



UNICEF RESPONSE TO THE 2022 FLOODING IN PAKISTAN

January-July 2023

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UNICEF RESPONSE TO THE 2022 FLOODING IN PAKISTAN

January-July 2023

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Acronyms

ANC	antenatal care
BM	behaviour management
CHS	core humanitarian standard
CNIC	Computerized National Identity Card
CO	Country Office
CP	child protection
CPMS	Child Protection Minimum Standards
CSO	civil society organization
DRR	disaster risk reduction
DSC	Data and Statistics Centre
ECD	early childhood development
ESWG	Emergency Shelter Working Group
FAO	Food and Agriculture Organization
FGD	focus group discussion
GBV	gender-based violence
HPD	Humanitarian Programme Document
HQ	Headquarters
IFA	iron and folic acid
IDPs	Internally Displaced Persons
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
IP	implementing partner
IRC	International Rescue Committee
IYCF	infant and young child feeding
KIIs	key informant interviews

KP	Khyber Pakhtunkhwa
LHW	Lady Health Worker
MAM	moderate acute malnutrition
MCH	maternal and child health
MHPSS	mental health and psychosocial support
MIS	Management Information System
MINCH	maternal, new-born, and child Health
NOC	No Objection Certificate
NGO	non-governmental organization
OECD-DAC	Organization for Economic Co-operation and Development-Development Assistance Committee
OTP	Outpatient Therapeutic Program
PDA	Project Development Assistance
PDMA	Provincial Disaster Management Authority
PCA	Post-Crisis Assessment
PCO	Pakistan Country Office
PHC	primary health care
PLW	pregnant and lactating women
PMR	planning, monitoring and reporting
PSEA	Prevention of Sexual Exploitation and Abuse
RO	Regional Office
SAM	severe acute malnutrition
SBC	social and behaviour change
SW	social welfare
TLC	Temporary Learning Centre
TOR	Terms of Reference
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Emergency Fund
WASH	water, sanitation, and hygiene
WHO	World Health Organization
WFP	World Food Programme

Executive Summary

This report presents the evaluation of UNICEF's flood response implemented to respond to the 2022 floods in Pakistan.

Torrential floods in Pakistan in 2022 affected millions, displacing 8 million people and causing over 1,700 deaths. The disaster severely damaged education, health care, and infrastructure, exacerbating existing challenges in nutrition and water and sanitation. The impact of the situation was particularly severe on women, girls, adolescents and children. They faced disproportionate effects, increased protection risks, significant challenges to their mental health, malnutrition and limited access to essential education and health services. Political turbulence and historical underinvestment further complicated the relief effort.

For the Flood Response Plan, the Government and UN collaborated on a joint effort, issuing a revised appeal for \$816 million. UNICEF played a significant role in addressing critical sectors such as education, health, nutrition, child protection & Gender Based Violence (GBV), and sanitation, and hygiene (WASH), making up nearly half of the appeal. The primary focus was to provide essential lifesaving services and shelter to vulnerable groups, particularly women, girls, adolescents and children. Alongside UNICEF, other UN agencies also contributed, addressing specific needs like food security, health services and support for displaced people and refugees.

Across UNICEF's programmes areas, the number of populations in need ranged from 2 to 13.5 million. Initially appealing for \$69.5 million, UNICEF later increased the amount to \$173 million to cover a wide range of services through partnerships with government departments and NGOs. As a result, UNICEF ranks second in the UN's response, in terms of amount of funding, showcasing a broad scope of sectors covered in its humanitarian action.

This assessment aimed to serve multiple purposes: informing programme design, aiding managerial decision-making, learning for future emergencies and ensuring accountability for UNICEF's response to the flooding crisis in Pakistan. It had specific objectives, including evaluating the effectiveness and timeliness of the response, assessing emergency preparedness and organizational readiness, documenting challenges and lessons learned, and identifying areas for improvement. The guiding principles were based on a limited footprint, a data-driven approach, user-friendliness and a learning orientation. Diverse data collection methods were employed, such as desk reviews, interviews, surveys and physical observations, all conducted with adherence to ethical standards. The assessment ensured the reliability and validity of the findings through data triangulation from multiple sources. The intended beneficiaries of this assessment were UNICEF, the Government of Pakistan, implementing partners, UN bodies and the general public.

Key findings

In response to the floods, UNICEF exhibited strong leadership and delivered an overall effective response. As the lead agency in crucial humanitarian sectors like WASH, education, health, child protection, GBV and nutrition, UNICEF's role was pivotal in ensuring a strong and well-coordinated gender-equitable response. The majority of UNICEF staff and implementing partners, around 70 per cent, considered the response to be highly adequate according to the online survey. This adequacy was facilitated by factors such as efficient coordination, successful fundraising efforts, extensive field presence, effective sector leadership, prompt damage assessment and comprehensive technical support to partners. UNICEF's proactive approach and strategic interventions played a significant role in addressing the urgent needs of flood-affected communities.

UNICEF's response to the floods in Pakistan covered a wide geographical area, reaching 65 out of 76 affected districts across all provinces. The 33 most severely affected districts were fully covered. However, there were imbalances in resource allocation across provinces and sectors. Despite Sindh having the highest humanitarian needs (67 per cent), it received only 43 per cent of the civil society organization (CSO) project budgets funded by UNICEF. Similarly, sectoral coverage was uneven, with health focused on Balochistan and nutrition on Khyber Pakhtunkhwa (KP). The lack of a central mechanism to align budgets with provincial needs contributed to these disparities. Although UNICEF made efforts to prioritize the worst-hit areas, some regions remained uncovered due to budget and capacity constraints. While the response was comprehensive in addressing the most affected districts, improvements are needed to ensure a more equitable distribution of resources and services.

During times of emergencies, UNICEF places priority on children and women and girls. Women make up at least 50 per cent

of the beneficiaries in all sectors, except for education, where the percentage is 40 per cent, and nutrition, where it rises to 83 per cent. Children constitute almost 100 per cent of the beneficiaries in education and over 40 per cent in other sectors, except for nutrition, where the figure is 35 per cent due to the strong focus on preventing malnutrition among mothers and adolescent girls.

The focus on different population groups varied across sectors. WASH promotion and social behaviour change (SBC) services were broadly applicable to all groups. Education was directed at children from all families, while nutrition targeted women, girls, adolescents and children based on technical guidelines. Health services delivered primary health care through mobile health clinics, tented health clinics, and the provision of medical supplies to existing health facilities. Protection, GBV, and mental health services targeted all populations, with a much greater focus on children, adolescents and women through mobile and static safe spaces. According to feedback from various stakeholders, including UNICEF and CSO staff, the community members, including men and women, the population focus of UNICEF is widely considered highly appropriate.

UNICEF's response to the Pakistan floods was seen as timely by most stakeholders, however, there were variations in timeliness across different sectors. Certain time-sensitive items, such as winterization kits, experienced delays. At the beginning, UNICEF used repurposed and borrowed funds until donor money became available. Partner capacity was identified as a limitation, and there was a delay in issuing contracts for CSO partners compared to the influx of donor funds.

UNICEF adheres to a variety of global and internal standards for programme quality across different sectors, using the Core Commitments for Children (CCCs) as a key reference. UNICEF focuses on aligning program design with global norms, targeting disadvantaged populations, and implementing multisectoral approaches. While overall

program quality is deemed acceptable, there are opportunities for enhancement, including the incorporation of clear quality parameters, capacity building for staff and partners, and ensuring consistent monitoring throughout implementation. Monitoring practices vary across sectors and provinces, and there is a need for improvement in utilizing complaint mechanisms for accountability.

