilitation of water supply schemes in partnership with the public health engineering department, the construction of latrines and hygiene education e.g. on handwashing with soap. UNICEF also supported 25 trainings to build the capacity of school teachers and government officials in WASH in Schools using the Three Star Approach.

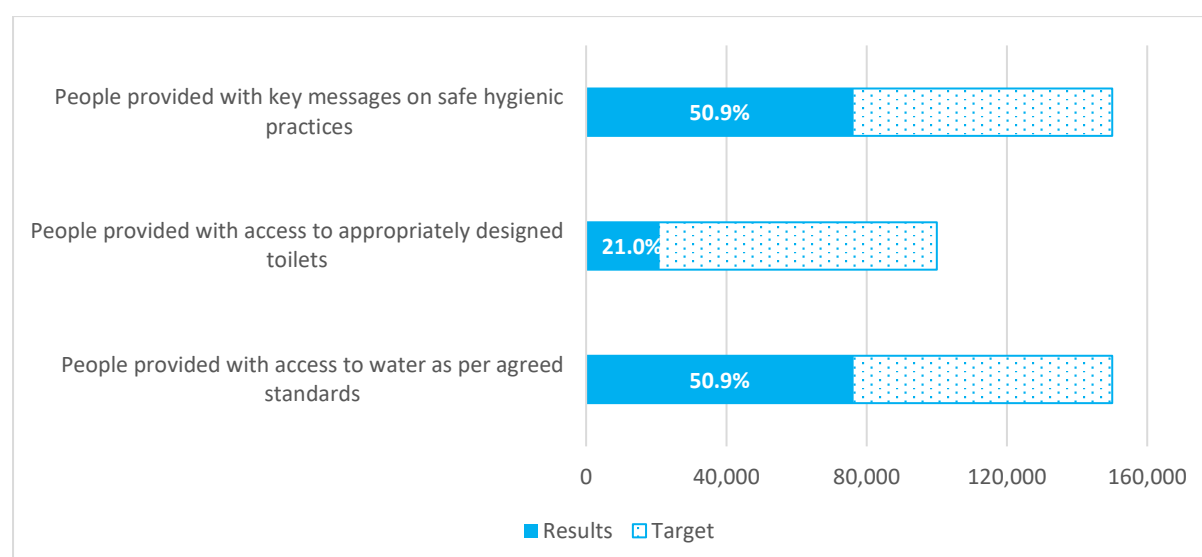
With no funding received against its appeal, UNICEF's WASH programme drew on regular resources as part of the move from humanitarian to recovery and development support in KP's Tribal Districts. While reduced funds limited the achievement of results, UNICEF supported access to drinking water and hygiene messages for 76,300 people (50.9 per cent of target), access to sanitation for 21,000 people (21 per cent of target). In total, 29 water schemes were supported of which eight were government-owned and 21 were community-led.

Access to communities is a challenge in KP's Tribal Districts, where restrictions on public dealings also pose a barrier to hiring local women. This proved to be a challenge for UNICEF's implementing partners, however the gender imbalance in staff was somewhat mitigated by engaging female volunteers from FATA.

In Balochistan, the first-ever country-led evaluation of the provincial Clean Drinking Water for All programme was completed. This is a key programme for Balochistan as the drought-like situation in the province causes water levels to drastically decline, leading to food and water insecurity. As the programme's budget and scope are being increased by the Government, UNICEF's evaluation support proved timely and useful. UNICEF also assisted the NDMA in formulating the National Drought Mitigation Strategy, with integrated short-, medium- and long-term mitigation measures, categorized by sector.

Recognizing that the need remains to further streamline strategic work on DRR and climate change adaptation and include it in provincial and district-level WASH budgets. UNICEF initiated a partnership with the University of Engineering and Technology in Peshawar, KP, and developed a WASH in Emergencies master's-level course, the first of its kind in Pakistan. This will contribute to strengthening systems for WASH interventions during emergencies and will be offered from 2019. Another growing focus area was water use efficiency and increased engagement with regulatory frameworks to alleviate stress caused by climate change and water scarcity.

Figure 4: WASH achievements in 2018



Education

UNICEF co-led the education cluster and was responsible for a significant share of management responsibilities. In this capacity, UNICEF convened regular cluster meetings and led the development of cluster plans, cluster projects and review processes. Key cluster partners include SRSP, Islamic Relief and the government. With the cluster system due to wind down, UNICEF also coordinated with the government's Education Technical Working Group.

