

PAKISTAN

Consolidated Emergency Report 2021



A vaccinator administers COVID19 vaccine to young student © UNICEF/Pakistan 2021/Asad Zaidi

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Expression of Thanks

UNICEF’s work is funded entirely through the voluntary support of millions of people around the world and our partners in government, civil society and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children’s rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

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Acronyms

C4D	Communication for Development
CSO	Civil Society Organization
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
EiE	Education in Emergencies
GB	Gilgit Baltistan
HAC	Humanitarian Action for Children
HACT	Harmonized Approach to Cash Transfer
IPC	Infection Prevention and Control
IYCF	Infant and Young Child Feeding
KAP	Knowledge, Attitudes and Practices
KP	Khyber-Pakhtunkhwa
LHW	Lady Health Worker
MHPSS	Mental Health and Psychosocial Support
MoNHSR&C	Ministry of National Health Services, Regulation and Coordination
NDMA	National Disaster Management Authority
PDMA	Provincial Disaster Management Authority
PPE	Personal Protective Equipment
PSEA	Prevention of Sexual Exploitation and Abuse
RCCE	Risk Communication and Community Engagement
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
UNFPA	United Nations Population Fund
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Executive Summary

In 2021, UNICEF continued response to COVID-19. A total of 10.5 million people, including 5.5 million children under 18 years of age, were estimated to be in need of support, of whom UNICEF humanitarian action aimed to reach an estimated 2.8 million people, including 1.4 million children.

At the start of 2021, over 484,000 confirmed cases had been reported, a figure that rose to nearly 1.3 million by the end of the year. Over 10,300 deaths associated with COVID-19 were reported at the start of 2021, rising to over 28,900 by the end of the year. Pakistan experienced multiple waves of the COVID-19 pandemic in 2021, with peaks in April and August 2021. This contributed to severe challenges for children, with risks for continuity of health services, extended school closures, an exacerbated nutrition emergency and increasing child protection risks.

Vaccine rollout began in February 2021 and was progressively expanded until vaccination was open to all those aged 12 and above, and booster shots began to be provided from December 2021.

An earthquake in Harnai (Balochistan), a district with amongst the highest rates of multi-dimensional poverty in Pakistan, left thousands homeless and in need of immediate support and assistance with rehabilitation.

Working with the federal and provincial government, United Nations sister agencies, and implementing partners, UNICEF sought to fulfil urgent needs for children. The funding received was extremely limited. Of US\$ 61.4 million requested in the Humanitarian Action for Children (HAC) appeal to sustain life-saving services for women and children, Pakistan received 13.46 million, or 22 per cent of requirement. This included US\$ 7.08 million carried over from 2020. The critical funding gap of over US\$ 47.94 million severely affected provision of essential services, especially for preparedness, nutrition, risk communication and community engagement (RCCE) and education. While the funding received was extremely limited, the flexibility of thematic funding and development programming were critical to supporting sustainable results.

For health, 62 per cent of requested funding was received; as a result, most targets were not met. Over 5.4 million people benefited from continuation of primary health services, far exceeding the target of 3.5 million (156 per cent of target). However, 144,955 children were vaccinated against the measles, below the target of 247,242 (59 per cent). A major health focus was capacity building of health care workers. A total of 17,207 facility and community health workers were trained on infection prevention and control (IPC) (86 per cent) and 25,851 were provided personal protective equipment (PPE) (17 per cent). Another 10,435 were trained on identifying and referring suspected COVID-19 (21 per cent) and 1,733 paediatricians were trained on managing COVID-19 in children (87 per cent).

Only 19 per cent of funding requested for nutrition was received. Nevertheless, results achievement was high, largely thanks to the use of development funding and flexible thematic humanitarian funding. Of the target of 102,413 children aged between 6 months and five years, 66,954 children with severe acute malnutrition (SAM) were admitted to treatment with UNICEF support, reaching 65 per cent of the target. A total of 931,014 Mothers of children under two years received counselling on infant and young child feeding (IYCF), against a target of 1,607,460 – achieving 58 per cent of the target. Provision of multi-micronutrient supplements to children was more successful, achieving 73 per cent of target (594,694 children reached against a target of 813,940).

Funding for water, sanitation and hygiene (WASH) reached only 18 per cent of the amount requested. Although WASH provision in schools was successful (167 per cent of target), with 405,284 children against 242,500 targeted able to protect themselves against diseases

related to hygiene including COVID-19. Hygiene promotion achieved 84 per cent of target, reaching 2.2 million people of 2.7 million targeted, while community handwashing facilities were provided in 1,070 of the 1,658 sites targeted, achieving 65 per cent. However, only a quarter of WASH health care facilities were provided.

Education received 16 per cent of funds requested and required urgent reprioritization of activities to reach the greatest number of children, such as focusing on teacher training. Thus, there was low achievement against certain targets, including 79,131 children accessing education (40,738 girls) against a target of 533,451, an achievement of 15 per cent. Similarly, 22 per cent of the 5,335 targeted schools implemented safe school protocols. However, training of teachers and education officials on safe school reopening achieved 156 per cent of the target (16,665 trained), while training on providing of mental health and psychosocial support (MHPSS) achieved 213 per cent of target (22,772 trained).

Child protection response received 17 per cent of the funding requested, but made notable progress due to strategic changes such as using lighter touch interventions and online training modalities. Thus 123 per cent of targeted social and care workers were trained on providing children psychosocial support (12,569 trained). Shortfalls were seen in other indicators, with 88 per cent of targeted children provided MHPSS, 82 per cent benefiting from protective services, and messages on prevention of stigma and violence against children reaching 76 per cent of target (13.6 million reached).

Through its support for the RCCE platform from the start of the COVID-19 pandemic, UNICEF is a leader in the introduction of communication for development (C4D) and community engagement. Although only 12 per cent of requested funding was received, UNICEF led the process of strengthening systems in government via human resource development, evidence-generation and developing interventions and materials for outreach. Thematic humanitarian funding was critical in ensuring integrated response and filling gaps in public awareness through media outreach. Media engagement reached 90 million people (120 per cent of those targeted), while social media engaged 594,235 (108 per cent). Over 16 million people were engaged through community engagement, more than twice the target (237 per cent). Over 3.7 million callers to the UNICEF-supported COVID-19 helpline shared concerns, received information and provided feedback on services (126 per cent of target).

UNICEF Pakistan participated in the HAC appeal for 2022 to provide continuing support to build resilience and provide multisectoral support following the COVID-19 pandemic. UNICEF also initiated preparations for a potential influx of refugees from Afghanistan, pre-positioning supplies to meet the needs of 150,000 refugees and host communities.

Humanitarian Context

At the start of 2021, Pakistan had already experienced severe challenges due to COVID-19. Twenty cities and geographical locations had been declared COVID-19 hotspots,¹ requiring urgent support for continuity of health services which risked contributing to additional mortality and morbidity, especially amongst children and women. Poor WASH facilities and services in schools, healthcare facilities and communities also posed severe risks, with 550,000 children estimated to be at risk of malnutrition and preventable diseases including diarrhoea, typhoid, cholera and polio.² The closure of nearly 197,000 educational facilities disrupted an already weak education system, jeopardizing the learning of millions of children. Even before the pandemic, 22.8 million children were out of school in Pakistan, and interruptions to learning risked causing this number to rise, especially for girls.³

Pakistan had also experienced rising child protection risks with the pandemic, including physical and emotional mistreatment, gender-based violence, psychosocial distress and mental health challenges. Research⁴ suggested that their children's deprivation of educational opportunities was a widespread source of stress for caregivers, making children more vulnerable to violent discipline.

Over 484,000 confirmed cases had been reported by the start of 2021, a figure that rose to nearly 1.3 million by the end of the year. While over 10,300 deaths associated with COVID-19 were known to have occurred at the start of the year, these rose to over 28,900 by the end of the year.⁵ Pakistan experienced multiple waves of the COVID-19 pandemic in 2021, with peaks in April and August 2021.

A phased vaccine rollout began on 3 February 2021, starting with frontline healthcare workers, followed by those over 65 years of age. This was progressively expanded until vaccination was open to all those aged 12 and above, and booster shots began to be provided from December 2021.

Pakistan also faces a protracted nutrition emergency, with a national global acute malnutrition rate standing at nearly 18 per cent,⁶ three percentage points above the emergency threshold, and much higher than the World Health Assembly target of 5 per cent and below by 2025. This risked being exacerbated by COVID-19 due to economic shocks, illness and interruptions to nutrition and health services. A recent study estimates that child wasting could lead to an 18 per cent increase in young child mortality.⁷

Pakistan is highly vulnerable to natural shocks (earthquakes, floods, heatwaves, drought and epidemics), with climate change and environmental degradation likely to exacerbate many of these,⁸ pointing to urgent and ongoing need for support for disaster risk reduction and preparedness. During the year, these included torrential rains in Sindh which caused

¹ Latif, Aamir, "Pakistan Identifies 20 Hotspots for COVID-19", Anadolu Agency, 15 June 2020.

<https://www.aa.com.tr/en/asia-pacific/pakistan-identifies-20-hotspots-for-covid-19/1877761>

² Calculated based on population data from the 2017 census.

³ Pakistan Education Statistics 2016–17.

⁴ MAGENTA, Impact of Confinement on Violence Against Children in Pakistan - Rapid Response Survey, June 2020.

⁵ Pakistan COVID-19 dashboard. <https://covid.gov.pk/stats/pakistan>

⁶ National Nutrition Survey 2018.

⁷ Robertson, Timothy et al., 'Early Estimates of the Indirect Effects of the COVID-19 Pandemic on Maternal and Child Mortality in Low-Income and Middle-Income Countries: A modelling study', *The Lancet*, vol. 8, no. 7, 12 May 2020.

⁸ IPCC AR6 Working Group I report, Factsheet for Asia.

https://www.ipcc.ch/report/ar6/wg1/downloads/factsheets/IPCC_AR6_WGI_Regional_Fact_Sheet_Asia.pdf

interruptions to education, as well as extremely high summer temperatures. In Punjab, seasonal smog led to repeated school closures in winter.

On 7 October 2021, an earthquake of magnitude 5.9 occurred in remote, mountainous Harnai district almost 200 km from Quetta, the capital of Balochistan province. According to the Provincial Disaster Management Authority (PDMA) for Balochistan, 20 people died, including eight children, and more than 300 were injured (42 per cent children). More than 100 mud homes and 11 schools collapsed, and more than 5,000 were rendered uninhabitable, leaving thousands of people homeless. Assistance was initiated immediately with provision of necessary medical care, food, and medicines to the worst-affected areas, where a lack of paved roads, electricity and mobile phone coverage severely hampered rescue and recuperation efforts.

Harnai ranks among the three districts with the highest levels of multi-dimensional poverty in Pakistan (exceeding 90 per cent).⁹ A rapid needs-assessment supported by UNICEF, National Disaster Management Authority (NDMA), PDMA and the United Nations Population Fund (UNFPA), in coordination with district and health authorities, showed the need for immediate support for basic needs by the government, military, medical and paramedical services and the humanitarian community including UNICEF.

In neighbouring Afghanistan, political, social and economic uncertainty, especially for women and girls, following the Taliban takeover in August 2021 increased the possibility of additional refugees entering Pakistan. This required preparatory measures for potential response to protect refugees' human rights and address the immediate needs of children and women, including in host communities.

⁹ UNDP Pakistan (2016) *Multidimensional Poverty in Pakistan*. Available at: https://www.pk.undp.org/content/pakistan/en/home/library/development_policy/Multidimensional-Poverty-in-Pakistan.html

Humanitarian Results

Humanitarian Coordination

International humanitarian response continued to be coordinated by the Humanitarian Country Team which provides strategic leadership, policy guidance and engagement with the Government of Pakistan, under the leadership of the UN Resident Coordinator.

With a deteriorating humanitarian situation in neighbouring Afghanistan, UNICEF contributed to the development of the 2021 and 2022 Regional Refugee Preparedness and Response Plans, with UNHCR.