Child protection: After the floods, child protection intervention was crucial as 7.6 million children faced heightened risks of violence, abuse, exploitation and neglect. UNICEF's response included community engagement and awareness raising on child protection risks (initially focused on: family separation, physical hazards and psychosocial wellbeing) and available services, mental health and psychosocial support activities and specialized interventions for children at risk and survivors of protection violations. UNICEF's support was through static and mobile modalities, including district child protection units, safe spaces with mobile teams bringing services closer to impacted communities. Static safe spaces can serve as effective immediate interventions in emergencies, particularly when used with mobile approaches, however, it is important to consider their long-term relevance and sustainability implications. Child protection initiatives also included safe spaces for women and girls and awareness sessions on GBV and child marriage benefiting men, women, girls and boys. Perceptions of service quality in UNICEF's child protection initiatives varied between UNICEF representatives and partners. 100 per cent of UNICEF-affiliated respondents associated with child protection rated the services as high in quality, in contrast to 70 per cent of respondents from implementing partners. Key informant interviews revealed that partners were generally only able to deliver basic service packages, encountering challenges in offering more comprehensive solutions. This was largely due to inadequate preparedness, with CSOs lacking the necessary resources and capacity for implementing current practices

in child protection and GBV. Moreover, policy complexities posed challenges, particularly for local partners unfamiliar with UNICEF's systems, indicating a need for policy simplification and improved support.

Health: Following the floods, UNICEF provided vital health services to address the damage caused to over 1,400 health facilities across the country. The floods led to increased cases of diarrhoea, malaria, respiratory diseases, skin and eye infections, affecting especially women, girls, adolescents and children. UNICEF's health services, including Mobile Health Teams and static camps, focused on maternal and child health, immunizations and strengthening the health system. Around 20 million people were reached, with polio vaccinations reaching over 15 million individuals. However, a key gap identified was the absence of clear health programme quality standards during the response. Monitoring reports lacked specific standards for health programme quality, with focus mainly on operational issues and the number of individuals treated. Nearly 50 per cent of UNICEF and partner staff perceived the quality of health work as medium. Challenges included insufficient funding, data and technical support, as well as access and logistical issues. Stakeholders emphasized the need for sustainable interventions, better coordination with government departments and strengthening health facilities. Despite the challenges, the health services provided were highly appreciated by communities.

Education: During emergencies, education becomes crucial in preventing long-term learning losses. The Rapid Needs Assessment (RNA) conducted after the floods revealed that over 12 million school-aged children were at risk due to damaged schools and disrupted education. UNICEF's response primarily focused on providing safe learning spaces and support for education, which also resulted in creating learning opportunities for first-time learners. Implementing partners responded positively to UNICEF's efforts, acknowledging strengths such as field presence, technical

expertise and prompt resumption of teaching. Through various interventions, UNICEF facilitated access to formal and non-formal education for 231,827 children. However, KP did not receive any education interventions because despite the approval of the plan agreed upon by the Elementary and Secondary Education Department (E&SED) and UNICEF, slow decision-making by the Government, especially regarding the preferred approach to the hard component, resulted in the reversal of repurposed funds. This resulted in exclusion of children from the education response in that region. The quality of education services received favourable ratings, but the timeliness of the response had mixed reviews. Out of the respondents in the perception survey associated with UNICEF, 55 per cent rated timeliness as “medium”, indicating challenges in the delivery of education services.

Nutrition: In flood-affected regions, malnutrition was a significant concern even before the monsoon, as indicated by the 2018 National Nutrition Survey. The situation worsened due to food scarcity and limited access to health care and nutrition services, affecting vulnerable populations including children, adolescents and women. UNICEF addressed malnutrition through various interventions such as screening, treating severe acute malnutrition (SAM) and community engagement, with a strong focus on the most heavily affected provinces, Balochistan and Sindh. Key strengths of UNICEF’s efforts included providing integrated health and nutrition services, effective collaboration with government stakeholders. UNICEF also introduced streamlined protocols and mass screening to reinforce community-based programmes, with successful community mobilization and communication strategies. While government nutritional staff recognized the positive aspects of UNICEF’s work, concerns were raised about sustainability and coordination. Communities acknowledged improved nutritional outcomes but expressed the need for assistance with moderately acute malnourished children (MAM), emphasizing the

importance of collaboration with organizations like the World Food Programme (WFP).

Social and behaviour change: The social behaviour and change (SBC) work in the flood response is fully integrated with other sectors and reached over 31 million people through various communication methods such as community meetings, informational activities and mass media broadcasts. However, most of the outreach is through one-way communication. Perceptions of SBC work quality among UNICEF and partner staff vary, with around 40 per cent rating it as medium and nearly 20 per cent as poor. The success of SBC work is attributed to the involvement of local community members and tailoring activities to support each sector’s objectives. SBC activities have had a positive impact on community behaviour in areas such as hygiene, child protection and women’s rights. Communities appreciate the awareness-raising efforts but requested more frequent sessions and engagement of youth.

WASH: In times of emergencies, WASH plays a critical role in ensuring survival and well-being. The multisectoral Rapid Needs Assessment (RNA) highlighted key issues such as limited access to safe drinking water, damaged water supply systems, inadequate sanitation facilities and increased open defecation. UNICEF provided essential services like hygiene kits, water trucking, water supply rehabilitation, emergency latrines and permanent latrines; benefiting a significant number of people. Despite the challenges of funding limitations and possible double-counting in their reporting, UNICEF managed to deliver WASH services and supplies to a substantial number of people. Implementing partners viewed UNICEF’s response to WASH needs positively. Overall, the quality of WASH services received positive ratings, though with some exceptions. Timeliness of services was rated modestly by UNICEF and UN agency respondents but more favourably by implementing partners. Factors contributing to timeliness included coordination, preparedness and strong

partnerships, while challenges included communication issues, government approvals and funding limitations.

CSO partnerships: UNICEF collaborated with 29 CSOs through 41 contracts for its flood response. These CSOs included local, national and international NGOs. Local NGOs had good local knowledge but limited capacities for larger projects, while international NGOs could handle scale but lacked local expertise. Around 60 per cent of the contracts were with local NGOs. Most partners worked in one sector and in one province. The majority of CSO projects lasted less than six months. Both UNICEF and partner staff rated the quality of UNICEF partnerships as medium. CSOs appreciated UNICEF's size, resources and diverse support but found reporting cumbersome and faced challenges in extending projects or implementing changes in a rapidly changing context. They also highlighted issues with training on emergencies and unclear roles and responsibilities. Another challenge was obtaining No Objection Certificates (NOCs) for INGOs, which had implications for partnership with INGOs.

Development and humanitarian nexus: UNICEF efficiently utilized its presence in many affected districts before the flood and established partnerships in flood-affected areas to implement various interventions. Collaborations with government agencies and organizations enhanced the effectiveness of response efforts and investments in awareness-raising activities are expected to have enduring effects. Certain flood response initiatives, including WASH infrastructure provision and education interventions, hold promise for long-term sustainability. The flood also presented an opportunity to raise awareness about crucial issues in deprived regions. Capacities of government agencies and local organizations were strengthened, providing valuable skills for future interventions. An example of this within child protection is the strengthening of the District Child Protection Unit (DCPU) in Hyderabad, where frontline workers recruited by UNICEF collaborated

closely with the DCPU. Overall, UNICEF's flood response demonstrated effective utilization of existing resources and partnerships for humanitarian interventions.