Table 4: Education results in 2018

Indicator	Cluster			UNICEF		
	Target	Results	Achievement	Target	Results	Achievement
School-aged children, including adolescents, enrolled in school (including in schools in affected areas still functioning, re-opened schools and/or temporary facilities established)	100,000	135,787	135.8%	80,000	80,095	100.1%
- girls	48,000	50,434	105.1%	40,000	29,515	73.8%
- boys	52,000	85,353	164.1%	40,000	50,580	126.5%
Number of schools supported having a safe and secure environment	300	69	23.0%	180	54	30.0%
- girls' schools	144	20	13.9%	86	13	15.1%
- boys' schools	156	49	31.4%	94	41	43.6%
Number of children with access to humanitarian education programmes that incorporate psychosocial support	100,000	66,379	66.4%	80,000	62,134	77.7%
- girls	48,000	26,551	55.3%	38,400	24,853	64.7%
- boys	52,000	39,828	76.6%	41,600	37,281	89.6%

UNICEF, as cluster co-lead agency, shares responsibility 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 education support in humanitarian situations aims to ensure children have access to continued high-quality in a safe, secure and protective learning environment. In KP's Tribal Districts, strengthening education is a priority as families return; this is because the region's education infrastructure was inadequate even before insecurity led to largescale displacement, and education and education providers were specific targets that led to a large number of schools damaged or destroyed. Additionally, interruption in education due to displacement or return to inadequate facilities increase the risk of remaining out of school.

During displacement many children who had not previously been reached, particularly girls, were enrolled in school for the first time. Building on these gains through continued high-quality in areas of return is thus critical to reduce the high proportion of out-of-school children in KP's Tribal Districts. UNICEF's priority areas were thus to support enrolment of children, particularly girls, in reopened, new or temporary schools, to create attractive educational environments that support learning and provide affected children access to education programmes that include a psychosocial support component. UNICEF delivered the majority share of cluster targets alongside implementing partners, with a strong focus on transitioning to government ownership to ensure sustainability and effective delivery, operating primarily in Khyber, Orakzai, Kurram and North Waziristan.

For instance, under a CERF-funded project, UNICEF provided technical support to education department colleagues at the field level by embedding field staff within the department. This not only rapidly and sustainably built government capacity, it also ensured rapid implementation in high-risk and remote areas as embedded staff did not required no-objection certificates for intervention areas. This approach proved key to rapid, efficient and sustainable implementation.

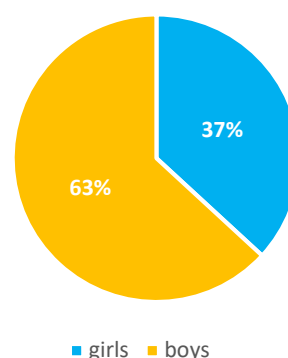
A larger than anticipated number of returns led UNICEF and the education cluster to significantly revise targets for enrolment and humanitarian education upwards. This was also partly due to changing priorities with the shift from humanitarian assistance to recovery; for instance, the European Union included funding for school rehabilitation rather than pre-fabricated shelters at fully destroyed schools. Thus, from an initial target of reaching 18,800 girls and boys (cluster: 30,000), UNICEF's target was revised upwards to 80,000 (cluster:

100,000) for support through the provision of prefabricated schools, teacher training, education supplies, social mobilization and the establishment of school committees, as well as for providing humanitarian education with a psychosocial support component.

Limited funding was received to support humanitarian education programming in KP's Tribal Districts, with 50 per cent of requested funds received. Nevertheless, UNICEF achieved

its target of enrolling 80,000 girls and boys, while the cluster as a whole exceeded its target substantially by enrolling 135,787 children. In both cases, however, enrolment of boys outpaced girls' enrolment (see Figure 5). This is partly attributable to local cultural norms, where girls' education remains a lower priority, as well as to fewer girls' schools (affecting the achievement for targets for girls' schools), and sharp declines in girls at secondary and higher levels of schooling. Since the humanitarian education/ psychosocial support component was not included in all funding agreements implemented by UNICEF, results for this indicator were lower than for enrolment.