UNICEF is a core member of the Crisis Management Team of the United Nations in Pakistan, along with WHO, the World Food Programme, UNHCR, UNFPA, International Organization for Migration, UN Office for the Coordination of Humanitarian Affairs (UNOCHA), United Nations Development Programme, UNAIDS, UN Department for Safety and Security and the Resident Coordinator's Office. This met weekly during the year to ensure coordinated support to Pakistan's COVID-19 response and collectively identify opportunities for effective response.

The cluster system is not active in Pakistan and all humanitarian and COVID-19 response was carried out through working groups.

UNICEF played an important role in supporting coordinated and coherent humanitarian support. It strengthened government-led technical working groups and closely collaborated with the Resident Coordinator's office and on humanitarian coordination under UNOCHA leadership.

National coordination of the COVID-19 response was led by a National Coordination Committee established by the National Security Committee under the prime minister to formulate and implement a comprehensive strategy to stop COVID-19 transmission and mitigate its consequences. The NDMA was designated the lead operational agency at federal level. Task forces were convened in each province to coordinate the response, with the PDMA as the leading provincial operational agency.

The Emergency Operations Centre at the National Institute of Health acted as the Incident Command and Control Hub.

For the COVID-19 vaccine rollout, a national technical working group was established at Federal EPI, supported by the national authorities, UNICEF, WHO, World Bank and donors. This had three sub-committees for RCCE, supply/cold chain and vaccine logistics, and surveillance of Adverse Events Following Immunization. These reported regularly to the MoNHSR&C.

UNICEF was a member of the RCCE and logistics sub-committees. It contributed to the development of the National Vaccine Deployment Plan, prioritization of eligible populations for vaccination and the application for COVAX vaccines exercise, National Immunization Technical Advisory Groups and the National Interagency Coordination Committee.

Following the Harnai earthquake, a joint rapid assessment was conducted with NDMA, PDMA and UNFPA in coordination with the district administration and health department. This guided response by UNICEF and other partners, including the provisions of essential supplies for mothers and children.

Maternal, Newborn and Child Health

As a frontline partner of the Government of Pakistan in the COVID-19 response, UNICEF worked closely with the Ministry of National Health Services, Regulation and Coordination (MoNHSR&C), World Health Organization (WHO), provincial and regional health departments and partners in the United Nations, H5, academia and civil society organizations (CSO). In particular, UNICEF collaborated closely on forecasting, planning, procuring and distributing COVID-19 supplies, including PPE, cold chain and oxygen equipment.

Key partners in UNICEF's humanitarian health response included Gavi the Vaccine Alliance, MoNHSR&C, federal and provincial Expanded Programme for Immunization (EPI), provincial and regional health departments and the National Emergency Operations Centre established for polio eradication.

Additional partners included Health Service Academy, Pakistan Paediatric Association, Pakistan Medical Association, Public Health Association, Family Physician Association of Pakistan, Sir Ganga Ram Hospital, SARHAD, PHC Global, Aga Khan Foundation and Agha Khan Development Network, Health Services Academy and Premier Advertisers. Implementing partners had good capacity to achieve results, and remaining gaps were addressed through capacity building.

Table 1: Maternal, newborn and child health results in 2021

Indicators	UNICEF	
	2021 Target	Total Results
Number of people benefitting from continuity of primary healthcare services at UNICEF-supported health facilities	3,511,636	5,476,327
Girls		438,107
Boys		383,342
Women		2,300,057
Men		2,190,530
Number of children under one year of age vaccinated against measles	247,242	144,955
Girls		71,028
Boys		73,927
Number of frontline health workers reached with basic PPE (masks, gloves and hand sanitizers)	150,000	25,851
Women		14,994
Men		10,857
Health care facility staff and community health workers trained on infection prevention and control	20,000	17,207
Women		9,292
Men		7,915
Number of frontline health workers and community volunteers oriented on COVID-19 and referral of suspected cases	50,000	10,435
Women		5,645
Men		4,808
Number of paediatricians and family physicians trained on clinical management of children with COVID-19	2,000	1,733
Women		953
Men		779

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

Gender targets were not set, however gender-disaggregated data was collected for key indicators.

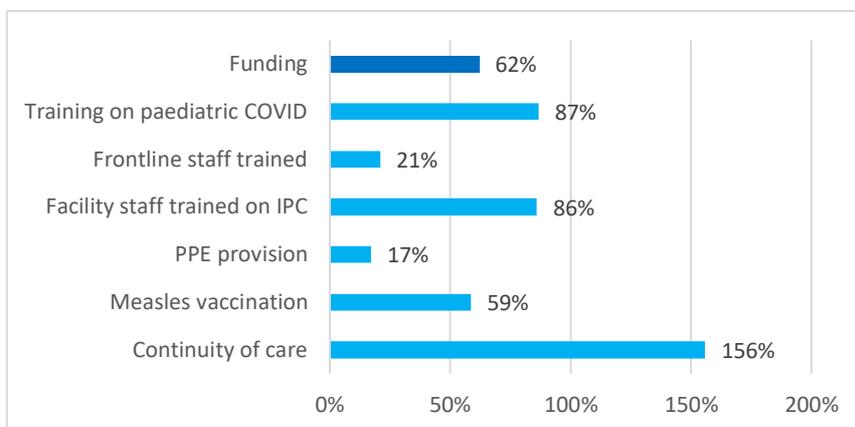
Earthquake response results have been added to the relevant sectoral results.

UNICEF facilitated delivery of laboratory equipment to 20 laboratories. Under the Supply Financing Facility funding, 1,300 oxygen concentrators and accessories (50,000 prongs for adults and 12,000 for children) were delivered to health facilities that needed these urgently.

UNICEF supported the continuation of essential services, capacity building of frontline workers, provision of basic PPE and facilitated delivery of essential supplies, as well as

infection prevention control and paediatric case management of COVID-19. Of the funding requested, 62 per cent was received. Although targets were revised mid-year, the lack of funding had substantial impacts on PPE procurement and training of frontline workers. The remaining targets were met or achieved significant results through advocacy with government to leverage resources and drawing on regular resources.

With UNICEF technical support, MoNHSR&C and health departments developed and implemented a framework for continuity of health and nutrition services. UNICEF also technically assisted in risk communication, including communication aimed at the catchment population of targeted health facilities. This



contributed to continued essential primary healthcare services for adults and children despite the pandemic, including life-preserving services such as immunization, antenatal and postnatal care, health care for children and curative care for adults. A total of 5.4 million people were served by 136 health facilities in 29 high-burden districts benefited, exceeding the target for this indicator. This was because these facilities became known to have continued quality primary health care services and that commodities were available here. As a result, people from outside their catchment areas, from neighbouring districts also used their services, and were referred here by Lady Health Workers (LHWs).

The target for measles vaccination not fully achieved, with 144,955 children vaccinated against measles in these facilities, reaching 58.6 per cent of the target. However, this shortfall was largely addressed through the measles-rubella campaign in November 2021.

UNICEF also provided basic PPE (gloves, sanitizers and masks) to 25,851 frontline health workers delivered 2.4 million surgical masks to MoNHSR&C in support of the COVID-19 vaccine rollout in Pakistan. The funding gap was the reason why the PPE target could not be met. However, UNICEF leveraged government resources and as a result no deficiency was reported from the field.

UNICEF-supported resources and training materials on infection prevention and control ensured 17,207 frontline health workers had the knowledge to protect themselves and their patients from COVID-19. Additionally, 10,435 frontline health workers and community volunteers specifically in high-burden districts were trained on COVID-19 and case identification and referral of suspected cases. A larger proportion of these were women, LHWs belonging to Pakistan's major community health worker cadre. Only about a fifth of the target was reached for this indicator, largely due to the funding shortfall which impacted on the face-to-face training modality used in 2021.

By contrast, 1,733 paediatricians were trained on the clinical management of children with COVID-19, reaching 86.7 per cent of the target. UNICEF supported this through development of training materials, close partnerships and providing resources to conduct training.

Based on the findings of a rapid assessment conducted after the Harnai earthquake, UNICEF provided essential supplies to 13 health facilities in the affected area.

All the supported interventions were conducted through public sector health facilities. As such, capacity building of health care providers and frontline workers, equipping facilities and cold chain upgrades all strengthened health systems, making them more resilient to future emergencies.

Vaccine introduction

While ACT-A results for COVID-19 vaccination will be reported in detail in a separate report from UNICEF headquarters, they are briefly discussed here to reflect the high amount of work and results achieved by the office in supporting the Government of Pakistan's vaccine rollout. Support included ongoing efforts to strengthen cold chain capacity, including ultra-cold chain facilities. UNICEF also contributed with communication around vaccination (see discussion of C4D, later in this report), helping to reduce vaccine refusals.

Global shortages of syringes proved challenging, however by end-2021 0.5 ml syringes suitable for almost all vaccines had been delivered, and 0.3 ml syringes had been procured. During 2021, 2.4 million surgical masks procured from the UNICEF Supply Division using HAC-A funding were delivered in support of the COVID-19 vaccine rollout in Pakistan.

UNICEF supported procurement of 41 ultra-cold chain freezers to support the deployment of COVID-19 vaccines through the EPI vaccine storage system. UNICEF also supported procurement of an additional 100 ultra-cold chain units by the Government of Pakistan in 2021.

Gender disparities in both vaccine doses were persisting concerns, especially in remote regions such as areas of Balochistan where only 6 per cent of men and 2 per cent of women were fully vaccinated. UNICEF sought to address this through targeted communication on the necessity of a full course of vaccination for women.

By the end of 2021, Pakistan had received 234,956,052 vaccine doses. At the end of 2021, 45.6 of the target population was fully vaccinated, and 63.4 per cent was partially vaccinated.

Nutrition

As lead agency for nutrition, UNICEF partnered with MoNHSR&C, Provincial Department of Health and UN agencies including WFP to provide technical support for the government and other partners, facilitated development of preparedness and response plans, coordination mechanism at national and provincial levels, nutrition information management, as well as forecasting, procurement and management of nutrition commodities, including ready-to-use therapeutic food (RUTF). UNICEF also advocated for more resource allocation and scale-up of programmes for the treatment of children with SAM, including the implementation of guidelines on simplified approaches for management of wasting in the context of COVID-19.

Fifty-four Nutrition Working Group meetings in 2021 coordinated nutrition sector response to COVID-19. Twenty were at federal level and the remainder at provincial level. Through this platform, UNICEF supported the development of the SMART Nutrition Information System, a live analytic dashboard. Variables and indicators for needs assessment were finalized and performance indicators for health facilities and communities were included.

UNICEF received less than a fifth of the funds requested to support nutrition response. Despite this, a significant proportion of targeted beneficiaries were reached with nutrition messaging and other preventive and curative interventions.

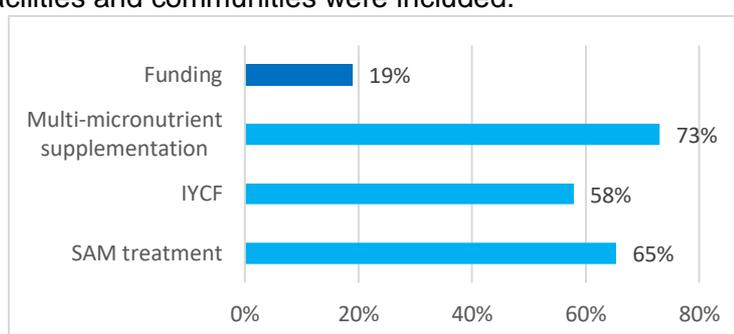


Table 2: Nutrition results in 2021

Indicators	Sector		UNICEF	
	2021 Target	Results	2021 Target	Results
Children aged 6 to 59 months with severe acute malnutrition admitted for treatment	167,857	184,785	102,413	66,954
- girls		102,183		36,642
- boys		82,602		30,312
Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	1,904,864	2,011,459	1,607,460	931,014
Children aged 6 to 59 months receiving multiple micronutrient powders	813,940	900,454	813,940	594,694
- girls		453,103		303,275
- boys		447,351		291,419

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 resources where necessary.

Gender targets were not set, however gender-disaggregated data was collected for key indicators.

Earthquake response results have been added to the relevant sectoral results.