Gender equity: UNICEF prioritizes gender equity and has established a dedicated gender section at the PCO level and appointed gender focal persons in each province. These efforts aim to integrate gender responsive programming comprehensively in their work. The respondents of the perception survey rated UNICEF's efforts to integrate gender concerns positively, with a significant majority, 64 per cent, rating UNICEF's efforts to ensure gender equity as high and 31 per cent of the respondents rating these efforts as moderate. In education, UNICEF worked to reintegrate both girls, adolescents and boys into schools, but setting a target of 50 per cent girls' enrolment may not have been realistic in low girls' enrolment areas. In WASH, UNICEF implemented various gender-equitable and gender responsive activities to reduce protection risks for women and girls through engagement of boys and men as allies. Child protection initiatives included safe spaces for women and girls and awareness sessions on GBV and child marriage benefiting men, women, girls and boys. In health and nutrition, UNICEF provided services to communities, support for pregnant and lactating mothers and training for women on child feeding. Health provided PHC services and IMHCH services to women through mobile clinics, tented clinics and support to existing government health facilities. Engagement with civil society organizations, women from affected communities increased to address protection-related issues. However, it is understood by some key respondents associated with UNICEF's gender-related functions that there is limited emphasis on qualitative aspects and outcomes in gender work. The absence of dedicated gender staff in field offices hinders the effective utilization of gender expertise.

Coordination: Extended Management Team (EMT) meetings facilitated information

sharing, but decision-making effectiveness varied. Emergency Country Management Teams (ECMT) meetings were successful decision-making forums at the country level. Hub offices brought operations closer to communities, enhancing collaboration. Improving gender focal persons' utilization and better collaboration among partners and UN agencies are opportunities for enhancement. Communication gaps and staffing limitations were challenges in external coordination. Strengthening intellectual leadership and coordination with partners can help. Overall, more effective coordination is crucial for a strong flood response.

Fundraising: UNICEF raised \$110 million (63 per cent of the \$173 million appeal) for flood response from various sources, including loans and bilateral funds. WASH and nutrition sectors received the highest funding, while the largest funding gap was in WASH. Overall, UNICEF's fundraising effort was strong, but it could be improved by better emergency preparedness and increased capacity in fundraising.

Supplies: Before the floods, UNICEF had \$3 million in contingency supplies, and it provided \$32 million worth of supplies until April 2023. Some supplies experienced delays and quality issues. Winterization kits faced distribution delays. UNICEF's regulations prevent local medicine procurement. Better tracking of supplies by sector and province is necessary. Staff highlighted the need for improved warehousing and inventory systems. Deployment reports revealed weaknesses in planning and reporting. Addressing these issues can enhance UNICEF's supplies management and response efficiency.

Human resources: UNICEF's Human Resources utilized surge deployments, temporary appointments, and existing PCO personnel to strengthen the response capacities. Internal mechanisms filled 90 per cent of surge deployments, with Africa and Asia being the primary sources. However, only 13 per cent of deployments were completed

within 10 days. Challenges included slow communication, limited field office capacity and difficulties in reorienting staff to emergency mode. In the absence of these obstacles, the deployment process could have been even more efficient, but UNICEF demonstrated resilience in overcoming obstacles related to visa issues, communication delays and the need for improved coordination.

Communication and advocacy: UNICEF's communication and advocacy functions play a vital role in raising awareness during emergencies. Their focus is on showcasing on-the-ground activities to donors and the public through various channels like social media and press releases. Despite competing emergencies, the team successfully maintained visibility and urgency for the flood emergency. Challenges include balancing communication needs with the Government's hesitation in declaring emergency, capturing decision-makers attention and managing visits and media requests. Logistical obstacles, such as limited access to affected communities and visa delays, impact the team's efficiency and effectiveness.

Recommendations

- **Improve programme quality:** UNICEF should enhance programme quality by developing contextualized quality standards for each sector based on the CCC framework and integrating them into emergency preparedness, training staff and partners on them, having clear checklists established on them in monitoring reports and closer monitoring of partner complaint mechanisms.
- **Strengthen CSO partnerships:** To improve partnerships, UNICEF should engage in more multisectoral projects, work with national and international NGOs and provide capacity-building support. Contract delays and outdated salary rates raised by CSOs should be addressed. Contingency emergency contracts with capable NGOs should be developed.

- **Enhance sectoral integration:** UNICEF should enhance sectoral integration by defining clear criteria for sector service delivery, encouraging joint projects with common partners and establishing multisectoral contingency agreements. Clear procedures for integrating sector work in assessments, project design, service delivery, monitoring and procurement should be outlined.
- **Improve supplies management:** UNICEF should enhance supplies management by reviewing stock needs, prepositioning stocks, strengthening storage management capacities, conducting system design analysis for warehousing and clarifying roles in supplies data management. Effective use of data collection tools is crucial.
- **Enhance surge deployment processes:** UNICEF should improve surge deployment by conducting capacity mapping, developing a retention policy, collaborating with other UN agencies, allocating resources for data entry and providing clear terms of reference for surge staff.
- **Enhance collaboration and cross-learning:** To ensure consistent decisions and coordination across regions, UNICEF PCO should enhance collaboration and cross-learning with field offices.
- **Optimize resources for efficiency:** UNICEF should optimize resources for a more efficient response by anticipating HR requirements, improving communication and coordination, streamlining visa processing, enhancing data entry and developing a retention policy.
- **Enhance gender equity and integration:** To promote gender equity and integration, UNICEF should strengthen gender mainstreaming, set realistic gender equity targets, allocate dedicated staff for gender roles and focus on qualitative data in monitoring and evaluation efforts.





Introduction



This chapter provides an overview of the context to the UNICEF response to the Pakistan floods in 2022, including the scale of the floods and the historical factors that enhanced the vulnerability of affected communities. It also provides an overview of the overall UN response to the floods as well as details about the UNICEF response to help contextualize the discussion in subsequent chapters.

1.1 Context

Torrential rains, along with riverine, urban and flash floods, caused a catastrophic calamity in Pakistan between June and August 2022. According to a study produced by 26 scientists affiliated with World Weather Attribution, the deadliest floods in Pakistan in recent years were made worse because of climate change, making it hard to pinpoint precisely how much more severe this season was. The fact that this happened in the most vulnerable regions made it even worse.¹

According to the National Disaster Management Authority (NDMA),² the floods affected approximately 33 million people, with around 8 million displaced. The death toll surpassed 1,700, with one-third of the victims being children. Entire villages were submerged, and millions of houses and key

infrastructure were destroyed. This disruption in economic activity has severely impacted livelihoods, leading to an expected increase in poverty. Preliminary estimates suggested that the floods will raise the national poverty rate by 3.7 to 4.0 percentage points, pushing 8.4 to 9.1 million people into poverty. By October 11, 94 districts were classified as “calamity hit,” with more than half of the total number of districts in the country affected. Among the 25 poorest districts, 19 were severely affected. The majority of these districts are located in Balochistan, Sindh and Khyber Pakhtunkhwa (KP).

This climate-induced disaster exceeded all expectations of emergency preparedness forecasts. According to the Post-Disaster Needs Assessment study, the floods caused unprecedented damage to the public education sector. Approximately 17,205 public schools, colleges, special education centres, technical and vocational education facilities and universities have been affected. Primary schools suffered the most damage, accounting for 80 per cent of all destroyed institutions and impacting 1.1 million students. Even before the floods, Pakistan faced significant challenges in improving school quality and children’s readiness for education. The country ranked second to last on the 2019 TIMSS assessments, which measured science and

1 Zongh, R (2022), ‘In a First Study of Pakistan’s Floods, Scientists See Climate Change at Work’, New York Times, 15 September. Available at <https://www.nytimes.com/2022/09/15/climate/pakistan-floods-global-warming.html> [Accessed 11 September 2023].