Figure 5: School-aged children, including adolescents, enrolled in school (gender breakdown)



A key aspect of UNICEF's social mobilization for education is to enhance community involvement and oversight of schools, thus enhancing ownership and creating a local movement in support of education. To this end, UNICEF worked extensively to increase the capacity of Parent Teacher Councils at school level. This community accountability mechanism mobilized community members to enrol children and to ensure that they received a quality education in a child-friendly environment. For example, in areas where prefabricated schools were being set up, these committees monitored progress and apprised UNICEF field teams if contractors did not use quality materials for prefabricated school buildings.

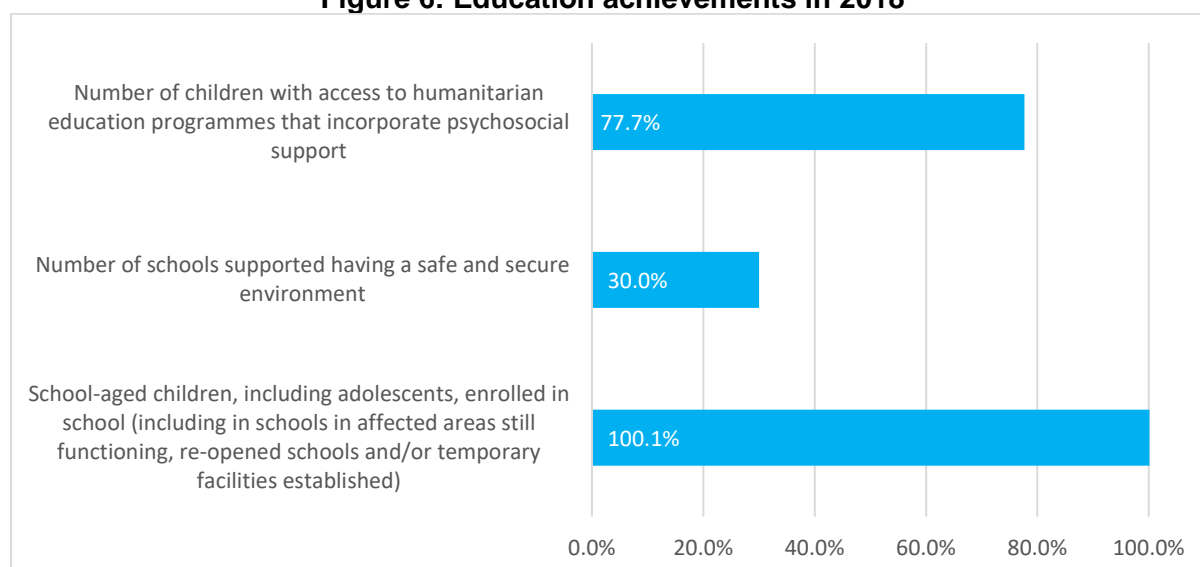
To enhance teaching and learning across basic, pre-primary and non-formal education, UNICEF supported training for a total of 5,155 educators in KP's Tribal Districts. These included 770 facilitators for accelerated learning programmes (79 per cent women), 3,066 formal education teachers (40 per cent women) and 1,319 pre-primary teachers (66 per cent women) who improved skills to plan and implement child-friendly lessons, conduct multi-grade teaching, and gain knowledge of non-formal, formal and early childhood education, to ultimately contribute to quality-enhanced education for 154,650 girls and boys annually.

UNICEF worked extensively on DRR and resilience and helped develop a School Safety strategy for KP's Tribal Districts. It also provided technical assistance for development of Emergency Standard Operating Procedures for all government education managers in KP. These are now approved and applicable to all education managers in KP and KP's Tribal Districts.

UNICEF also supported the education merger process by acting as coordinating agency (with the UK Department for International Development as grant agent) to support the KP government to submit an application to the Global Partnership for Education for an education sector development grant. This will support KP education sector plan development in 2019 to include the newly merged Tribal Districts and to provide services fully aligned with SDG-4. This is a crucial step towards furthering the integration of KP's Tribal Districts into mainstream

education planning and delivery, and thus from humanitarian and recovery support into development assistance.

Figure 6: Education achievements in 2018



Child Protection

With UNICEF as the only member of the child protection sub-cluster conducting activities, only one sub-cluster coordination meeting was convened in 2018. Sub-cluster members include Disaster Management Authorities and the Social Welfare Department, as well as the Centre of Excellence for Rural Development, Pakistan Village Development Programme, Peace and Development Programme, Aurat Foundation, HOPE and RIHRDO.