By the end of the year, a total of 66,954 children (36,642 girls, 30,312 boys) with SAM had been treated with UNICEF support, achieving 65 per cent of the target for the year. About 58 per cent of targeted mothers were counselled on IYCF, enabling them to provide their young children with the right nutrition at the right stage of life during the COVID-19 pandemic. A total of 594,694 children aged 6 months and five years were protected against micronutrient deficiencies, achieving 73 per cent of the target. Of these, 122,816 were in Balochistan, 213,868 in Khyber-Pakhtunkhwa (KP) and 258,010 in Sindh. The sector as a whole exceeded its targets for all nutrition indicators.

Following the Harnai earthquake, outpatient therapeutic feeding and IYCF services were provided in five severely affected union councils, with training provided to project staff and

health care providers. UNICEF supported screening of 2,133 children aged 0–59 months for SAM, with 281 children treated through health facilities and three mobile clinics. In the rehabilitation phase, UNICEF plans to support 29,487 women of reproductive age, 8,000 pregnant and lactating women and 19,280 children under five through 13 health facilities and with the support of community health workers (68 Lady Health Workers and 98 community midwives).

Three rounds of Vitamin A supplementation in 2021 reached more than 35 million children and 94.1 per cent coverage. Around 10,728 government staff built their capacities on the comprehensive IYCF training package, 6,423 service providers were trained on community management on acute malnutrition.

With malnutrition constituting an ongoing emergency in Pakistan, UNICEF enhanced health and nutrition systems to ensure that data was collected and processed accurately, and essential nutrition supplies better managed to reach the children in greatest need. Fifty provincial health department staff were trained on the logistic management information system. UNICEF also supported MoNHSR&C on revitalizing nutrition management information systems and integrating nutrition indicators into the district health information system. MoNHSR&C and provincial health departments began integrating nutrition commodities into the federal health logistics management information system. In 2021, a total of 30,000 cartons of RUTF were procured, and an additional 14,000 procured for emergency contingency planning and nutrition response.

World Breastfeeding Week was celebrated throughout the month of August to build support for sustaining breastfeeding during the COVID-19 outbreak. A district-based awareness-raising plan was executed in 83 districts (23 in Sindh, 24 in KP, 36 in Punjab), reaching 252,000 individuals. At federal level, a seminar with religious leaders leading to a commitment from the Ministry for Religious Affairs to incorporate breastfeeding and other nutrition-related topics into Friday sermons.

In total, 50.5 million people were reached through a breastfeeding media campaign with a social media campaign reaching 23.9 million users. While mass media reached 26.6 million people with breastfeeding messages, including in the COVID-19 context.

With the revitalization of the baby-friendly hospital initiative, 4,217 healthcare providers from 46 health facilities in 23 districts of Pakistan were trained on IYCF.

Thematic humanitarian funding was critical to achieving results, as it helped to alleviate the critical under-funding for nutrition. These funds contributed to the provision of lifesaving treatment SAM services. Thematic funding also enabled UNICEF to provide technical, financial and capacity strengthening to protect, promote and support optimal IYCF in the context of COVID-19 by facilitating comprehensive mass media and social media campaigns and interpersonal communication, reaching over 50.5 million people. It also enabled UNICEF and partners to provide 149,609 adolescent girls with iron folic acid supplements, protecting them against iron-deficiency anaemia, while 1,240,086 pregnant and lactating women received multiple micronutrient supplements.

With UNICEF technical and financial support, national and provincial governments initiated the development of multisectoral national nutrition action plans that integrated SAM management into existing programmes, bridging between humanitarian and development response. With UNICEF support, 374 LHWs and Community Health Workers refreshed their knowledge and skills in community management of acute malnutrition, and 151,987 men and 260,338 women members of support groups were educated on IYCF key messages.

The value of thematic funding is demonstrated by the way it effectively enhanced UNICEF's integrated response, where nutrition response was integrated with health, WASH and

protection response in polio super-high-risk union councils, leading to improved impact and efficient resource utilization. Reduced polio vaccine refusals in these areas can be attributed particularly to nutrition interventions.

Thanks to the thematic funding, UNICEF maintained its reputation as an effective and reliable partner, by facilitating procurement and management of nutrition commodities which are essential for preventing and treating acute malnutrition, such as through support for RUTF procurement.

UNICEF's key partners in nutrition response for COVID-19 were the MoNHSR&C and provincial health departments, Ministry of Planning Development and Reform, World Food Programme, WHO, the United Nations Refugee Agency (UNHCR), Nutrition Development Partners, Scaling Up Nutrition networks, NDMA, PDMA, Pakistan Paediatrics Association and Pakistan Gynaecologist Association.

Humanitarian Thematic Funding Case Study: Aiman's Story

An infant girl named Aiman, aged nine months, was brought for routine screening by her mother to the Shaheen Muslim Town Model EPI Centre in Peshawar, KP. The nutrition assistant, Nadia Amir, measured her upper arm circumference and diagnosed her as having SAM. Aiman had been born at a private clinic attended by a Lady Health Visitor. Her parents had been unable to provide her with optimal nutrition due to a lack of knowledge about proper hygiene, inadequate IYCF practices and extreme poverty. The child had not been exclusively breastfed for the first six months of life. Moreover, she had not been vaccinated.

The child was first referred to EPI to be vaccinated. Then, full anthropometry and a medical examination was carried out by the nutrition assistant. This found that while the child had a good appetite, her weight and upper-arm circumference were very low (7.8 cm, below the 11.5 cm cut-off).

Aiman was admitted to the out-patient therapeutic programme for treatment for SAM without complications. She was provided RUTF according to her weight for use at home, and was advised to return for weekly follow up visits. Aiman's parents were also counselled on IYCF and hygiene. Her mother was provided with multi-micronutrients and she, along with Aiman's grandmother, were continuously counselled on key IYCF practices and maternal nutrition during the treatment period. After four months of treatment, Aiman was discharged as cured. Her upper-arm measurement was now 12 cm, well within the healthy range.

Thematic humanitarian funds were critical in ensuring that nutrition screening services remained available during the COVID-19 pandemic, with patients and health care providers able to protect themselves against infection.



Aiman on admission and at time of discharge

Water, Sanitation and Hygiene

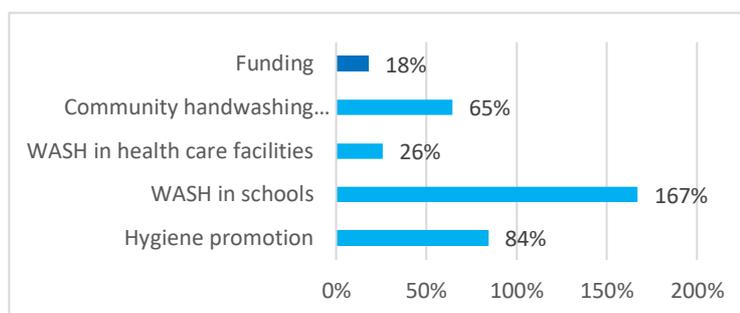
In 2021, UNICEF support for WASH humanitarian and COVID-19 response in Pakistan was provided in close collaboration and coordination with the Government of Pakistan, WHO and sectoral CSO partners.

UNICEF advocated and supported the Ministry of Climate Change to convene federal coordination meetings which brought together over 70 organizations and government representatives from all provinces. Provincial local government departments also held weekly coordination meetings with UNICEF support.

All participating organizations regularly reported progress using the 4W matrix (who is doing what, where and when), ensuring effective coordination and efficient use of resources by avoiding duplication. With support from UNICEF and the Global WASH Cluster, the IPC/WASH sector developed an online dashboard giving a visual overview of the 4W matrix analysis, showing progress by each partner in each location.

While UNICEF was co-lead of the sector along with the Ministry of Climate Change, no other sector partners set targets or reported results.

UNICEF implemented country-wide WASH/IPC interventions, focusing efforts on COVID-19 high-burden districts. In the first quarter of 2021, although no funding had yet been received, WASH results were showing achievement that was almost 50 per cent of the target, due to works had that started at the end of 2020 but results were not achieved until 2021. To reflect real needs and the national and global priority of COVID-19 response, UNICEF raised WASH targets under 2021 development programming by 50 per cent, thus aligning development and HAC programming.



However, interventions were severely limited by the low humanitarian funding received for WASH: only 18 per cent of requested funds were available in 2021. This hampered achievement of results except for indicators which also part of development programming and where regular resources were used. The lack of resources means that UNICEF's capacity to address WASH and IPC needs in new high-risk areas was limited, and focus had to be maintained on promoting hygiene and ensuring that already installed facilities remained functional. All WASH infrastructure provided in schools and healthcare facilities is designed to be permanent and long-lasting, to fill WASH service gaps in the long term. After completion, they were handed over to government counterparts for future operation and maintenance.

UNICEF rehabilitated and installed WASH facilities with ultraviolet water filters, toilets and handwashing stations in 111 healthcare facilities: 33 in Sindh, 24 in KP and 54 in Balochistan. This represented just over a quarter of the target number of health facilities, due to lack of funding. UNICEF support included mobilizing and guiding the construction of the facilities, and engaging CSOs to provide training to frontline workers. UNICEF-supported training on WASH and IPC for 5,101 frontline sanitary and health workers helped ensure healthcare facilities and high-risk communities remained COVID-safe. During 2021, more than 686,551 people (336,410 men, 350,141 women) gained access to safe drinking water and sanitation facilities in these facilities, contributing to reducing risk of COVID-19 infection

among healthcare workers and the public, especially caregivers and children seeking essential health services.

Table 3: WASH results in 2021

Indicators	UNICEF	
	2021 Target	Results
People at high risk of COVID-19 supported with hygiene promotion activities	2,706,253	2,285,061
- women and girls		1,165,381
- men and boys		1,119,680
Children accessing appropriate water, sanitation and hygiene facilities and hygiene services in learning facilities and safe spaces	242,500	405,384
- girls		206,746
- boys		198,638
Health facilities provided with essential WASH services	430	111
Community sites with handwashing facilities in the affected areas	1,658	1,070

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

Gender targets were not set, however gender-disaggregated data was collected for key indicators.

Earthquake response results have been added to the relevant sectoral results.

UNICEF also supported the installation of 1,070 handwashing stations at strategic points in cities and communities, enabling over 2.39 million people to wash their hands properly. UNICEF mobilized and guided contractors on installation points, and worked with urban water utilities on placing, operating and maintaining them. Due to limited funds, and despite some reprioritization for COVID-19, UNICEF achieved only 64.5 per cent of the target. Nevertheless, UNICEF took the opportunity to introduce innovative measures, such as mobile handwashing stations fitted to the back of rickshaws, as well as foot-operated stations and those fitted onto a water drum. All handwashing stations were locally produced and were handed over to urban water and sanitation agencies, the first responders for WASH in urban emergencies. UNICEF prioritized provision of PPE for sanitary workers in health centres as well as for WASH service providers as these groups had been left out of PPE provision but were recognized to be the forefront of the response and took on significant risks.

Over 2.2 million people were supported with hygiene promotion services including COVID-19 prevention and control information, achieving 84.4 per cent of those targeted. UNICEF provided communication guidelines, implementation plans, strategies and funding to implementing partners on educating communities on safe and hygienic practices. UNICEF utilized existing WASH programmes such as Clean and Green Pakistan and communication networks of volunteers to undertake hygiene promotion and support RCCE. Due to travel restrictions, digital and social media platforms were key means of engaging with communities and influencers, including religious leaders, in hygiene promotion.

WASH in school activities for COVID-19 benefited from regular funding, as this is an existing UNICEF development priority, and 167.2 per cent of the target was achieved. Through UNICEF support, 405,384 children (206,746 girls, 198,638 boys) in 762 schools (KP: 621, Balochistan: 30, Sindh: 111) were able to maintain hygiene and protect themselves from infection. To achieve this result, UNICEF mobilized and guided contractors in constructing WASH infrastructure in schools and engaged CSO partners to train students and teachers.

For cultural reasons, ensuring female participation in programme design is an ongoing challenge in Pakistan. However, the specific situation and needs of women and girls in Pakistan are taken in to account throughout planning and implementation, and UNICEF ensured partners engaged female community organizers to reach women and girls.

Following the Harnai earthquake, UNICEF distributed 1,500 family hygiene kits enabling 21,000 people to maintain hygiene with dignity. In addition, 30,960 soaps enabled 7,000 families to protect themselves from infection, while 20,150 water purification tablets were distributed to ensure safe drinking water for 2,500 families (25,000 people).