2 ‘Pakistan floods, 2022 Post-Disaster Needs Assessment’ by Ministry of Planning Development & Special Initiatives.

mathematics outcomes. Data from early 2022 revealed that only 51 per cent of three to five-year-olds in South Punjab demonstrated age-appropriate skills. Furthermore, in pre-primary classrooms across 900 schools, only 11 per cent of teachers demonstrated skills associated with adequate instructional quality, with even lower percentages in flood-affected areas.³

Access to clean drinking water and proper sanitation has long been a challenge in Pakistan. The floods exacerbated this issue, with a significant impact on water, sanitation and hygiene (WASH) infrastructure. Water systems in various provinces were damaged, leaving a considerable portion of the population relying on contaminated water from ponds and wells. Open defecation rates increased, particularly in flood-affected regions.⁴ The lack of proper toilets disproportionately affects children, adolescent girls and women, exposing them to additional risks and harm.

The floods have also had severe repercussions on child protection. The flood-affected areas, especially those in inaccessible mountainous regions, have left children without homes and schools, making them vulnerable to various protection issues including physical hazards, family separation and resort to negative coping mechanisms (such as child marriage and child labour). Children and their caregivers have experienced heightened distress, with limited support systems to address their psychosocial well-being. Child protection and mental health and psychosocial support services are insufficient across the country, exacerbating the challenges faced by children.

The floods significantly disrupted the health care system, damaging 13 per cent of health facilities and impeding service delivery. Water- and vector-borne diseases, acute respiratory illnesses and skin conditions have been

prevalent among the affected population.⁵ Outbreaks of dengue fever, malaria and acute watery diarrhoea have been reported in various provinces, further straining the health care system. The damage to sanitation facilities and water systems poses an ongoing risk of disease transmission as people return to their homes.

Women, girls, adolescents and children, being the most vulnerable groups, have been disproportionately affected by the floods. Lack of access to safe drinking water, health care, and education has resulted in increased protection risks, psychosocial distress and cases of malnutrition, illnesses and limited opportunities for children's education. Pregnant women and newborns face dire consequences, including malnutrition and inadequate postnatal care. The situation is further compounded by the lack of hospitals and alternative measures to provide adequate health care and education to the affected population.⁶

The floods have also worsened the nutrition crisis in Pakistan, particularly in the flood-affected areas. A significant number of children are suffering from wasting/acute malnutrition, with longer-term effects including chronic malnutrition and associated, poor cognitive development.

The floods occurred during a period of political turbulence in Pakistan, further complicating the response to the disaster. Allegations of government corruption and support for extremist groups have strained relationships with western countries and multinational organizations. The lack of government assistance during natural disasters has sparked protests, impacting the legitimacy of the current administration. The increasing instability poses risks to the country's security and stability, with potential external influences and extremist organizations taking advantage of the situation.⁷

3 'Pakistan's Floods are Deepening its Learning Crisis', 28 September 28, 2022, Jaime Saavedralynne and Sherburne-Benz.

4 UNICEF Pakistan, 'Humanitarian Situation Report No. 3 (Floods)', 20 September 2022.

5 'Pakistan: 2022 Monsoon Floods - Situation Report No. 16 (As of March 2023)' by OCHA.

6 'Pakistan: 2022 Monsoon Floods – Situation Report No. 16 (As of 8 May 2023)' by OCHA.

7 'How Floods in Pakistan Threaten Global Security', 14 February 2023, By Sharon Burke, Liz Saccoccia, Susanne Schmeier, Mohd Faizee and Marlana Chertock.

The floods have revealed challenges in the coordination and standardization of flood relief activities in Pakistan. The decentralization of flood relief activities, as per the 18th Amendment, has led to difficulties in coordinating efforts between provinces and the federal government. While coordination mechanisms were established, their effectiveness varied, hindering a cohesive and synchronized response across the country. Additionally, there were instances where limited access to the affected population due to damaged roads and standing water posed significant challenges for extended periods. Consequently, some relief organizations were compelled to prioritize more accessible areas.

Pakistan’s historical underinvestment in areas such as education, health, disaster risk reduction (DRR), gender and poverty reduction has compounded the challenges faced during the floods.

1.2 Overall UN Response Plan

Given the huge scale of the floods, the Government of Pakistan and the UN system joined forces to launch a response. The timeline of event was as follows:

July 2022

Flash floods in northern Pakistan

Early August 2022

Floods spread to southern Pakistan

25 August 2022

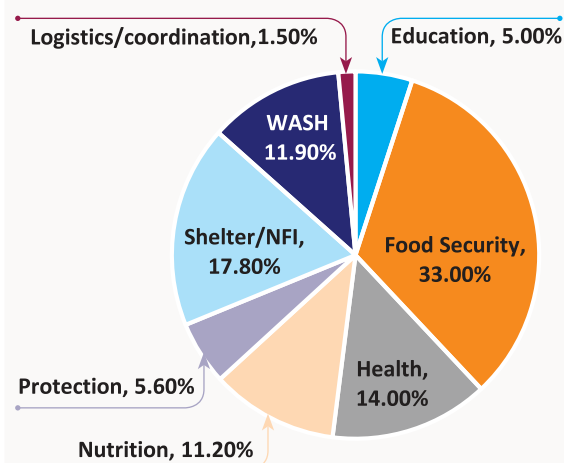
Government of Pakistan declares a national emergency

30 August 2022

Pakistan Floods Response Plan jointly launched by the Government and UN

The overall UN floods response plan was based on a joint UN assessment. The UN had initially launched an appeal for \$160 million, which was later revised to \$816 million on 4 October 2022, as the total scale of the damages from the floods became clear.⁸ The breakdown of the revised appeal by sector was as follows:

Figure 1: UN appeal sectoral breakdown



Source: UN Flood Response Plan 2022

While food security, which is covered largely by WFP, constitutes the biggest single sector at 33 per cent, the five sectors (education, health, nutrition, protection and WASH) where UNICEF has a large footprint together constitute nearly half (47 per cent) of the appeal. Among all UN agencies, WFP had the largest appeal budget at \$225 million (27.5 per cent) followed by UNICEF at \$173 million (21.2 per cent). Other major UN agencies responding to the floods are WHO (health and nutrition), UNHCR (multisectoral support for refugees affected by floods), FAO (food security) and IOM (multisectoral support for refugees affected by floods). The UN appeal agency breakdown is included in this report (see Annex 4).

⁸ 'UN Flood Response Plan 2022'.

Table 1: Other UN agencies responding to the floods

UN agency	Total appeal	Sector specific activities
WFP	\$225 million (\$185 million for food, \$31 million for nutrition and \$9 million for logistics)	<ul style="list-style-type: none"> ■ In-kind food and cash distributions ■ Targeted supplementary feeding programme ■ Cash assistance to community projects ■ Logistical support to the Government
WHO	\$81.5 million	<ul style="list-style-type: none"> ■ Ensure a well-coordinated national and subnational health response ■ Essential health services in 32 priority districts ■ Disease surveillance, outbreak prevention and control ■ Effective management of children suffering severe acute malnutrition ■ Improved WASH in damaged health facilities
UNHCR	\$65.8 million	<ul style="list-style-type: none"> ■ Multisectoral support for refugees affected by the flood- shelter, food, non-food items, WASH, health and protection
FAO	\$59 million	<ul style="list-style-type: none"> ■ Protect and restore livestock assets and production; enable farming and livestock keeping households to meet their immediate needs
IOM	\$78.7 million	<ul style="list-style-type: none"> ■ Focused on displaced people: Shelter, NFI, referrals, WASH, health, MHPSS and PSEA
UNFPA	Unavailable	<ul style="list-style-type: none"> ■ Emergency maternal health services for pregnant women; newborn kits for mothers and newborns; dignity kits for displaced women and girls; protection to displaced women/girls.