Table 5: Child protection results in 2018

Indicator	Sub-cluster			UNICEF		
	Target	Results	Achievement	Target	Results	Achievement
Children with access to preventive and protective services, including recreational support*	15,518	7,175	46.2%	15,518	7,175	46.2%
- girls	7,759	3,773	48.6%	7,759	3,773	48.6%
- boys	7,759	3,402	43.8%	7,759	3,402	43.8%
Caregivers reached through child protection awareness-raising activities	13,761	13,161	95.6%	13,761	13,161	95.6%
- women	8,257	7,696	93.2%	8,257	7,696	93.2%
- men	5,504	5,465	99.3%	5,504	5,465	99.3%
Children reached through child protection awareness-raising activities*	15,518	14,220	91.6%	15,518	14,220	91.6%
- girls	7,759	6,921	89.2%	7,759	6,921	89.2%
- boys	7,759	7,299	94.1%	7,759	7,299	94.1%

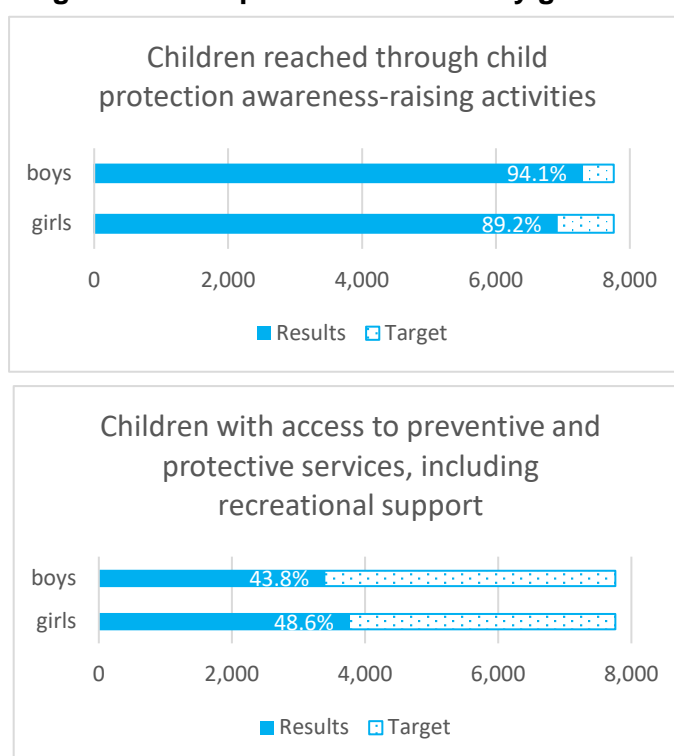
* The same children received services related to these two indicators. For this reason, the figures are reported differently in annual reporting where children and unique beneficiaries are not double-counted.

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 and leveraged resources.

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

With most formerly displaced families having returned to their homes, UNICEF worked with its partners, including the implementing partner, the Social Welfare Department, focused on reaching vulnerable girls and boys children in hard-to-reach communities where protective services are minimal or absent and levels of psychosocial distress are high. This partnership with government was a key aspect of the aim to build local capacities. To bridge towards development support, UNICEF also focused on building local capacities in child protection in the face of weak protective structures for children. This was further hampered by lack of humanitarian funding, which limited the achievement of results (see Figure 8). UNICEF leveraged its regular resources and worked with partners to provide limited support in Khyber and North Waziristan Tribal Districts, focusing in particular on awareness raising activities for both children and adults.

Figure 7: Child protection results by gender



This contributed to good results for these two indicators, however lack of funding limited the geographical scope of child protective activities and not all communities in need of support could be reached.