A major challenge identified in 2021 was healthcare waste management, which requires urgent attention from the government. UNICEF began engaging with the Ministry of Health to coordinate waste management efforts and to mobilize stakeholders and donors for support.

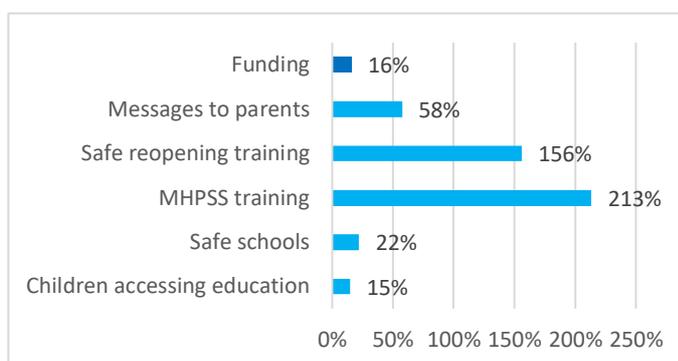
WASH results in 2021 were achieved through close partnerships with the federal and provincial governments and a range of implementing and other partners. These included AKF, Islamic Relief Pakistan, HANDS, Sarhad Rural Support Programme, Water and Sanitation Agency Lahore, Water and Sanitation Services Company Swat, WSSC Abbottabad, The Water and Sanitation Services Peshawar, Peshawar, Balochistan Rural Support Programme, Unilever and Foreign, Commonwealth and Development Office, WHO, UNFPA and UN-Habitat.

While all WASH implementing partners have capacity to achieve results, this requires the programmes to be fully funded. The pattern of the pandemic was such that high-risk districts were mostly urban, where UNICEF could capitalize on the existing strengths of urban service providers. These partners already came with a high degree of technical capacity, reasonable staffing and a capacity to innovate.

Education

In 2021, UNICEF was Education Sector Working Group co-lead. In this capacity, the office provided support to federal and provincial governments, humanitarian organizations, UN agencies and development partners to ensure continuity of learning during school closures and adherence to approved protocols for the safe re-opening of schools. The working group conducted over 20 meetings, leading to clear action-oriented decision-making on the Pakistan Humanitarian Response Plan.

Under its capacity building plan, the Education Sector Working Group provided training on Education in Emergencies (EiE) with technical and financial support from UNICEF and Save the Children in Punjab, Balochistan and KP. This training strengthened the knowledge and skills of working group members on coordination, preparedness, needs assessment/ analysis, harmonized response planning, implementation, school safety plan and EiE monitoring. The three trainings were attended by 94 individuals, including 37 women and included representatives of provincial education departments, United Nations sister agencies and CSO staff. Sustainability and in-country capacity, and the development of trained and experienced focal points within education departments, was prioritized. This was a critical step to ensure sustainability and build implementing partner capacity on EiE.



UNICEF's key partners in achieving humanitarian education results included the ministry of education and provincial education departments, the Indus Resource Centre, Knowledge Platform and Viamo.

Table 4: Education results in 2021

Indicators	Sector		UNICEF	
	2021 Target	Results	2021 Target	Results
Children accessing formal or nonformal early learning, pre-primary, primary or secondary education	1,040,803	106,131	533,451	79,131
- girls		54,238		40,738
- boys		51,893		38,393
Schools (formal and non-formal) implementing safe school protocols (infection prevention and control)	9,736	1,181	5,335	1,181
Teachers /education officials trained on MHPSS	16,687	23,333	10,675	22,772
- female		10,558		10,254
- male		12,780		12,518
Teachers /education officials trained on safe reopening/operation of schools	16,687	16,665	10,675	16,665
- female		6,828		6,828
- male		9,837		9,837
Parents reached with messages encouraging learning activities (through SMS and different social media)	1,067,541	613,363	1,067,541	587,341
<i>UNICEF, as sector lead agency, is responsible for information management of sector partner results and sharing overall results achieved by sector members collectively.</i>				

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

Gender targets were not set, however gender-disaggregated data was collected for key indicators.

Earthquake response results have been added to the relevant sectoral results.

UNICEF received only 16 per cent of the funds requested for education response in Pakistan and drew on set-aside (US\$ 216,541) and OR (US\$ 546,372) funding. The severe shortfall required a reprioritization of activities, for example to focus on teacher training so as to reach more children. A particular priority in this regard was safe school reopening to reduce the impact of extended school closures on Pakistan's already poor education indicators. UNICEF worked with national and local education authorities to ensure safe school operations through the implementation of protocols and the use of training packages, and by providing supplies and training. In total 16,665 (6,828 women) teachers and education officers were trained across Pakistan on safe reopening and operations of schools with UNICEF technical and financial support, achieving over 156 per cent of target. This filled a crucial gap, and benefitted around 650,000 students. Even larger outreach was achieved through training supported by provincial education departments. In Sindh, 3,313 members of Village Education Committees (462 women) were trained on safe reopening. In addition, 22,772 teachers and education officials (10,254 women) were trained with UNICEF technical and financial assistance to support students through MHPSS, more than twice the target against this indicator. This enabled them to support 670,000 students (almost 300,000 girls) during the pandemic.

The large funding gap for education was reflected across the sector and was the main reason for low achievement against the indicator related to children accessing education. Although UNICEF achieved only 14.8 per cent of the target for this indicator, providing technical and financial assistance to bring 79,131 children (51 per cent of them girls) into formal, non-formal or early learning, it was still able to bring together more funding than the sector more broadly, which achieved only a tenth of this target.

Girls face particular challenges to learning in Pakistan, and these have been exacerbated by the COVID-19 pandemic. To inform policy interventions, UNICEF supported a study on COVID-19 impacts on education in 16 rural districts of all four provinces. Findings confirmed increased dropout, with higher rates at secondary levels; and learning losses especially for girls and children from poor households and particularly acute declines in the early grades. During school closures, 60 per cent of schoolchildren spent less than an hour a day on learning. There were significant variations between social groups in terms of access and capacity to use technology, with girls acutely affected.

Measures to address learning gaps included the government's Taleem Ghar home-learning initiative and tele-schooling aired on television to support student learning. To reach highly marginalized students with extremely limited access to technology, UNICEF provided accelerated learning programme (ALPs) with worksheets. In Sindh, UNICEF supported the Digital Learning Initiative by developing a rubric for teachers and students, with the programme to be implemented in 2022. UNICEF also partnered with the Otermans Institute on a 17-week distance-learning programme for 100 students (39 girls) from Punjab and Sindh in 2021. This focused on functional English, building soft skills and communication skills to improve employability.

UNICEF technically and financially supported communication to encourage learning activities with 587,341 parents reached with messages on enrolment and school attendance via SMS text messaging and social media across Pakistan, achieving just over half (55 per cent) of the target figure for 2021. The sector as a whole achieved 57.5 per cent of its target. In Sindh, text messages on vaccination for teachers and education officials, and adherence to protocols for safe school reopening, were sent to 40,589 teachers and education officials (15,412 women). Text messages were also sent to 147,947 parents and guardians on vaccination and COVID-19 protocols for educational institutions. UNICEF also supported the dissemination of student vaccination resources, including fliers, posters, and banners.

UNICEF also continued investing in the capacity enhancement of school parent-teacher committees to ensure their contribution to school improvement and school safety plans.

Engagement with these groups was a crucial means of engaging with communities on planning, implementation and monitoring of education interventions. They also offered an opportunity for regular interaction with, and feedback from, communities which informed course corrections and ensured effective implementation and community ownership.

However, teacher vaccination remained low in Balochistan, particularly due to the prevalence of single-teacher schools where teachers are unable to leave schools unattended, but vaccination facilities are only available hours away due to limitations to cold chain management. To address this, UNICEF is working with the education department to provide mobile vaccination facilities, and address vaccine hesitancy through communication directed at teachers via social media.

Civic engagement activities supported by UNICEF particularly targeted adolescents, reaching 373 directly. These included the Pakistan-Afghanistan Youth Innovation challenge in which 25 adolescents, including Afghan refugee youth, developed and piloted innovative solutions to development challenges in their communities. While the Coping with Corona Campaign trained 349 adolescents to raise awareness of COVID-19 protocols, mental health and prevention of violence against children among their peers.

With UNICEF support, 55 schools in Sindh were able to continue teaching in temporary accommodations for a month following heavy rains, while a temporary learning centre enabled 36 girls to continue learning after the Harnai earthquake.

As lead agency for DRR, UNICEF supported the education department in conducting mock drills in disaster-prone schools which benefited 240,000 students (118,000 girls). These included specific components on the needs of children with disabilities and were supplemented with a tree plantation campaign that mobilized 238,727 children and sparked school-level conversations on climate change.

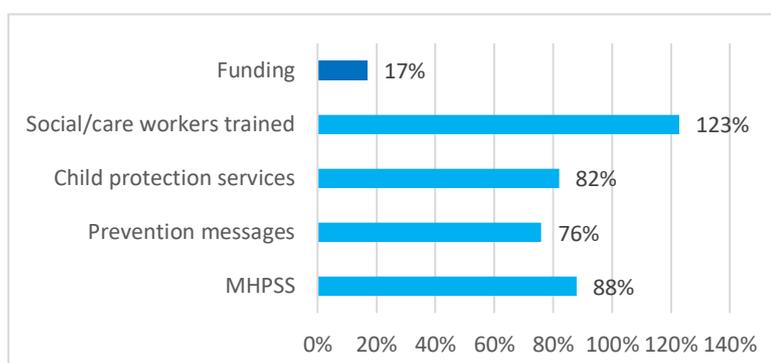
Child Protection

Child protection response was coordinated jointly by the government and UNICEF at both national and sub-national levels under the Humanitarian Response Plan for 2021. However, COVID-19 cases declined, the working group on child protection was not very active by the end of the year. UNICEF also collaborated with UNHCR on information management systems under the protection sector umbrella.

In KP, minimum standards for protective spaces and the Psychosocial First Aid handbook for humanitarian workers was finalized by the Child Protection Sub-Working Group and was formally notified by PDMA. In Sindh, Balochistan and Punjab, progress and challenges particularly around the COVID-19 response were discussed at annual review meetings with child protection partners. Since government institutions also lack technical capacity, UNICEF provided continuous technical support to all government counterparts to ensure programming was implemented consistently and to a high standard.

Child protection sector results were limited in 2021. This was partly due to a lack of compliance with routine reporting via sectoral 4Ws. More importantly, however, results were severely constrained by the lack of dedicated funding for child protection activities that most sector partners experienced. Lack of funding was also a severe constraint for UNICEF and despite creative measures and concessions, most 2021 targets could not be achieved.

UNICEF received only 17 per cent of the funds requested for child protection, and while did not achieve most targets set, made remarkable progress relative to the low funding. This was due partly to a number of strategic changes, including reducing targets at the midyear point and using lighter touch interventions that demanded less resources. Furthermore, the programme supported the transition from CSO to government partners in some locations which reduced overall costs. Significant cost efficiencies were also achieved, through the use of digital technologies to deliver training and outreach. UNICEF also drew on investments made in 2020 to develop and adapt training and informational materials.



Thematic humanitarian funding was critical to achieving results by helping to alleviate the critical under-funding for child protection. It was complemented by support from FCDO, Standard Charter Bank and ECHO. Child protection remains critically underfunded as donors continue to demonstrate preference for supply-driven sectors. Thematic funding ensured UNICEF could address the holistic needs of children and bridge to sustainable post-crisis services. For instance, thematic funding was used to facilitate a ground-breaking agreement in Balochistan linking MHPSS with child protection structures.

UNICEF contributed to results achieved primarily by providing technical assistance to government, partnerships with CSO and funding to both government and CSOs.