Source: UN Flood Response Plan 2022

1.3 UNICEF's response

UNICEF's global humanitarian action is guided by its strategic plan and its Core Commitments for Children (CCCs), under which UNICEF commits to work across health, nutrition, water, sanitation and hygiene (WASH), child protection and education as part of any humanitarian response. The CCCs are aligned to international standards, guided by humanitarian principles and directly linked to the Sustainable Development Goals (SDGs)⁹ and their indicators, including target 11.5 on disaster risk reduction.¹⁰The UNICEF

appeal and response plan for this crisis did not specifically refer to the CCCs although implicitly the Response Plan reflects CCC priorities. UNICEF's humanitarian response is also supported by its ongoing country work. As part of that work, UNICEF supports the Government of Pakistan to accelerate progress for children, work to achieve the SDGs and help children realize their rights under the Convention on the Rights of Children through strong partnerships with provincial authorities, teachers and health professionals, frontline workers and social

9 SDG 1: No Poverty, SDG 2: Zero Hunger, SDG 3: Good Health and Well-being, SDG 4: Quality Education, SDG 5: Gender Equality, SDG 6: Clean Water and Sanitation

10 By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations

mobilizers, communities and families. Its work in Pakistan focuses specifically on ensuring that every child survives and thrives – being in good health, immunised, protected from polio and accessing nutritious and safe food; every child learns; every child is protected from violence and exploitation and registered at birth; and every child lives in a safe and clean environment, with access to safe drinking water and adequate sanitation.

UNICEF developed an appeal and response plan based on this ongoing work and the implicit incorporation of CCC global priorities for working in six sectors as below. An overview of the response is provided here while further details are provided later on in this report (see Chapter 3).

The total number of people affected by the 2022 floods in the six global core sectors that UNICEF works in varied from the highest of 13.5 million in the protection sector to 2 million in the education sector (see Table 2).

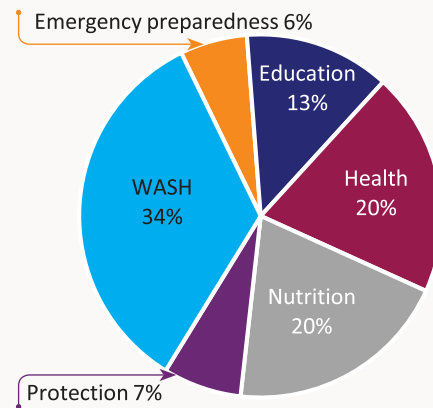
The UNICEF HAC appeal and response plan was derived from the overall UN floods response plan. UNICEF initially launched an appeal of \$69.5 million which was later increased to \$173 million as the scale of needs became evident. The sectoral breakdown in the appeal ranges from a highest of about 34% for WASH to 7% for protection and 6% for cross-sectoral emergency preparedness work (Figure 2).

Table 2: People in need due to floods by UNICEF sector in Pakistan

	Total in need (Millions of people)	UNICEF target	Target as % of total
Education	2	0.7	35%
Health	8.2	6.4	78%
Nutrition	7.1	3.9	55%
Protection	13.5	8.5	67%
WASH	6.3	3.4	54%

Source: UN Flood Response Plan

Figure 2: UNICEF Appeal Sectoral Breakdown



Source: UNICEF Humanitarian Action for Children (HAC) Appeal

UNICEF delivered these services in collaboration with a wide range of partners:

- Government departments in the areas of education, social welfare, health and nutrition
- International NGOs working nationally in multiple sectors
- National NGOs working in multiple provinces and sectors
- Local NGOs working in selected sectors in one province
- Institutional and private contractors.

A total of 41 partnership agreements were issued to 29 international, national and local NGOs. Thus, UNICEF ranks second among UN agencies after WFP in terms of the size of its response to the 2022 floods. However, its footprint is much broader than WFP in terms of the sectors covered. More details about the UNICEF response are available later in this report (see Chapter 3).



Assessment Overview



This chapter provides a comprehensive overview of the methodology used for the assessment and other details. The assessment methodology was largely derived from the UNICEF Evaluation Policy (2018) guidelines, United Nations Evaluation Guidelines, the assessment TORs requirements and other UNICEF guidelines for the assessment. UNICEF timed the assessment to take place towards the end of the relief phase to provide lessons and recommendations for the next phase of its programming.

2.1 Assessment purpose, objectives, and scope

The main **purposes** for this assessment were to:

- Inform programme design
- Support managerial decision-taking to current course correction
- Inform learning for future/similar emergencies including insights in the mitigation of impact in such emergencies, and
- Support accountability by providing an independent assessment of UNICEF's response to the flooding crisis in Pakistan.

Based on these overall assessment purposes, the following more specific objectives were identified:

- Examine the nature, scope, quality of the UNICEF response to the flooding emergency in Pakistan.
- Examine the extent to which UNICEF effectively responded to the needs of the most affected population in a timely and integrated manner and with what results/outcomes.
- Assess the extent to which emergency preparedness and organizational readiness enabled UNICEF, particularly the Country Office, to respond and coordinate more effectively.
- Document challenges and lessons learned from the flooding emergency in Pakistan with the goal of informing course correction as the response continues.

In terms of **scope**, this evaluation of UNICEF's response to the floods will be confined to the following key elements:

- **Thematic scope:** The assessment will provide a light touch assessment of all areas of UNICEF's response.
- **Timeframe:** The principal focus will be from the time the flooding began to the end of the Level-2 (L2) designation in March 2023.
- **Geographic scope:** The scope of the evaluation will be the areas affected by the floods. However, other aspects of the response that could be national in nature also will be explored.
- **Participants:** Participants will include UNICEF staff, government, UN, beneficiaries and other stakeholders.

Given the intricate context in Pakistan and the time constraints faced by UNICEF staff actively involved in the ongoing situation, immediate guidance for the response was sought. Consequently, the following **assessment principles** were promptly adopted to factor in this challenging operational context:

- **Limited footprint:** Given the need to reduce pressures on UNICEF staff and other stakeholders (implementing partners, UN partners, affected populations), given that the response is still ongoing.
- **Data-driven:** To be as data-driven as feasible to maintain a light footprint that combines use of existing data and databases with limited interviews.
- **User-friendly:** Make results as easy to access and to understand as possible. Findings will therefore not only be articulated in an assessment report but will also be summarized and visualized through PowerPoint presentations, infographic briefs and other channels.
- **Focus on learning:** Strong learning focus by generating relatively timely data to inform future responses and enhancing understanding on the relevance and efficiency of using a wide array of existing UNICEF databases to assess.

Accordingly, the evaluation aimed at adopting a utilization-focused approach by emphasizing the practical use of evaluation findings to meet the specific needs of UNICEF response in Pakistan. By doing so, it ensures that the evaluation process and its results are relevant, applicable and directly contribute to decision-making and improvement in the programme or intervention being assessed. Accordingly, it extensively engaged the UNICEF Pakistan Country Office during this evaluation process, tailored its methods and principles to the specific context in Pakistan, and made results accessible by presenting them in various occasions directly to the UNICEF Country Office.

Finally, the assessment fulfils the requirement of the UNICEF Evaluation Policy whereby all L2 emergencies must be evaluated by the regional office. The assessment is also expected to help and to be used by the UNICEF country, regional and headquarter offices, to generate learning to support programming strategy and operational planning, in similar emergencies. It was expected to inform a forward-looking reflection on the UNICEF response to the flood emergency even after the L2 designation ends but the response continues. The main users of this assessment will be UNICEF field, country, regional and global offices; the Government of Pakistan; implementing partners; UN bodies and global secretariat; the general public and beneficiaries.