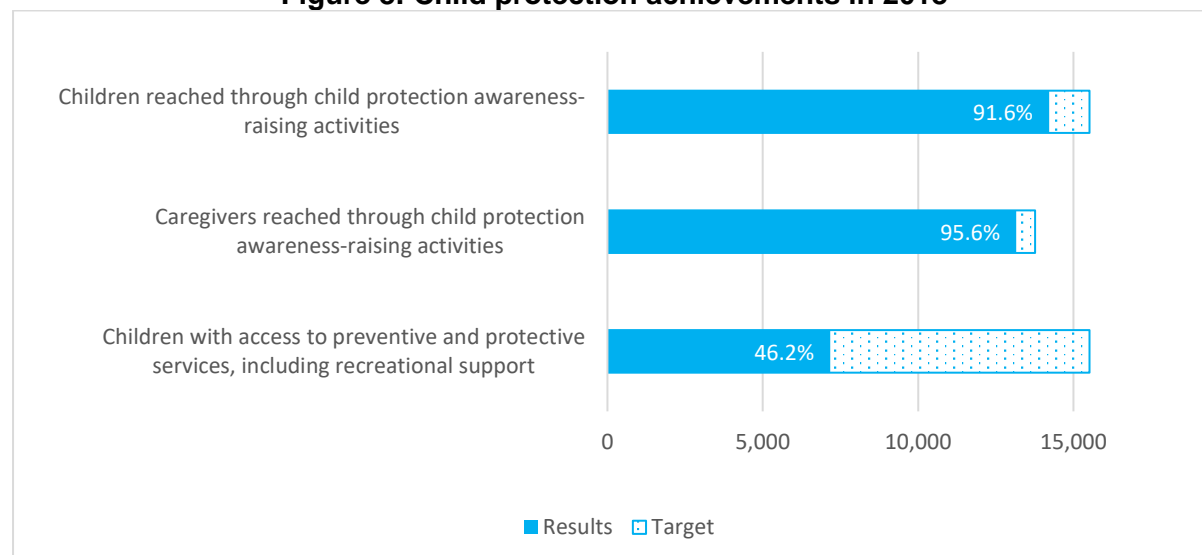
An important innovation that contributed to achieving results and expanding the geographical scope of UNICEF interventions was the Child Protection Van modality. This simple innovation, piloted in 2017 in Bara, Khyber Agency, and expanded in 2018 to two Tribal Districts (Khyber and North Waziristan), enabled UNICEF to use customized vans to reach out to remote communities where fixed sites would have been unfeasible. These vans reached 41,000 children (12,800 girls) and 7,877 caregivers (2,957 women) via structured recreational, social and behavioural change interventions. Such initiatives enhanced personal safety by protecting girls, boys, women and men from abuse and physical harm, including risks from mines and unexploded ordinances, however gender imbalance remained a challenge. UNICEF also supported training for 797 teachers to deliver mine risk education in 2018, and developed materials on self-protection for children with disaster risk reduction support planned for 2019.

Despite the conservative nature of KP's Tribal Districts, where access to women and girls with services can pose challenges, UNICEF achieved near-parity with respect to gender in some cases (see Figure 7). This required being sensitive to cultural norms and traditions and accommodating local needs without compromising on the quality of child protective services. For example, adolescent girls are frequently restricted from entering open community spaces. To reach them, UNICEF conducted sessions in the homes of trusted neighbours which girls could access with less difficulty. Moreover, as trust has grown over the course of the programme, UNICEF has seen community resistance decline, which enabled scale-up to three Tribal Districts. Robust monitoring and feedback mechanisms, including monitoring visits and third-party monitoring, have also contributed to building trust.

Birth registration rates are abysmally low in KP's Tribal Districts, at under one per cent for children under five years of age. This has particular impacts on children in humanitarian situations who may not be counted, reached or have their rights as children realised if there

is no official record of their existence or age. In 2018, UNICEF incorporated one KP district and one Tribal District into a hybrid birth registration pilot, which combined traditional paper-based means with digital methods and trained local officials to register births quickly and easily. This contributed to 102,906 girls and boys registered in the two districts.

Figure 8: Child protection achievements in 2018



Preparedness, Resilience and Disaster Risk Reduction

In the Pakistan context, resilience and DRR are core parts of UNICEF programming under its new Country Programme (2018–2022). To strengthen knowledge of key staff on risk analysis and embed a risk-informed programming approach in implementation strategies, UNICEF conducted a workshop in Islamabad with support from headquarters, benefiting 35 UNICEF staff from all four field offices. This was subsequently taken to the provincial level, with two workshops involving 65 participants – government counterparts, implementing partners and UNICEF staff – in KP and Sindh. These supported mainstreaming risk reduction strategies into sector-specific workplans with key line ministries and provincial authorities.