Table 5: Child protection results in 2021

Indicators	Sector		UNICEF	
	2021 Target	Results	2021 Target	Results
Children and caregivers accessing mental health and psychosocial support	621,107	391,450	445,333	391,450
- women		128,224		128,224
- men		119,430		119,430
- girls		77,882		77,882
- boys		65,914		65,914
People reached with prevention messages on stigma and violence against children, including gender-based violence	19,563,421	13,690,640	18,025,391	13,690,640
Children and adolescents who received child protection services, including gender-based violence services	49,443	4,510	5,500	4,510
- girls		1,856		1,856
- boys		2,654		2,654
Number of social and care workers trained on psychosocial support and stigma reduction	17,057	12,569	10,234	12,569
- women		7,494		7,494
- men		5,075		5,075
<i>UNICEF, as sub-sector lead agency, is responsible for information management of sub-sector partner results and sharing overall results achieved by sub-sector members collectively.</i>				

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

Gender targets were not set, however gender-disaggregated data was collected for key indicators.

Earthquake response results have been added to the relevant sectoral results.

During 2021, UNICEF and its partners trained 12,569 social service professionals (7,494 women, 5,075 men) in psychosocial support and stigma prevention in all provinces using a package developed by UNICEF. This achieved 122.8 per cent of target, with over 2,000 more women trained than men. This high achievement was partly because of changing COVID-19 protocols, where "smart" highly targeted lockdowns replaced blanket lockdowns, creating more opportunities for training. Training on psychological first aid built the capacity of a range of frontline workers, including service providers at primary health care facilities, Lady Health Workers, teachers and rapid response teams. Incorporating MHPSS in school reopening in the pandemic context reached more children and was an entry point for discussions on violence against children with education authorities.

A total of 391,450 children, caregivers and community members (77,882 girls, 65,914 boys, 128,224 women, 119,430 men) received psychosocial support from trained social service professionals in all provinces and regions, reaching 87.9 per cent of those targeted. These included 173,665 people (29,298 girls, 29,337 boys, 57,905 women, 57,125 men) across all provinces who received specialized counselling. MHPSS is a relatively new area in the country, and public sector/CSO capacity to provide these services is limited. UNICEF technical support was essential to achieving results, and strengthening non-specialized mental health service delivery through frontline workers across sectors was critical. UNICEF has assessed current capacity to improve future training.

Child protection programming actively engaged with school-going adolescents to provide community-based psychosocial support. In Punjab, partners targeted adolescent girls and boys in schools and those residing in childcare institutions.

Messages on stigma and violence against children reached 13,690,640 people, 76.0 per cent of the number targeted. In some programme areas, female decision-making power, access to information and mobility is limited. As a result, information on child protection, gender-based violence and MHPSS is often channelled through male family members. While precise data is not available on reach, a substantial gender and age gap in internet and mobile phone access persists, making it harder to reach women and girls.

UNICEF also supported child protection services for 4,510 children (1,856 girls, 2,654 boys), reaching 82 per cent of the target number, through technical support and close collaboration with government counterparts.

Child protection interventions (and, consequently, achievement of results) were closely linked to COVID-19 waves: during periods of high positivity, results were accelerated. While interventions took place across the country, there was particular focus on districts where COVID-19 positivity rates were higher.

In Pakistan, many key child protection issues are deeply ingrained in social and cultural practices, with rigid gender roles and expectations, discriminatory norms and deep-seated notions of honour and shame that cause girls' and boys' experiences and access to services to differ. These are important challenges to all work related to child protection and gender-based violence in Pakistan.

UNICEF sought to overcome these barriers by ensuring gender balance of programme staff to reach both girls and boys, diversifying communication channels (e.g. using both face-to-face and digital communication), intervention modalities (at facilities, through mobile services and digital platforms). In particular, sustaining physical presence within communities was key to building trust and reaching women and girls, as well other vulnerable or traditionally marginalized children such as those with disabilities or belonging to minority communities. UNICEF also prioritized working with CSOs embedded in specific communities and actively engaging children in residential care.

UNICEF also provided extensive training on gender to stakeholders to help address preconceptions that might affect outreach and service delivery, and integrated disability and child protection in emergencies content into technical guidance and training packages for the social service workforce.

To ensure sustainability and bridge between humanitarian response and long-term development, UNICEF's child protection COVID-19 response strengthened provincial government prevention and response systems, invested in capacity of government and CSO partners to respond to children's protection needs and ensured readiness for future humanitarian emergencies through technical guidance and training. An important contribution by UNICEF, initiated before the pandemic and greatly advanced during 2021, has been to advance the mental health agenda through MHPSS and enhance linkages with emerging child protection prevention and response systems.

In Balochistan, where child protection structures have been greatly advanced with UNICEF support, facilitation for a memorandum of understanding between the provincial social welfare department and the Balochistan Institute of Psychiatry, funding using global humanitarian thematic funds, was key to ensuring integrated, sustainable MHPSS for children in need of protection, with clear referral pathways.

UNICEF implementing partners established strong feedback and complaints mechanisms, including for Prevention of Sexual Exploitation and Abuse (PSEA). In Balochistan, partners installed suggestion boxes in communities and regularly monitored the concerns and recommendations for action. While government partners relied on the existing Citizens' Portal, and in KP the MHPSS programme established an actively monitored Facebook page and a website with a feedback mechanism.

Key partners in delivering humanitarian and COVID-19 child protection services included the Ministry of Human Rights, Ministry of Planning, Planning Commission, Provincial Social Welfare Departments, Child Protection and Welfare Bureau Punjab, Child Protection and Welfare Commission, Provincial Departments of Health, NDMA and PDMAs, UNHCR, UNFPA and CSOs (DevCon, Panchaan, Agha Khan Foundation and Danesh). While

COVID-19 challenged implementing partners, requiring them to rapidly adapt to new issues, such as violence and mental health concerns related to confinement, uncertainty, loss of livelihoods, school closures etc., UNICEF technical support enabled them to step up to this challenge.

Partnerships with provincial departments of health were particularly noteworthy for advancing the mental health agenda and enhancing links with child protection prevention and response systems.

In KP, where sector coordination was more developed, and important outcome was the development of interagency guidelines on psychological first aid in 2021, under a taskforce co-chaired by UNICEF and PDMA. These were the first of their kind in Pakistan and provide contextualized guidance on child protection, gender-based violence and protection. In KP, sector coordination also resulted in notified minimum standards for protective spaces for women and children, reviewed by a technical working group formed under the child protection sub-working group, with inputs from the Global Child Protection Area of Responsibility.

C4D and Community Engagement

Building on the structures developed in 2020 as part of COVID-19 response, in 2021 UNICEF supported system strengthening through support for federal and provincial RCCE coordination teams, assisting provincial health education cells, and building alliances with CSOs through human resource development, evidence-generation and developing interventions and materials for outreach.

RCCE taskforces were activated in Gilgit Baltistan (GB) and Pakistan-Administered Kashmir, facilitating better coordination, planning, monitoring and timely implementation in these two non-provincial territories.

UNICEF advocated for the establishment of government-led RCCE coordination structures (taskforces and working groups) across the country. However, conversations on social and behaviour change remain ad-hoc and reliant on good intentions at both federal and provincial levels. While COVID-19 has led to the establishment of formal structures to coordinate interventions, messages, and partners, UNICEF was largely responsible for funding interventions and human resource. Moreover, in the absence of federal and provincial expertise, UNICEF continued to play the key role in all social and behaviour change communication.

Thus, strategies, approaches, guidance, guidelines, research, capacity-building, funding and human resources continued to be led by UNICEF. For future sustainability, UNICEF will advocate for the establishment of government-led and budgeted social and behaviour change structures within ministries, using the Ministry of Health as an entry point. As a crucial first step towards this, UNICEF supported all RCCE COVID-19 task forces to expand beyond COVID-19 and re-orient to social and behaviour change for development and emergencies. Agreements with governments are being put in place and UNICEF is supporting these task force teams at both federal and provincial levels.

Table 6: C4D, community engagement and AAP results in 2021

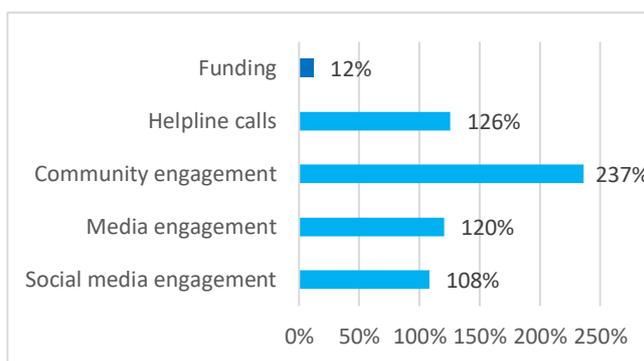
Indicators	UNICEF	
	2021 Target	Results
People engaged through social media	550,000	594,234
People reached (through national media channels) with messages (on COVID-19 prevention and) on access to services	75,000,000	90,243,634
At-risk populations reached through community engagement activities	7,000,000	16,558,068
Callers through the national helpline who shared relevant concerns, received clarifications, and provided feedback	3,000,000	3,767,864

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

A major re-focus of COVID-19 funds was to include and converge the 22 Key Family Care practices, including COVID-19. This integration required sections to include COVID-19 into their normal activities, and not their normal activities into COVID-19.

UNICEF's key partners included for C4D and RCCE included the federal and provincial governments, WHO and other UN agencies operating in Pakistan. Key partners also included ICRC, PRCS, GRASP/ITC, Digital Pakistan, UNILEVER, Daraz.pk, Zong4G, AKF, HANDS, Pakistan Medical Association, RSPN and the Pakistan Alliance for Early Childhood.

While only 12 per cent of funding requested was received, UNICEF achieved results exceeding targets for all indicators. In mid-2021, HAC targets were revised as new contracts were finalized with broadcast agencies, which increased media coverage, especially using provincial broadcast networks. Community engagement activities also increased, with specific funding received to work with CSOs, as well as the polio programme's engagement with religious leaders.



Thematic humanitarian funding was critical to achieving results by helping to alleviate the critical under-funding for C4D activities. The value of thematic funding was demonstrated by its critical role in ensuring an integrated response across sectors and programmes, and by enabling UNICEF to be a more predictable and dependable partner to other UN agencies.

Much of this funding was used to fill a major gap in public awareness via mass media. UNICEF was the only partner consistently using mass media to inform the population of new focus areas and addressing the dynamic COVID-19 situation, especially around vaccination for women, adolescents, and children above 12 years of age. The funding contributed to contracts with the top three television and radio broadcast agencies for broadcast upon demand. Media monitoring suggested that an estimated 55 million vaccine-eligible people received information on the benefits of the COVID-19 vaccine.

Messaging was deeply informed by analysis using social media listening, data collection, community feedback and COVID-19 helpline calls. For instance, by June it was clear that many believed the second vaccine dose was not as important as the first and might not return to complete the protection cycle. Based on this, messages on the importance of the second dose were prioritized on all national media platforms.

This support for systems strengthening, engagement with over 170,000 key social and religious influencers on tetanus and measles-rubella measles vaccine refusal, and 16 million robocalls and 13 million text messages in low-coverage union councils, contributed to quality vaccination campaigns and achieved results that far outstripped the funding received.

A critical aspect of UNICEF community engagement was to bring on board influencers such as religious leaders. UNICEF focused this engagement on high-burden districts and developed health alliances and a roll-out of the Reach Every Door approach to engage and mobilize 91,398 religious leaders to increase COVID-19 risk perception. These leaders preached from local mosques and reminded their congregations to follow COVID-19 protocols, limit social gatherings, complete a full course of COVID-19 vaccination and encourage women to be vaccinated. UNICEF also engaged 37,000 influential community members, mostly through existing polio teams.

Intensive community engagement was complemented with extensive media and social media outreach, and the production of print and video educational materials. Television and radio are key sources of trusted information in Pakistan, while social media platforms are growing in outreach and engagement.

About 70 million people were reached with COVID-19 related messages via social media, including 594,234 under humanitarian response, a 108 per cent achievement. UNICEF provided both funding and expertise for social media engagement on following COVID-19 protocols, vaccine uptake, safe reopening of schools, safe at school, preventing stigma and

violence against children, mental health and psychosocial wellbeing, and adolescent engagement.

Messaging was made more effective through the use of a major social media analysis tool (daily) and dashboard. This was also a key source of feedback from citizens.

UNICEF funded the national helpline (1166) on COVID-19. This received 6,000 calls per day, pointing to acute community demand for authoritative information. Trained staffers responded to queries and concerns, helping to improve citizen trust in government services. Over the course of 2021, over 3.7 million calls were received on the helpline, far exceeding the target of 3 million.