2.2 Assessment criteria and questions

The following assessment criteria was laid out (derived from the Organization for Economic Co-operation and Development-Development Assistance Committee (OECD-DAC) criteria):

- Relevance
- Effectiveness including coverage
- Efficiency, including time efficiency and timeliness
- Impact, including unintended consequences
- Preparedness and planning
- Coherence of the response including both internal and external coherence, examining issues coordination and connectedness of the response

The assessment used all the OECD-DAC criteria, except sustainability as the focus was on the relief phase where sustainability is hard to achieve. However, the assessment looked at the extent to which sustainability aspects were integrated in programme design under effectiveness, as were gender equity and capacity-building aspects.

Based on these criteria, the following broad assessment questions were used to guide this evaluation:

1. In what ways did UNICEF respond to the Pakistan flood emergency? What were the areas of focus in the different areas affected by the flooding and what contribution did UNICEF make to the overall country response? (Relevance)
2. What was the overall effectiveness, coverage, quality (including timeliness) of the UNICEF response and to what extent did UNICEF respond to the needs of the most vulnerable/marginalized based on its mandate and comparative advantage? (Effectiveness)
3. How well did UNICEF coordinate within and across units and partners to ensure a timely and relevant response?
4. To what extent was UNICEF's infrastructure, systems and policies (including the Core Commitment to Children) at all levels adequate and utilized during the response and how did emergency preparedness and organizational readiness enable the country office to respond more effectively.
5. What are the lessons (for CO/RO/HQ) that are emerging from the implementation of the response? What are the emerging positives from the response and what have been the greatest challenges in responding to the flooding in Pakistan? Are there discernible trends that are applicable to different settings and contexts?
6. What more should be done to continue providing support to communities and individuals affected by the flooding?

Sustainability, gender equity and capacity-building aspects were integrated under all six questions (see the matrix in Annex 1 for sub-questions).



Field Researcher conducting male focus group discussion (FGD) in District Khairpur Mir's



Field Researcher conducting female FGD in Sindh

It is crucial to clarify that this evaluation does not adhere to a theory-based approach due to its nature as an emergency intervention. Given the absence of a specific theory of change or results framework, UNICEF's guidance stemmed from its Strategic Plan and Core Commitments for Children (CCCs) (see Section 1.3 and Section 3.2.2 of this report on programme quality, monitoring, learning and accountability to people). This limitation led to the presentation of all relevant results in the findings section without specific categorization as intended, unintended or unexpected.

2.3 Data collection methods

The assessment utilized a diverse range of desk and field-based research methods to ensure comprehensive analysis and the coverage of all key stakeholders as follows (Table 3).

Table 3: Overview of methods

Method	Purpose	Data sources
1. Documents review	Desk review was used to find quantitative and qualitative evidence related to all evaluation questions.	All documents identified and provided by UNICEF and other identified in preliminary interviews. It thus includes qualitative and quantitative sources. The full list of documents is presented in annex (<i>see Annex 4</i>).
2. Semi-structured interviews/ online survey	Semi-structured interviews were used to collect qualitative in-depth information on the viewpoints of different key informants regarding selected evaluation criteria. Information gathered from selected UNICEF staff and implementing partners (IPs) and government counterparts will serve to address evaluation questions.	Selected UNICEF Pakistan and IP staff at federal and provincial level, UNICEF ROSA staff, selected UN Agencies operating in Pakistan and government counterparts.
3. Online survey	Online surveys were used to collect qualitative in-depth information on the viewpoints of different key informants regarding selected evaluation criteria.	Selected UNICEF Pakistan and implementing Partner (IP) staff at federal and provincial level, UNICEF ROSA staff and selected UN Agencies operating in Pakistan.
4. Group interviews in communities with women and men and partners	Semi-structured group interview guides were used to collect qualitative in-depth information on the viewpoints of affected communities, Government and IP staff regarding all evaluation criteria.	Affected men and women in communities; government and CSO partners.
5. Physical observations in communities	Observation visits were conducted to check the quality and effectiveness of the infrastructure provided by UNICEF such as water points, sanitation facilities and educational facilities.	Physical inspection.

Details of the documents reviewed, the categories and number of persons interviewed and the criteria for the selection of the districts visited are provided later in this report (*see Annexes 3 and 4*). Based on this criteria (*see Annex 2.2.6*) and extensive discussions with the programme teams, the following districts were selected for field visits (*Table 4*).

Remote interviews of stakeholders by senior consultants and community interviews through local researchers were done in KP and Balochistan due to security issues. The

activities in all districts (except Muzaffargarh and Shikarpur) included interviews with women and men separately in four to six communities, male and female staff of four to five CSO implementing partners and government departments of relevant sectors like social welfare, health, nutrition and education.

The following table provides an overview of stakeholders interviewed against the initial plan. The target was surpassed overall and in the case of UNICEF staff and district government officials.

Table 4: Districts visited and activities		
Province	Districts	Activities
Sindh	Mirpurkhas	Community visits and stakeholders' interviews
	Khairpur	Community visits and stakeholders' interviews
	Shikarpur	Stakeholders only: contrast as UNICEF footprint is small
Punjab	Rajapur	Community visits and stakeholders' interviews
	Dera Ghazi Khan	Community visits and stakeholders' interviews
	Muzaffargarh	Stakeholders only: contrast as UNICEF footprint is small
Balochistan	Jaffarabad	Community visits and stakeholders' interviews
	Naseerabad	Community visits and stakeholders' interviews
KP	Kohistan	Community visits and stakeholders' interviews
	Dera Ismail Khan	Community visits and stakeholders' interviews

Table 5: People interviewed									
	Key informant interviews		Group interviews		Online survey		Total		
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	
UNICEF	9	19	44	63	30	39	83	121	
Other UN agencies		1			15	2	15	3	
Federal government	5	3					5	3	
Provincial government	20	12					20	12	
District government		34	25	9			25	43	
Implementing partner (IP)	5	9	50	40	50	44	105	93	
CSOs									
Non-Ips				1				1	
Total	39	78	119	113	95	77	253	268	
Community FGDs (16 male/16 female)	-	-	-	527	-	-	-	527	



2.4 Assessment challenges and limitations

The following were the main challenges and associated mitigation measures:

Table 5: Challenges and mitigation measures	
Limitations	Mitigation measures
Time constraints due to UNICEF programming deadlines for next phase	<ul style="list-style-type: none"> ■ A light footprint approach was adopted; ■ additional junior consultants were mobilized to fit activities in the available timeframe; ■ a thorough review of documents was conducted to cover districts not visited.
Challenges in securing participation for primary data collection due to travel restriction/remote work	Due to UNICEF travel restrictions, remote interviews of stakeholders by senior consultants and community interviews through local researchers were done in KP and Baluchistan due to security issues.
Availability of government staff	Instead of the group interviews initially planned in districts, many government interviews were done individually due to difficulties in arranging group interviews. The online survey was not done with government officials due to likely low response rates and individual online interviews were done instead.
Onset of Ramazan fasting reduced time availability and access to beneficiaries and government stakeholders	The team visited field sites early in the morning to reduce burden on fasting communities.
A light footprint had to be maintained as programme staff, partners and government counterparts were still busy with response	A variety of data collection tools were used besides staff interviews with a major focus on secondary data sources.
Many key UNICEF documents such as on work done through government agencies, mission reports, financial information and meetings minutes were not easily available	The team worked closely with programme and other staff through regular communication to retrieve the documents. However, the constant need to pursue staff for the documents delayed the work and deflected attention for analysis.

2.5 Data analysis plan

For **quantitative analysis**, the online survey and quantitative data from secondary documents were used. For **qualitative analysis**, KII and FGD information as well as data extracted from UNICEF documents were used. Following the fieldwork, the evaluation team-initiated data analysis and provided

regular feedback/briefs to UNICEF. For analysis of primary qualitative data, the evaluation team employed a structured approach to the analysis and with the aim to triangulate facts and findings systematically in order to assess the information provided by different groups of stakeholders and arrive at robust findings and defensible conclusions.