To strengthen preparedness capacity and facilitate annual preparedness planning using the Global Online Emergency Preparedness Platform, UNICEF also conducted a workshop with Regional Office support to orient 47 humanitarian staff from field offices and the country office. As part of preparedness measures, contingency stock was pre-positioned for 100,000 people, long-term agreements put in place for mobilizing services and supplies in case of need, and standby partnership agreements were maintained.

In September 2018, the Sindh Relief Commissioner notified eight districts as affected by drought, while in November Balochistan's provincial minister of health declared a nutrition emergency. Following these official declarations, an inter-agency assessment was conducted in drought-affected areas of Sindh in October, and in Balochistan in December, in which UNICEF participated. The results will form the basis for integrated inter-agency response plans to address any gaps in the government's response.

The complex emergency in KP and its Tribal Districts, as well as natural disasters such as the 2005 earthquake and 2010 floods, had showed that education infrastructure is highly vulnerable to disaster in the Pakistan context. In March 2018, the Pakistan School Safety Framework developed with UNICEF support was finalized and approved by the prime minister at a National Disaster Management Commission meeting, with instructions to make it part of the National Education Policy and for provinces to adopt the framework. Scale-up began to

500 schools in the Islamabad Capital Territory, covering all 391 government schools, 70 private schools and 39 madrassahs. This reached out to 400,000 schoolchildren with improved safety and security measures and risk education. Scale-up is expected to be completed in 2019. The National Disaster Management Authority and its provincial counterparts, with the education departments of KP, Balochistan, PAK and GB, began scaling up the approach in 30 schools per province/area, to eventually benefit 8,000 schoolchildren and 360 teachers. For national scale up, the framework needs to be integrated in provincial education sector plans. This was achieved in Sindh and Punjab through UNICEF education sector support and DRR technical expertise. A multi-sectoral communication strategy for a school-level risk education campaign was developed by UNICEF and finalized at the end of 2018 to support countrywide scaleup.

To strengthen media capacity on public engagement in emergencies and DRR, UNICEF supported the development of a media toolkit launched through a National Consultative Dialogue on the Role of the Media in Disaster Management. A total of 86 key senior media personnel from leading media houses participated and received training and tools to improve coverage of emergencies.

A Climate Change Adaptation educational toolkit aimed to be used in schools through school safety and other initiatives was also finalized and began dissemination to 400,000 children via scaleup in Islamabad Capital Territory. Scaleups are now planned in all provinces (including KP's Tribal Districts), GB and PAK. This toolkit comprises three booklets in English and Urdu and is intended to develop the adaptive capacity of children through simple messages. With technical and some financial support from UNICEF, NDMA prepared Pakistan Education in Emergencies guidelines which are currently being finalized.

Gender

UNICEF-led and co-led clusters effectively worked to mainstream gender throughout the humanitarian programme cycle and considered gender-specific needs in the design, implementation and monitoring framework of humanitarian response, in bridging between humanitarian assistance and development, and in developing and supporting resilience and DRR.

Across the board, UNICEF streamlined gender as part of planning and implementation of its programmes. Sex and age-disaggregated datasets were widely adopted for information gathering and analysis across UNICEF-led clusters. All data collection tools, including 4Ws and Inter-cluster Assessment tools are designed to collect sex-disaggregated data, so that the analysis through a gender lens can inform decisions. UNICEF is working to further improve collection and analysis of sex-disaggregated data.

The engagement of adolescent girls in the child protection activities remained a challenge due to their restricted mobility in open community spaces. The programme addressed this by adopting a different strategy, by bringing them together in identified neighbourhood homes, which was considered more culturally appropriate.

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. In particular, UNICEF supported training for women teachers in KP's Tribal Districts to ameliorate the perennial issue of human resource deficiencies in the region especially in girls' schools.

UNICEF's nutrition programme conducted major qualitative studies on complementary feeding which offer important gender-based insights in areas where humanitarian assistance has been provided and where UNICEF is now bridging to development support. The National Complementary Feeding Assessment studies provide gender-responsive and equity-focused

evidence specific to different regions of Pakistan, examine gender-based and socioeconomic differentials in how young children are fed, and the roles of men and women in decision-making. These were used to advocate with provincial governments (efforts began in Sindh in 2018) on communication for development initiatives that are designed to reach both fathers and mothers with appropriate messages on child nutrition.

A major barrier was the difficulty implementing partners faced engaging women to work in KP's Tribal Districts. In the WASH programme, this was addressed by engaging women volunteers from Peshawar, a culturally similar but less conservative region.