Specific campaigns to support the wellbeing of children and adolescents included a digital Continuity of Learning Campaign which sought to increase parental confidence in learning during the pandemic and reached over 20 million users.

While the Coping with Corona campaign, targeted adolescents specifically, providing them with the knowledge and tools to protect themselves, adhere to COVID-19 protocols, prevent stigma and take care of their physical and mental wellbeing in pandemic times. A total of 2,000 adolescents in 21 high-burden districts were trained to provide peer education, and reached out to 10,000 of their peers.

Over the course of 2021, 11 UNICEF-supported awareness campaigns (e.g., World WASH Day), conveyed social media content to 81 million users.

A KAP study conducted with UNICEF support showed an increase in COVID-19 protocol adherence and vaccine acceptance from 34 per cent in mid-2021 to 52 per cent by the end of 2021, pointing to the contributions made by UNICEF and its partners through C4D and community engagement. Knowledge, attitudes and practices surveys and social analytics also helped guide achievements and progress. As a result, more focus was placed on communication channels and local CSOs in geographical areas with low literacy, poor services and high levels of mistrust where literacy is low, mistrust high, services less available, and clear unequitable access to critical information, especially for women. However, a crucial lesson learned was to research how communities, leaders, policymakers, and caregivers saw the pandemic, and how they would act differently next time.

Recognizing the critical role of partnerships for success in C4D activities, UNICEF delegated a new partnership focal point to initiate discussions with Unilever and Telenor on providing content for ECD and Key Family Practices, and gaining agreement on disseminating them on national media channels and mobile phone networks.

To assure community engagement standards were met in COVID-19 response, UNICEF signed an agreement with the Rural Support Programme Network, an umbrella body for 45 NGOs, to contribute to C4D. With UNICEF support, network members intervened in provinces and districts with high COVID-19 infection rates and vaccination refusals, engaged with local leaders, conducted door-to-door awareness sessions, engaged women and youth and coordinated with local media.

Advocacy and external communication

UNICEF supported 44 major events, 100 videos, 14 stories, four op-eds, 22 Country Office press statements and 60 adaptations of global or regional press statements advocating for the most vulnerable children's continued access to essential services. The social media reach of UNICEF messaging was demonstrated by 500 million impressions and 10 million video views received during 2021.

UNICEF advocated for the reopening of schools after COVID-19 lockdowns and produced content on access to quality education and non-formal education for children in disadvantaged areas. While the PakYouthDiaries series of videos, done by adolescents, promoted COVID-19 safety tips, mental health and climate action.

A major event was held on World Children's Day and UNICEF's 75th anniversary, chaired by the President of Pakistan and attended by the minister for human rights and 20 children from across the country. This was accompanied by a major public branding exercise in which 36 major monuments were illuminated in blue in seven cities.

Preparedness, Resilience and Disaster Risk Reduction

UNICEF's internal planning and strategy development process maps out expected results and strategies over a multi-year horizon, taking into account the complex evolving regional and national context. A multi-year workplan with NDMA supports the government in building resilience. Additionally, under the One UN programme in Pakistan (OP-III 2018–2022), UNICEF contributes to outcome 6 on building resilience.

Only 8 per cent of the funds requested for emergency preparedness in 2021 were received due to which (and due to COVID-19 pandemic related limitations) some of the planned activities under the rolling disaster risk management (DRM) workplan with NDMA had to be reduced, put on hold or carried forward to the next year e.g. risk education campaigns, revision of assessment tools and the launch of a gap analysis of institutional disaster risk reduction (DRR) capacity.

In 2021, UNICEF continued its partnership with NDMA to strengthen resilience and preparedness, within the constraints posed by the pandemic response. This is a major component of UNICEF support in Pakistan, in recognition of the country's risk profile, particularly as the impacts of climate change take hold.

With UNICEF support, NDMA organized three Emergency Preparedness and Response trainings in three provinces: Sindh (July), Punjab (July) and Balochistan (August–September). These improved the capacity to carry out preparedness, mitigation, relief, recovery and response work for 110 government officials including federal, provincial and district disaster management authorities and officials of relevant government line departments.

Policy advocacy through the collaboration with NDMA led to the organization of the second-ever parliamentarian caucus meeting in the capital, Islamabad, in October. This advocated for the role of parliamentarians in promoting disaster risk management. It was attended by 73 senior officials, three ministers, four senators, 11 members of the national assessment, 14 members of provincial assemblies and four directors general of key government bodies. Additionally, 11 observers and staff from NDMA and other bodies involved in preparedness and response were in attendance. UNICEF and NDMA jointly prepared and disseminated a DRM Advocacy Toolkit amongst the parliamentarians in attendance, so as to provide them with the tools needed to better understand how disasters derail development gains.

UNICEF also collaborated with NDMA and Save the Children on preparing Safe Back to School guidelines following COVID-19. These were finalized at a national consultative workshop which elicited inputs from key departments. A diverse group of 30 experts added value to the guidelines by providing recommendations. The guidelines were critical in enabling the government to prepare schools, learning sites, and school communities to minimize the risk of transmission of COVID-19.

With UNICEF support, NDMA organized activities on National Resilience Day, including a tree plantation drive in five Islamabad schools and a seminar on disaster risk management.

To ensure humanitarian preparedness Pakistan office achieved 100 per cent completion score on the Global Online Emergency Preparedness Platform, 19 contingency humanitarian partnership agreements and long-term agreements for locally procured supplies prepared and pre-positioned supplies to meet the needs of 150,000 people. This was done using thematic humanitarian funding, and was a crucial part of preparedness activities to support refugees and host communities in the event of an influx from Afghanistan following the Taliban takeover and the subsequent economic challenges faced by the country.

Prevention of Sexual Exploitation and Abuse

UNICEF progressed the establishment of robust systems for PSEA internally within the office and externally across partnerships. An internal reporting system was fully operationalized.

Nine online training sessions on PSEA were conducted for 456 staff from implementing partners and 313 UNICEF staff. An in-person training of trainers was attended by 36 PSEA focal persons from 24 implementing partners and 11 from within UNICEF. This provided focal persons the technical foundation required to build prevention and response systems within their respective organizations. Training on investigating PSEA reports was arranged with the Regional Office for South Asia, and will be provided in 2022.

All CSO implementing partners were assessed for sexual exploitation and abuse risks, and 96 per cent of the 55 assessed were deemed moderate or low risk. Technical support was provided to moderate and high-risk partners to support them in addressing gaps and implementing their PSEA action plans.

Assessment, Monitoring and Evaluation

Robust mechanisms are in place for humanitarian performance monitoring and situation reporting in line with EMOPS guidance and the Core Commitments for Children. This includes monitoring, information flow and reporting mechanisms from implementing partners, results-based performance reporting and timely course corrections. Field monitoring mechanisms are aligned with Harmonized Approach to Cash Transfer (HACT) and global guidelines, which contributed to HACT compliance and timely course corrections.

For humanitarian performance monitoring, UNICEF relied on partner reporting, UNICEF staff reporting including through field visits and follow-ups, and third-party monitoring. The findings from these sources fed into planning and course corrections, and monitor the timely planning, implementation and use of funds. They enabled UNICEF to resolve bottlenecks, leverage resources and explore partnerships for greater impact and results, and ensure accountability to affected communities. Both quantitative and qualitative data were collected, at intervals that depended on the nature and intensity of the situation.

Complaints and grievances were received from communities through community volunteers, committee members and toll-free numbers. Where possible, these were addressed on the spot and escalated to higher forums if and when needed. This helped to build community trust and confidence in the programme. A complaint redressal system was adopted with complaint phone numbers clearly displayed on banners. These numbers were also provided at community meetings and distribution points.

UNICEF continued to lead evidence-generation and social analytics for COVID-19 response and vaccination. In 2021, UNICEF contracted IPSOS to conduct 11 KAP surveys assessing vaccine hesitancy and protocol adherence, four (quarterly) direct-observation surveys, 48 weekly social media analytics and media monitoring reports and seven anthropological studies. These were critical to improving pandemic response plans and strategies, particularly to increase vaccination uptake by women and adolescents, and helped reduce vaccine refusals from 26 per cent to 19 per cent.

Following the earthquake in Harnai, UNICEF participated in a rapid-response needs assessment along with UNFPA, NDMA and PDMA. This identified immediate needs in this remote area, and informed UNICEF's provision of health, nutrition, education, WASH and child protection support, as well as rehabilitation support in 2022. Over the course of the year, UNICEF also identified COVID-19 high-burden districts for focus response.

Financial Analysis

In 2021, UNICEF Pakistan requested US\$ 61.41 million for nationwide COVID-19 humanitarian response, support for the chronic nutrition emergency and emergency preparedness and response. The office received US\$ 13.01 million, 21 per cent of the funds requested.

Of the available funds, US\$ 2.18 million of humanitarian funds were received during the year, and US\$ 3.76 million of non-humanitarian funds were utilized to achieve significant results. Additionally, US\$ 7.08 million were available from funds carried over from 2020.

This left a critical gap of US\$ 48.39 million (79 per cent) until the end of the year, and was particularly high for emergency preparedness (92 per cent); C4D, community engagement and AAP activities (90 per cent); education (84 per cent); and child protection, gender-based violence in emergencies and PSEA (83 per cent).

Table 7: Funding status against the appeal by sector in 2021 (US\$)

Sector	Requirement	Funds available as of 31 December 2021*			Funding gap	
		Funds received in 2021	Other resources utilized in 2021	Carry-over from 2020	\$	%
Nutrition	18,235,897	300,000	115,000	3,011,199	14,809,698	81%
Health	6,822,354	1,600,000	0	2,326,955	2,895,399	42%
Water, sanitation and hygiene	13,267,318	0	1,956,868	376,892	10,933,558	82%
Child protection, GBViE and PSEA	11,310,084	85,749	921,145	882,589	9,420,601	83%
Education	4,708,089	0	762,913	9,731	3,935,445	84%
C4D, community engagement and AAP	5,886,000	126,360	0	444,509	5,315,131	90%
Emergency preparedness	1,177,200	64,251	0	28,787	1,084,162	92%
Total	\$ 61,406,942	\$ 2,176,360	\$ 3,755,926	\$ 7,080,662	\$ 48,393,994	79%

* Funds available include funds received against current appeal and carry-over from previous year.

In 2021, Asian Development Bank, WHO, the Governments of the United Kingdom and the United States, Austrian Committee for UNICEF, Central Emergency Response Fund (CERF), World Bank, EU/ECHO, Global Partnership for Education, Gavi The Vaccine Alliance, United Kingdom Committee for UNICEF, Solidarity Fund and Standard Chartered (Table 8) supported UNICEF Pakistan's response against COVID-19.

Funds received during the year also included in-kind resources of US\$ 1.25 million from the United Kingdom Committee for UNICEF to provide hand sanitizers for frontline COVID-19 vaccinators.

A total of US\$ 4.76 million of re-purposed Other Resources from the United Kingdom, Canada, UNICEF set-aside funds, Global Thematic Funds and Regular Resources contributed significantly to achieve results during the year. This also included a loan of US\$ 1 million from UNICEF's Emergency Programme Fund to leverage results for humanitarian response.

Political, social and economic uncertainty in Afghanistan, especially for women and girls, increased the possibility of additional refugees entering neighbouring countries, including Pakistan. UNICEF took preparatory measures, including mobilizing funds for preparedness and potential response to protect the human rights of refugees and address the immediate needs of children and women, including in host communities. By the end of 2021, US\$ 16.16 million had been mobilized from the United States, United Kingdom, Japan, ECHO and

Republic of Korea for preparedness and response in areas expected to receive the new influx.