The evaluation team:

- Summarized key informant interview and FGD notes and coded them according to themes relevant to the evaluation.
- Prepared tally sheets identifying the themes that emerged in the document review, FGDs and key informant interviews to facilitate systematic and rigorous data analysis aimed at identifying key evaluation findings.
- Compared responses of different stakeholder groups with each other and information provided in project documents to triangulate as effectively as possible.
- Compared information provided by project staff with information provided by the respondents (beneficiaries) and addressed factual discrepancies as well as differences across stakeholder groups in consultation with IRC.
- Analysed existing quantitative data, e.g., compared achievements against targets, used frequency distributions and compared time of supply and money flow with needs and burden.

All qualitative and quantitative data collected through the review was disaggregated by sex, age, location, etc.

This methodological approach allows for:

- 1. Data triangulation:** Primary data was drawn from across stakeholder categories. Only information that was reported by multiple informants was included in the findings.
- 2. Methodological triangulation:** Different data collection methods were used: individual interviews and focus group discussions. Additionally, qualitative information was triangulated with quantitative data.

The team took every reasonable available measure to ensure the greatest possible reliability and validity of the findings and conclusions. The **quality assurance of the evaluative** process was also ensured through the following means:

- Development of methodology in collaboration with and approval of UNICEF M&E staff
- Hiring of experienced interviewers who knew the communities
- Participation by UNICEF Regional Office staff in some interviews
- Development of robust KII tools and guides through extensive feedback by ROSA Evaluation staff and the UNICEF Pakistan Country Office (PCO)
- Adequate training of all team members on evaluation purposes, methodology, ethical, data collection and other issues
- Triangulation of information from multiple primary and secondary sources
- Use of rigorous data collection and analysis tools
- Adequate feedback from UNICEF on findings, including regular coordination meetings with country and regional staff and the assessment coordination group
- Debrief presentation of findings to key country and regional staff in a validation workshop
- Circulation of the report for comments and review to PCO, UNICEF ROSA and UNICEF HQ.



2.6 Ethical considerations

The assessment team ensured appropriate attention to research ethical standards based on the UNICEF ethical protocols, UN Evaluation Guidelines and do-no-harm principles as follows:

- Maintaining the privacy and confidentiality of all respondents by not quoting them without permission
- Obtaining informed consent from all interviewees and not interviewing those who could not give it
- Ensuring the confidentiality and protection of all data collected
- Ensuring independence, impartiality, credibility and avoiding conflict of interest
- Not using photos and images of respondents without their permission and ensuring the images were not misused
- Avoiding sharing results in ways which may harm respondents
- Ensuring the safe storage of all data by restricting access to it to only the assessment team and relevant UNICEF employees
- Not allowing CSO partners serving the communities in the different community groups
- Separating male and female groups to respect culture but also reduce any risks.

Although this evaluation did not necessitate formal ethical approval, it nonetheless rigorously adhered to the ethical principles and protocols presented above.

Assessment Findings



This chapter presents the findings of the assessment along the main assessment questions and criteria included in the assessment TORs which relate to: relevance, appropriateness and coverage; effectiveness, timeliness and quality; UNICEF's coordination effort and the ability of its administrative architecture to support the programme response.

3.1 Relevance and appropriateness

EQ1: In what ways did UNICEF respond to the Pakistan flood emergency? What were the areas of focus and what contribution did UNICEF make to the overall country response (relevance, appropriateness, coverage: geographical, sectorial and population groups)?

3.1.1 Overall adequacy and leadership

As the only UN agency to be designated as lead agency in in three key humanitarian sectors (WASH, education and nutrition) and one subsector (child protection) given its own CCCs, UNICEF is expected to provide an adequate humanitarian response and leadership in these key sectors. The online survey (*see Table 32 in annex*) shows that over 70 per cent of UNICEF staff and implementing partners felt that the UNICEF response and leadership was highly adequate while the remainder largely felt that it was at least partially so.

According to the results from KIIs and an online survey with UNICEF staff, key factors ensuring the high adequacy of UNICEF's response to the

floods included strong coordination, fund mobilization, field presence, effective sector coordination and leadership, swift damage assessment and robust technical support to partners. Nevertheless, UNICEF staff also highlighted that slow procurement, fund allocation and disbursement posed inhibiting factors in this context.

The key factors facilitating a robust UNICEF response, as indicated by KIIs and an online survey, include UNICEF's provision of robust technical support to partners, particularly CSOs, field monitoring by UNICEF staff, the extensive scale of the UNICEF response and its substantial field presence. Conversely, the primary hindrances, as highlighted by the same sources, were insufficient investment in partner capacities and a deficiency in innovative approaches.

Government officials widely acknowledged and appreciated the UNICEF response, describing it as the foremost and pivotal responder compared to other UN agencies or NGOs. They emphasized the significance of UNICEF's leadership, commitment and coordination in safeguarding children. Notably, officials commended its swift field deployment, extensive scale, technical proficiency, robust partnerships, rapid response capability and effective advocacy and communication. Despite these, many officials highlighted that the immense scale of the disaster still left numerous unmet needs.

Finally, FGDs with communities revealed that both men and women appreciated the sectoral services provided by UNICEF in education, health, nutrition and WASH. However, they also expressed that their primary needs centred around food, shelter and income support. Participants felt that the UNICEF response was inadequate in addressing these crucial needs in comparison with their expectations.

In summary, UNICEF stood out as one of the earliest agencies to reach the community level, consistently maintaining and expanding its presence. As one of the largest responders to the floods, its geographical reach is unparalleled. UNICEF demonstrated a unique capability in offering comprehensive support, encompassing financial aid, supplies, technical assistance and logistical support to partners. The organization played a pivotal role in coordinating efforts across various agencies within its core sectors. However, the effectiveness of the UNICEF response faced challenges due to insufficient donor support for the floods, delays in procurement and fund disbursement, capacity issues among partners and staff and a lack of adequate capacity building for partners prior to the onset of the floods.

According to UNICEF staff, its ability to expand further was constrained by donor funds availability, the limited capacity of government and CSO partners, immediate availability of supplies and immediate access issues due to damaged roads.

3.1.2 Geographical coverage appropriateness

UNICEF’s flood response was the second largest among UN agencies after WFP in terms of appeal proportion, but the largest in terms of sectoral spread (see Table 6 for more details on the geographical spread of the floods). Out of 135 districts in the four provinces of Pakistan, the Government declared 76 as affected and 33 as highly affected.

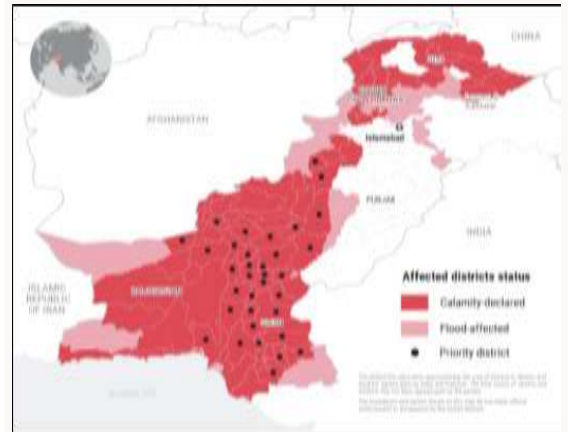
Table 6: Affected districts by province

Provinces	Total districts	Affected districts	Highly affected districts
Balochistan	35	32	13
KP	35	17	2
Punjab	36	3	2
Sindh	29	24	16
Total	135	76	33

Source: Post-Disaster Needs Assessment, Government of Pakistan

In total, UNICEF’s response covered 65 of the 76 affected districts in four provinces as follows:

FIGURE 4: UNICEF response geographical coverage



Source: UNICEF Situation Reports, 30 June 2023

Among the 33 worst affected districts, UNICEF’s coverage was 100 per cent in each of the four provinces by June 2023. UNICEF also covered 86 per cent of the total affected districts (76), with the lowest percentage being in Balochistan. Health and SBC work covered over 70 per cent of the total affected districts (see Table 9).