Cluster Coordination

The Humanitarian Country Team coordinates international humanitarian response in Pakistan. The cluster system was active only in KP's Tribal Districts, with sector lead agencies identified at the national level. The cluster system was guided by the Inter-Agency Standing Committee, the primary mechanism for inter-agency coordination of humanitarian assistance.

Over the years, as the cluster lead for Nutrition and WASH, co-lead for Education and sub-cluster lead for Child Protection, UNICEF played an active role in providing a platform for coordination, within the limits. In 2018, this role was relatively limited as a process of cluster transition and deactivation was initiated. This is because as most displaced persons have returned to KP's Tribal Districts, under the Pakistan Transition Plan 2018–2020 it is considered infeasible to maintain humanitarian response structures in the development phase. It is expected that clusters will be deactivated by 2020 and, in preparation, UNICEF intends to continue to strengthen government-led technical working groups to ensure that national bodies have the leadership and accountability to coordinate and meet residual needs.

Nevertheless, UNICEF-led clusters 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.

The nutrition cluster was only functional in KP, where it was managed by a nutrition specialist alongside other routine work. At the national level, the cluster has been replaced by a Nutrition Working Group which was kept functional by UNICEF through regular meetings and sharing of updates. The working group also led and supported the drought assessment in Sindh and Balochistan.

Although the frequency of WASH cluster meetings decreased in 2018, but UNICEF continued to lead and support the cluster, hosting all meetings in 2018. Through the support of IVAP an online dashboard for the WASH cluster was developed. This has strengthened data management and reporting for the cluster partners.

Despite human resource limitations, UNICEF provided effective co-leadership of the education cluster. Cluster meetings were held regularly, cluster plans were prepared, cluster projects developed, reviewed and uploaded in a timely manner.

The child protection sub-cluster received no funding, therefore no activities under this sub-cluster were implemented other than those supported by UNICEF. As such, responsibilities for the limited coordination required were taken over by UNICEF's child protection officer instead of a separate, dedicated, cluster coordinator. During 2018 only one sub-cluster meeting was held for planning of targets for 2019.

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.

UNICEF retained robust monitoring, information flow and reporting mechanisms from partners to field office to country office, strengthening results-based performance and timely course corrections. Field monitoring in areas with security constraints was enhanced through regular trainings for partner staff and third-party monitors. Aligning field monitoring mechanisms with Harmonized Approach to Cash Transfer (HACT) and global guidelines contributed to HACT compliance and feedback loops for timely course correction.

To further strengthen humanitarian performance monitoring, a midyear situation report was developed and disseminated, and HAC tables 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 management decisions, donor reporting, advocacy and resource mobilization.

Multi-sectoral Initial Rapid Assessment (MIRA) tools and methodology were updated in consultation with UNOCHA and NDMA. Ten inter-agency capacity building workshops were held on the revised tools for the joint assessment roster and government staff. UNICEF provided support in KP, Sindh and Pakistan Administered Kashmir.

UNICEF was a core partner in the interagency consortium that conducted multisectoral assessments in Sindh and Balochistan, bringing its longstanding engagement with nutrition support to assessments that will form the basis of gender-responsive interagency response planning to address identified gaps in government response, including interventions for food, livelihoods, WASH and nutrition.

Financial Analysis

In 2018, UNICEF received US\$ 4.61 million against an appeal of US\$ 18.17 million (25 per cent funded) for its humanitarian response during the year (Table 8). However, out of the funds available, US\$ 0.14 million was carried forward from 2017 and funding for most programmes was heavily constrained. Only nutrition and education received funding; these programmes were approximately half funded. The remainder received no funding in 2018. The year ended with a critical financial resource gap of 74 per cent.

Thematic funds are preferred by the office due to their flexibility and convenience of utilization and reporting, but none were received from the Global Thematic Humanitarian funding pool in 2018. Primary donors for funds received during 2018 include the Governments of Canada and the United States of America in addition to UNOCHA (Table 9). Carried over funds and UNICEF's regular resources contributed significantly to the implementation activities as did leveraging partnerships and development funds.