Table 8: Funding received and available by 31 December 2021 by donor and funding type (US\$)

Donor name/Type of funding	Programme budget allotment reference	Overall amount *
I. Humanitarian funds received in 2021		
a) Thematic Humanitarian Funds		
Global Thematic Humanitarian	SM/18/9910	750,000
Global Thematic Humanitarian	SM/20/9910	50,000
b) Non-Thematic Humanitarian Funds		
USA	SM/21/0714	10,000,000
The United Kingdom	SM/21/0917	2,613,352
Japan	SM/21/0799	1,400,000
ECHO	SM/21/0874	1,144,446
Republic of Korea	SM/21/0932	1,000,000
Asian Development Bank	SM/20/0437	350,000
World Health Organization	SM/21/0140	126,360
Total Non-Thematic Humanitarian Funds		16,634,158
c) Pooled Funding		
(i) CERF Grants		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
d) Other types of humanitarian funds		
United Kingdom Committee for UNICEF	KM/21/0069	1,250,000
Total humanitarian funds received in 2021 (a+b+c+d)		18,684,158
II. Carry-over of humanitarian funds available in 2021		
e) Carry-over Thematic Humanitarian Funds		
Global Thematic Humanitarian	SM/18/9910	348,875
Global Thematic Humanitarian	SM/20/9910	342,952
f) Carry-over of non-Thematic Humanitarian Funds		
European Union	SM/20/0583	2,332,627
UNOCHA	SM/20/0723	1,060,766
Asian Development Bank	SM/20/0771	765,004
USAID/Food for Peace	SM/20/0172	489,039
USA	SM/20/0758	390,084
World Bank	SC/20/0666	353,641
USAID/Food for Peace	KM/20/0008	275,000
GAVI The Vaccine Alliance	SC/20/0764	262,300
Austrian Committee for UNICEF	KM/20/0153	117,143
UNOCHA	SM/20/0743	113,534
United States Fund for UNICEF	SM/20/0204	82,236
The United Kingdom	SM/20/0202	52,310
Asian Development Bank	SM/20/0127	46,868
The United Kingdom	SM/17/0463	28,787
The United Kingdom	SM/20/0514	9,766
Global Partnership for Education	SC/20/0189	9,731
Total carry-over non-Thematic Humanitarian Funds		6,388,835
Total carry-over humanitarian funds (e + f)		7,080,662

III. Other sources		
Regular Resources	Non-Grant (GC)	1,606,919
EPF	GE/21/0019	1,000,000
Set-Aside funds	GS/20/0009	216,541
The United Kingdom	SC/15/0516	599,815
Global Thematic - Child Protection	SC/18/9904	453,111
The United Kingdom	SC/17/0534	356,908
The United Kingdom	SC/18/0015	249,331
Canada	SC/19/0781	188,301
Global Thematic - Nutrition	SC/18/9903	85,000
Total other resources		4,755,926

* Programmable amounts of donor contributions, excluding recovery cost.

Thematic contributions received for humanitarian action allowed the office to provide crucial lifesaving support and swift, flexible services and response. In 2021, UNICEF Pakistan received Global Thematic Humanitarian funds amounting to US\$ 0.80 million (Table 9). No country-specific thematic funds were received by the office. The received thematic funds significantly contributed to providing technical assistance, provide essential nutritional services, scale up response especially in deprived areas of Balochistan, KP and Sindh, and support the Afghan Refugee Preparedness and Response plan.

Table 9: Thematic Humanitarian Contributions Received in 2021 (in US\$)

Donor	Grant Number*	Programmable Amount	Total Contribution Amount
Global Thematic Humanitarian†	SM/18/9910	750,000	750,000
Global Thematic Humanitarian†	SM/20/9910	50,000	50,000
Total		800,000	800,000

*International Aid Transparency Initiative (IATI) requires all grants to be listed in reporting. <http://iatistandard.org/>

† Global Thematic Humanitarian Funding contributions are pooled and then allocated to country and regional offices by EMOPS. A detailed list of grants will be available in the 2021 Humanitarian Action Global Annual Results Report.

Future Workplan

UNICEF Pakistan is participating in the HAC appeal for 2022 to provide continued multisectoral support for the COVID-19 pandemic, address the country's long-standing nutritional emergency and build resilience to natural and human-made shocks.

UNICEF depends on adequate and timely funding to provide critical multisectoral support to children and families who continue to be affected by the pandemic and to prepare for risks related to climate change impacts, floods, earthquakes, extreme weather and other emergencies. International developments, including rising energy and food costs and instability in Afghanistan, are likely to have knock-on effects, exacerbating the impacts of emergencies on the most vulnerable.

For this reason, and in line with Grand Bargain commitments, UNICEF advocates for flexible and multi-year funding, which will be crucial to meeting protracted and complex humanitarian needs using a resilience-focused and systems-building approach.

With the vaccine rollout progressing, in 2022 UNICEF will continue responding to the COVID-19 pandemic while mitigating its impacts. Community engagement and communication will remain critical, and UNICEF will efficiently coordinate, generate evidence and provide timely, accurate, gender-sensitive information to promote positive behaviours, reduce risk and limit transmission.

Health and nutrition systems strengthening remain critical priorities. UNICEF will continue working with government to build a more resilient health system in which COVID-19 cases are effectively managed and referred, and that supports continuity of essential primary healthcare services, particularly maternal, neonatal and child health and immunization.

While in 2021, UNICEF focused on building the capacity of frontline health workers and providing them with PPE to continue essential health services, with most trainings conducted online, in 2022, there will be greater focus on in-person training and particularly on engaging and training female vaccinators. UNICEF will support government pandemic response by sourcing and procuring high-quality essential medical supplies and support vaccine deployment.

Working with government partners at different levels, UNICEF will support timely and quality SAM treatment and work to reduce morbidity and mortality due to wasting through existing health systems through the community-based management of acute malnutrition. Key interventions in 2022 will include enhancing the capacity of front-line healthcare providers to identify and refer cases, and promote IYCF in districts with high burdens of SAM or COVID-19. Where static health facilities are not available, UNICEF will endeavour to reach the most vulnerable and marginalized children through support for outreach or mobile services as well as preventive healthcare such as IYCF counselling and multi-micronutrient supplementation.

UNICEF will support infection prevention and control in health facilities and schools with gender-appropriate and disability-friendly WASH services, and leverage its comparative advantage in behaviour change communication to increase communities' knowledge and practice of handwashing.

UNICEF will support continuity of learning and safe school reopening by mobilizing parents, building the capacity of teachers on safe school operations and MHPSS, encourage teachers to seek vaccination, provide essential supplies to minimize infection risk, and explore and develop learning initiatives targeted at children in diverse contexts and with varying access to technology, from take-home learning packs to digital learning.

Building on the advances made in previous years, UNICEF will continue to strengthen child protection systems and enhance capacity amongst frontline workers to prevent and respond to violence, abuse, neglect, exploitation, gender-based violence and harmful practices, including through psychosocial support to children and families, and preventing COVID-19-related stigma.

UNICEF will strengthen national and sub-national DRR capacities, mainstream disaster preparedness and response across all sectors, maintain contingency stocks for rapid response in case of floods, drought, earthquakes or other crises, and prepare for and respond to potential regional crises and population movements. UNICEF will continue to strengthen prevention and response to sexual exploitation and abuse through building partner capacity, expanding reporting and intensifying awareness raising.

UNICEF targets for 2022 are:

Health:

- 2,362,662 people (girls, boys, women and men) access primary health care in UNICEF-supported facilities
- 10,000 community and facility-based frontline health workers are trained on COVID-19 public health and social measures
- 82,693 children under one year of age are vaccinated against measles
- 4,000 health professionals build capacity on paediatric case management of COVID-19

Nutrition:

- 165,531 children aged 6–59 months with SAM are admitted for treatment
- 852,704 primary caregivers of children aged 0–23 months benefit from counselling on IYCF
- 551,098 children aged 6–59 months receive multiple micronutrient powders

WASH:

- 2,480,000 people reached with behaviour-change programmes on hand-washing
- 237,500 children in schools are supported with IPC measures and improved water and sanitation facilities
- 900 public handwashing stations are installed
- 350 healthcare facilities are provided with essential WASH services

Education:

- 691,079 children access formal or non-formal education, including early learning
- 6,911 schools implement safe school IPC protocols

Child protection:

- 250,000 children and caregivers access MHPSS
- 2 million people have access to safe and accessible channels to report sexual exploitation and abuse by aid workers
- 10 million people are reached with prevention messages on stigma and violence against children, including gender-based violence
- 2,500 children and adolescents receive child protection services, including gender-based violence services.

C4D and community engagement:

- 4.5 million people are reached through messaging on prevention and access to services
- 1.5 million people are engaged through RCCE
- 1.5 million people have access to established accountability mechanisms

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 Consolidated Emergency Report 2021. Thank you!

[UNICEF donor feedback form](#)

Human Interest Stories

Training on COVID-19 key behaviours helps boost a girl's self confidence

by Irfan Khan



(c) UNICEF/Pakistan/2021

Swat, Pakistan, 23 March 2021 – Ten-year-old Sara lives in Chupriyal, a village in the Swat district of Pakistan's Khyber Pakhtunkhwa (KP) province. Swat is known as Little Switzerland for its forests, alpine meadows and snow-capped mountains. It also contains many remnants of major Buddhist sites dating back to the ancient kingdom of Gandhara that once stretched over today's Pakistan and Afghanistan.

When the COVID-19 pandemic reached Pakistan in February 2020, Swat was one of the four districts of KP that were the hardest hit. Both the federal and provincial government imposed lockdowns and restrictions on movement to help reduce virus transmission.

As schools closed, Sara had to stay at home with her two brothers. Her father's small shop in the village was also closed, depriving the family of its only source of livelihood.

"Because of COVID-19, our daily lives were disrupted and we found ourselves without an income," Sara says. "This created a lot of stress and fear in me. It took a mental toll. For many nights, I could not sleep. All I could think of as I lay in bed was

how deadly the virus seemed, how people were dying, how we did not know how this diseased functioned. I feared what the future would bring.”

The limited internet connectivity in the district made it more difficult to access information on the virus and prevented children from attending online classes while schools were closed.

But, with or without the internet, information was on its way. Soon after, the village was visited by hygiene promoters. They were part of a project aimed at Improving infection prevention and control, supported by UNICEF and implemented by SABAWON, a civil society organization, under the FCDO-funded IOM-led Natural Disaster Consortium.

In four hilly districts of KP, hygiene promoters visited health care facilities, schools and communities. They used social and behaviour change communication techniques to educate people on the virus.

In Swat, Jannat Bibi conducted door-to-door visits to educate women, adolescent girls and children on COVID-19 preventive behaviours such as washing hands with soap for at least 20 seconds, wearing a mask and staying at least six feet away from other people.

One of the houses she visited was Sara’s.

“When Jannat visited our compound, I was able to learn more about the virus at last. In particular, I learnt the measures I could take to protect myself, my family and others from catching the virus,” Sara says. “Moreover, Jannat taught us how to manage our emotions when confronted with a new and rapidly changing situation.”

The IPC sessions conducted by Janat helped to dispel Sara’s fears about COVID-19.

“Now that I know how I can protect myself from the virus and take care of myself and others, I can live with the pandemic,” she says with a smile.

Sara is now practicing all the key preventive behaviours and encourages her brothers, parents and neighbours to do the same. She demonstrates to them how to wash one’s hands with soap. When she plays, she encourages other children to stay away from others to abide with physical distancing. She has become a leader in her own peer-to-peer education effort in her community.

Sara’s father is proud to see his daughter actively contribute to reducing the transmission of the virus. “Sara is very driven. She explains the key behaviours candidly and passionately. People enjoy talking to her, and after they have finished listening, they start practicing the behaviours she told them about,” he says. “The hygiene promoters have helped boost her self-confidence and her self-esteem.”

This is no small feat in Swat’s conservative community.

More than 100,000 people have benefited from the project in the four districts of KP that were particularly affected by COVID-19: Swat, Malakand, Upper Dir and Lower Dir.



(c) UNICEF/Pakistan/2021. Sara and her brother show their hands after washing them with soap, in line with COVID-19 SoPs.



(c) UNICEF/Pakistan/2021. Sara teaching other children how to wash their hands with soap.

Mental health and psychosocial support services help adolescents overcome depression in Pakistan

by Sadia Ishfaq and A. Sami Malik



(c) UNICEF/Pakistan/2021/Khalid Abbasi

QUETTA, Balochistan – 8 June 2021: Like the rest of the world, Pakistan was hit hard by the outbreak of COVID-19 pandemic in the early months of 2020.

As part of the national response to reduce the spread of the deadly coronavirus, federal and provincial authorities imposed lockdowns in many parts of the country. This led to the closure of public offices, schools, commercial centres, and restriction on social gatherings.