Table 8: Funding status against the appeal by sector (revenue in USD)

Sector	Funding Requirement	Funds Available*		Funding gap	
		Received	Carry-over	\$	%
Health	6,003,720	0	11,856	5,991,864	100%
Nutrition	6,455,050	3,119,529	123,355	3,212,166	50%
Education	2,672,244	1,345,190	2,637	1,324,417	50%
WASH	2,354,400	0	1,272	2,353,128	100%
Child Protection	682,776	0	4,012	678,764	99%
Total	18,168,190	4,464,719	143,132	13,560,339	75%

* Against appeal as of 31 December 2018. Funds available include funds received against current appeal and carry-forward from previous year.

Table 9: Funding Received and Available by Donor and Funding Type (in USD)

Donor Name/Type of Funding	Programme Budget Allotment Reference	Overall Amount*
I. Humanitarian funds received in 2018		
a) Thematic humanitarian funds†		
Total thematic humanitarian funds		0
b) Non-thematic humanitarian funds		
Canada	SM/18/0162	194,250
Total non-thematic humanitarian funds		194,250
c) Pooled funding		
Humanitarian Pooled Fund		
CERF	SM/18/0090	702,009
CERF	SM/18/0103	1,345,190
Total pooled funding		2,047,199
d) Other types of humanitarian funds		
USAID/Food for Peace	SM/18/0303	743,670
USAID/Food for Peace	KM/18/0014	1,242,000
USAID/Food for Peace	KM/18/0016	237,600
Total other types of humanitarian funds		2,223,270
Total humanitarian funds received in 2018 (a+b+c+d)		4,464,719
II. Carry-over of humanitarian funds available in 2018		
e) Carry-over of thematic humanitarian funds		
Thematic Humanitarian Funds	SM/14/9910	42,286
f) Carry-over of non-thematic humanitarian funds		
UNOCHA	SM/17/0411	95,000
USAID/Food for Peace	KM/16/0017	1,791
USAID/Food for Peace	SM/16/0357	4,055
Total carry-over non-thematic humanitarian funds		100,846
Total carry-over humanitarian funds (e + f)		143,132
III. Other sources		
Total other sources		0

* Programmable amounts of donor contributions, excluding recovery cost.

† Pakistan Country Office did not receive funds from Global Thematic Humanitarian Contributions in 2018.

Future Workplan

In KP's Tribal Districts UNICEF will ensure that returns remain sustainable and the acute humanitarian needs of returnees are met. This includes addressing the residual humanitarian needs of both returnees and local communities by restoring non-functional health facilities and supporting provision of integrated primary health care for newborns, children and mothers and expanded community management of acute malnutrition services. Temporary, secure and safe learning environments will be established and learning materials provided to affected school-aged children. WASH services in schools and health facilities will enhance access to safe water and sanitation and access to preventive and protective services, including recreational support and mine risk education will be provided to vulnerable children.

It is intended that the cluster system will be deactivated by 2020. In preparation, UNICEF will continue to strengthen government-led technical working groups and facilitate emergency preparedness and resilience through strengthened national and sub-national capacities for DRR and contingency stocks for 100,000 people.

In Sindh and Balochistan, where drought and nutritional emergencies were declared at the end of 2018, UNICEF will participate in inter-agency response planning to identify gaps in government response, including interventions for food, livelihoods, WASH and nutrition.

UNICEF targets for 2019 are as follows:

Health:

- 352,000 children (aged 6 months to 10 years) vaccinated against measles.
- 22,000 deliveries assisted by skilled birth attendants.
- 231,000 women of child-bearing age reached through health education sessions.

Nutrition:

- 25,000 children admitted to therapeutic feeding programmes for management of SAM.
- 96,000 pregnant and lactating women receiving multiple micronutrient supplementation (or iron and folic acid).
- 210,000 children aged 6–59 months receiving multiple micronutrient supplementation.

WASH:

- 100,000 people provided with access to water as per agreed standards.
- 90,000 people provided with access to appropriately designed toilets.
- 140,000 people provided with key messages on safe hygiene practices.

Education:

- 80,000 school-aged children, including adolescents, enrolled in schools (including still functioning, reopened and/or temporary facilities).
- 100 schools supported with safe and secure environments.
- 80,000 children with access to humanitarian education programmes that incorporate psychosocial support.

Child protection:

- 42,838 children have access to preventative and protective services including recreation.
- 74,004 children and 13,761 caregivers reached through child protection awareness-raising activities including mine risk education and birth registration.

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 follow the link below to provide feedback on the Pakistan Education Thematic Report 2018. Thank you!

[English feedback form](#)