As the number of COVID cases surged and the death toll started to rise, the pandemic also took a toll on people's mental health, particularly women and children.

With the sudden closure of schools, eleven-year-old Kulsoom* suddenly found herself spending most of her time at home.

Born in an impoverished family in Quetta, the provincial capital of Balochistan, Kulsoom had already had her share of challenges before the pandemic started. Things only grew worse as she found herself at home, stuck with a stepmother she had come to resent.

Kulsoom had lost her mother at the tender age of eight. An only child, she had had to shoulder household responsibilities while continuing her studies. She became introverted, easily irritated by small things happening around her.

A few years later, Kulsoom's father Iftikhar remarried, thinking that his daughter needed a mother to take care of her. This relieved Kulsoom of some of her duties.

"I was very happy when Shagufta, my new mother, started living with us," Kulsoom recalls. "I no longer had to do all the household chores by myself. I had more time to focus on my studies."

Then, the following year, Shagufta gave birth to a baby girl. As her focus shifted to her own child, her relations with Kulsoom started to deteriorate.

"Her attitude started to change and it became worse over time," Kulsoom says in a pain-filled voice. "She shifted all the household work back to me and started using abusive language. At times she would hit me with a stick or a shoe. When I complained to my father, he ignored it as if I was lying. I felt lonely, helpless and depressed, which affected my performance at school."

As the relationship between Kulsoom and her stepmother worsened, Iftikhar became increasingly worried and sought help. One of his friends told him about a UNICEF-supported project which provides specialized psychosocial support services to women and children in Balochistan.

As soon as the first wave of COVID-19 started to subside, UNICEF supported the provincial Government and its partners to restore essential public services for women and children.

One of these was a project aiming to provide vulnerable families and communities affected by the pandemic with community-based first aid services and psychosocial support.

Funded by the United Kingdom's Foreign, Commonwealth & Development Office (FCDO), the Mental Health and Psychosocial Support (MHPSS) project is being implemented by UNICEF together with partner Drugs and Narcotics Educational Services for Humanity (DANESH), a civil society organization.

After Iftikhar approached DANESH about his daughter, the case was referred to Sadia Ishfaq, an experienced psychologist.

"My first meeting with Kulsoom was not very productive," Sadia recalls. "She cried constantly, avoided eye contact and did not talk to me at all. It was only after couple of sessions, and after convincing her that I was her friend, that she opened up and started talking about her problems with her stepmother."

Having listened to Kulsoom's perspective, Sadia visited her house and held a family session with Iftikhar, Shagufta and Kulsoom's young stepsister. She also talked to Shagufta alone to understand her side of the story.



UNICEF/Pakistan/Khalid Abbasi
From a very young age, Kulsoom had been responsible for household chores.

In total, Sadia conducted eight sessions with Kulsoom, some of which Shagufta attended. Sadia used different therapies for each member of the family, based on their age and personality.

“Kulsoom loves art and can express her feelings through drawings. This is why I used drawing therapy with her,” Sadia explains.

Sadia told Shagufta that if she wanted Kulsoom to help her with household work, they should do it together. She told her to treat Kulsoom as a partner and always be kind. Gradually, their relation started to improve. Kulsoom’s father Iftikhar says that his wife and daughter are now getting along just fine.



UNICEF/Pakistan/Khalid Abbasi
After multiple sessions with the psychologist, Kulsoom emerged from her depression.

Following this successful intervention, Iftikhar referred a new case to DANESH. He had heard about a young girl who was suffering from domestic abuse at the hands of her relatives, and asked Sadia to intervene.

One of the secrets to the success of the MHPSS initiative is that it builds on a cross-sectoral, multi-stakeholder collaboration between Balochistan's Provincial Disaster Management Authority, Health department, Social Welfare department, Human Rights and Special Education department, Institute of Psychiatry & Behavioural Sciences, DANESH and UNICEF. The project helps provide vulnerable children, adolescents and women with psychosocial support, and identify cases of child abuse of exploitation, which can be referred to relevant child protection authorities in the province.

Note: Names have been changed to protect people's identities

A pleasant surprise as children return to Killi Shaikhan school

by A. Sami Malik



(c) UNICEF/Pakistan/Sami Malik

QUETTA, Balochistan – 21 April 2021: Young faces glow with excitement as students return to a completely revamped Government Girls High School (GGHS) Killi Shaikhan.

Located in a densely populated, low-income neighbourhood of Quetta, capital of Pakistan's Balochistan province, the school has just undergone major renovations as part of the School Development Programme (SDP) led by the Secondary Education Department.

Colourfully painted, bright classrooms, functional toilets, open-air handwashing facilities and welcoming smiles from the teachers are a pleasant surprise adding to the joy of returning to school. On-campus classes have resumed at last, after months of school closure due to the COVID-19 pandemic.

Among the jubilant students is 19-year-old Kausar Pervaiz, who is returning to school after a gap of more than two years. She used to be a bright student but dropped out in 2018.

For a long time, Kausar had been perturbed about the condition of her school building and lack of basic facilities. When her mother suddenly fell ill, she decided to stay home to care for her as her father had died and she was the eldest of three siblings. Her younger sisters continued going to school.

The premises of GGHS Killi Shaikhan had been run down for many years and lacked some basic facilities. All six toilets were non-functional, classrooms were dark and dingy, and the play area was unpaved and dusty. Many students had dropped out despite the best efforts of the management to retain them.

“After leaving school I missed everything - my teachers, my friends and above all my ambition of becoming a teacher myself,” Kausar recalls. “Being back in school is the best thing that has happened to me in years. I thought that I would never get the opportunity to resume learning.”

When Kausar heard that her school had been renovated, she went with her cousin, who had also dropped out, and visited the freshly refurbished building.

“We could hardly believe what we saw as everything looked brand new,” Kausar explains. “We particularly noted the toilets were fully functional and had running water.”

Excited to see their renovated school, Kausar and her cousin decided to enrol again. Kausar spoke to her mother whose health had improved and she agreed to let her resume education.

While some private schools in the area offer better facilities, most families in Killi Shaikhan cannot afford to send their children to these expensive schools.

“Our teachers are good, and we were keen to get an education but the lack of facilities, especially non-functional toilets, was a major concern until the school was refurbished,” says Kausar.

“Girls need to use toilets frequently but the ones in our school did not work. We had to hold ourselves till the time we got home. I thought of changing school, but my parents couldn’t afford to send me anywhere else.”

All these problems have now been resolved thanks to the European Union grant which funds the Balochistan Basic Education Programme. With support from UNICEF, Balochistan is improving school infrastructure and installing basic facilities, in particular related to clean water and sanitation. So far more than 1,368 schools have been renovated as part of the programme.

The renovation of the school was done while the school was closed due to COVID-19 lockdowns. The premises were rehabilitated, and facilities installed to help students access safe drinking water and functional toilets. This has also made it possible for the teachers to enforce all COVID-19 key preventive behaviours at the school.

Moreover, new classrooms were built to provide younger children in the community with Early Childhood Education for the first time.

“It is overwhelming to see how our school has changed and now provides children with the best learning environment,” says Samina Zamir, head teacher at the school.

Parents and community members were fully involved in the project, to foster ownership and sustainability.

“By working together with the community, we have removed some of the issues which caused students to have low achievements, in particular girls. They will now be able to access quality education in all schools covered in the programme,” says Dawood Khan Khilji, Additional Secretary (Dev) at the Secondary Education Department, who as a member of the community made a personal donation to help renovate GGHS Killi Shaikhan.



UNICEF/Pakistan/A. Sami Malik

Kausar Pervaiz (19) is being helped by her teacher in her bright and colourfully painted classroom. She feels that her life is back on track as she enjoys her school facilities and a conducive learning environment.



UNICEF/Pakistan/A. Sami Malik
Students at the GGHS Killi Shaikan, Quetta, enjoy all facilities including fully functional toilets, a paved courtyard, bright classrooms and a colourfully painted school building.



UNICEF/Pakistan/A. Sami Malik
Young children enjoy learning in one of the classrooms specially designed for Early Childhood Education in GGHS Killi Shaikhan, Quetta.



UNICEF/Pakistan/A. Sami Malik
Owing to the coronavirus pandemic, open air handwashing stations have been installed in GGHS Killi Shaikhan for students to comply with the COVID-19 protocols.

Improved access to drinking water and sanitation helps protect students from infections in Pakistan

by White Rice Pvt Ltd. and A. Sami Malik



(c) UNICEF/Pakistan/Naveed Ahmed

PESHAWAR, Pakistan – 28 May 2021: Like in many other places of the world, the discovery of the first case of COVID-19 in February 2020 had an impact on all aspects of life, including education. As the number of cases rose, the government instituted a lockdown, temporarily closing schools and postponing exams.

“A strange kind of depression set in as all public places closed down,” recalls 15-year-old Mushahid, a student at the Hashimabad Jamrud Government High School. “As our school closed, our headteacher started a WhatsApp group so that academic work could continue. However, I didn’t have a mobile phone, nor the resources to buy one and could not connect to the group.”

“When some of us took this problem to our headteacher, he explained that assignments to be completed at home during the school closure period would be given to students who do not have access to the WhatsApp group,” said Mushahid.

Students who did not have access to mobile phones and the internet could contact their respective teachers by phone to seek guidance regarding their home assignments. When the schools reopened, teachers checked all the homework and awarded marks which carried a certain percentage towards the result of their final exams.

On top of disrupting the academic calendar and the learning process, the pandemic also put an end to co-curricular activities. The school's basketball team, which had been preparing for an inter-school tournament, had to cancel all practice sessions.

Basit (15) who is one of the best basketball players in the school, was upset, and so were his teammates.

"All I wanted to believe was that we were sportsmen and could never fall sick," he says Basit. "It was hard to accept that a virus could disrupt our lives to this extent. School was closed, our parents didn't want us to step out of the house, and above all, our basketball sessions were suspended," the adolescent tells.

At last, following several weeks of lockdown, the number of COVID-19 cases fell, and the situation came back to normal. In Hashimabad, where no COVID-19 case had been reported, the school reopened, much to the delight of the students.

Before letting schools reopen, the authorities had advised all management teams to ensure strict adherence to COVID-19 preventive behaviours and protocols such as frequent hand washing with soap or hand sanitizers, correct wearing of face masks at all times, and adherence to physical distancing.

This posed a challenge for public schools located in rural areas. They were not equipped with adequate Water, Sanitation and Hygiene (WASH) facilities for students and staff to regularly wash their hands.



(c) UNICEF/Pakistan/Naveed Ahmed
Students at the GHS Hashimabad drink safe drinking water from water chillers provided by UNICEF.

This is why UNICEF stepped in to support the government's decision to reopen the schools and ensure that children could have continuous access to education.

Thanks to funds from the United Kingdom's Foreign, Commonwealth and Development Office (FCDO) and Unilever, UNICEF installed a new water supply system, four solar-powered water chillers and three handwashing stations with running water and soap at Hashimabad school. This made it possible for the 700 students to access safe drinking water and sanitation and stay safe.

UNICEF also provided sanitizers and other cleaning supplies to ensure that all areas within the school premises could be properly and regularly disinfected. A dozen new waste bins were also placed around the school for waste disposal.

UNICEF supported 136 healthcare facilities and 260 schools in KP with Infection, Prevention and Control – WASH services. A total of 492 handwashing stations have been installed at public places with the facility for over 300,000 people to wash their hands daily. Hygiene promotion messages were also disseminated through the project that reached nearly 1 million people.

“UNICEF`s intervention could not have come at a better time,” says Abdul Rahman, the School principal.



(c) UNICEF/Pakistan/Naveed Ahmed
The Principal of GHS Hashimabad, Mr. Abdul Rehman explains about the new WASH facilities installed in his school by UNICEF with funding support from FCDO and Unilever.

With all the washrooms in the school now equipped with running hot and cold water, students have found it easier to adhere to hygienic practices,” he explains.

“It has enabled students and staff members to strictly adhere to the SoPs, not only a school, but also at home and even elsewhere. “We are proud that we managed to retain all our students -- not a single child has dropped out. Moreover, no COVID-19

case has been reported in this school among the students and staff,” Mr Abdul Rahman adds with pride.