Table 7: Sectoral coverage of affected districts

Provinces	Priority districts	Percentage covered by UNICEF	Affected districts	Percentage of affected districts covered by UNICEF						
				Overall	Health	Nutrition	Education	WASH	CP	SBC
Balochistan	13	100%	32	69%	66%	41%	34%	34%	28%	47%
KP	2	100%	17	94%	82%	59%	18%	29%	35%	71%
Punjab	2	100%	3	100%	100%	100%	67%	67%	67%	100%
Sindh	16	100%	24	100%	83%	96%	75%	50%	46%	100%
Total	33	100%	76	86%	76%	64%	45%	39%	37%	71%

Source: UNICEF emergency programme data

Table 8: Provincial breakdown of humanitarian needs and UNICEF floods response

Province	Needs*	UNICEF CSO Budgets**	Disbursement to Government**
Balochistan	20%	31%	22%
KP	7%	13%	26%
Punjab	6%	13%	19%
Sindh	67%	43%	33%
Total	100%	100%	100%

Source: 'Pakistan Floods 2022: Post-Disaster Needs Assessment'; **UNICEF CSO emergency programme documents and government disbursement summaries.

The needs assessment conducted by the Government and aid agencies jointly shows that nearly 67 per cent of the humanitarian needs (in monetary terms created by the floods) were in the province of Sindh. However, only around 43 per cent of the CSO project budgets funded by UNICEF and around 33 per cent of the disbursements to government agencies for flood response targeted Sindh. Thus, Sindh appears to be underfunded in the UNICEF flood response relative to its needs. Nevertheless, UNICEF staff expressed a perception that Sindh was also receiving assistance from other agencies, while other provinces were potentially being overlooked. It is important to note that no documentary evidence was provided to substantiate this viewpoint.

Furthermore, while the overall geographical coverage of the most affected regions in the

UNICEF response was comprehensive, there were issues with the coverage of different provinces with the different sectoral services. More information on the sectoral distribution of CSO projects by budget across the provinces is shared below (see Table 9). Nearly half the health budgetary allocation is in Balochistan and 65 per cent of nutrition in KP. Education is almost equally divided between KP and Sindh only while child protection is more evenly divided across the four provinces. As such, sectoral coverage across the provinces within CSO budgets is disproportionate. Interviews with senior management show that these disproportionalities in provincial coverage happened as there was no central mechanism to keep track of whether the CSO budgets were in line with provincial humanitarian needs as reflected in needs assessments. There were other factors as well:

- The partnerships with CSOs are not signed without review of the country office program sections cross-sectorally.
- The capacity of government partners and CSO partners in particular provinces. Where government departments are strong, they usually begin providing services during the initial period of the emergency, thus leading to a fewer number of partnerships with CSOs.
- The availability and timely activation of the contingency PDs. At the time of assessment, all PDs in all provinces were not approved, some were in the process.

Table 9: Provincial proportion of CSO partner projects across sectors by budget

	Balochistan	KP	Punjab	Sindh	Balochistan and Sindh	Total
All sectors	23.2%	16.7%	18.7%	32.0%	9.4%	100.0%
Health	50.4%	11.0%	13.9%	24.7%		100.0%
Nutrition	9.0%	64.4%	22.2%	4.4%		100.0%
Health and nutrition	0.0%	0.0%	0.0%	100.0%		100.0%
Education	0.0%	49.3%	0.0%	50.7%		100.0%
Child protection	4.5%	9.5%	15.7%	17.4%	52.8%	100.0%
WASH	32.7%	12.5%	23.6%	31.2%		100.0%

Source: UNICEF emergency programme data

The evaluation team analysis based on a review of emergency programme documents related to the flood response shows that out of the 50 floods projects implemented by UNICEF through CSO partners, only four were largely focused on the non-calamity-declared districts. Thus, at the district level, the response was largely focused on the most badly affected ones. While systematic information about the most affected areas within these districts is not available, the most affected areas in any district usually were those near rivers or mountains or other low-lying areas. In most cases, discussions with UNICEF field staff showed that partner agencies had been careful to select such areas though in some cases they also had to depend on the allocation decisions of district authorities and the presence of other agencies within districts. The review team observed that the selection of the villages and communities was appropriate.

Over 90 per cent of UNICEF and partner staff felt that UNICEF's geographical focus was appropriate and almost all of the rest thought

it was partially so (see Figure 14 in annex). KIIs and online surveys with UNICEF staff show that close coordination with partners and the Government, ground presence and rapid assessments helped UNICEF achieve an appropriate geographical focus but also that many highly-affected areas remained uncovered. Similarly, CSO partner responses in KIIs and online surveys highlighted that they selected areas within districts which were close to rivers, stream and depressions and therefore more vulnerable to flooding. CSO partners also said that while accurate information about the most-affected geographical areas was hard to get initially, its availability improved over time as UNICEF and CSOs coordinated closely with the Government through working group meetings at the district level. KIIs with government officials reconfirmed these observations as most government staff also felt that UNICEF was focusing on the most affected regions but also that many areas were still uncovered. Thus, government health officials in Sindh felt that 40 per cent of the affected areas were still uncovered with health services.

It can be concluded that UNICEF has focused comprehensively on the most affected districts and sub-regions within them. However, there are still many uncovered areas. This lack of coverage is due to budget and capacity issues. Also, the coverage of Sindh is proportionately less compared with relative needs there. Finally, the sectoral coverage of services is uneven across the provinces. These two problems are due to the fact that there is no central mechanism tracking whether CSO and government grants being made are in proportion to the needs in different provinces different capacity of different sectors in mobilizing the partners and utilization of resources.

3.1.3 Sectoral and services appropriateness

As mentioned in Chapter 1, UNICEF launched an appeal of \$69.5 million which was later increased to \$173 million as the scale of needs became evident. The sectoral breakdown in the appeal ranges from a highest of above 33 per cent for WASH to 7 per cent for protection and 6 per cent for cross-sectoral emergency preparedness work.

The services provided in each sector were as follows:

Table 10: UNICEF sectoral services

Sectors	Activities
WASH	Emergency water services, temporary sanitation and hygiene facilities in camps and villages
Health	<p>Preventive and curative health services, Mobile Health Teams, Integrated Health & Nutrition outreach and static camps focused on PHC, MNCH, immunization, establishment/functionalization of tented hospitals and rehabilitation of health facilities, procurement and provision of supplies essential and lifesaving medicines, antimalarial, ILLNs, clean delivery and newborn baby kits, Interagency Emergency Health Kits (IEKs), midwifery kits and equipment, technical training and involvement of lady health workers (their capacity building) and provision of other relevant/skilled human resources.</p> <p>SBC and community engagement activities in and outside the camps for raising awareness on prevention and treatment of maternal and childhood illnesses during the flood emergencies (including diarrhoeal diseases, measles, malaria, skin diseases, snake bites) and special sessions for the pregnant women for ensuring antenatal checkups and referrals to the nearest health facilities for safe deliveries and newborn care.</p> <ul style="list-style-type: none"> ■ Health sector also established an effective supply chain mechanism by involving provincial and district-level health authorities for ensuring the timely delivery of supplies into the districts and health camps and proper storage at all levels ■ Strong coordination with the Government, Provincial Disaster Management Authority (PDMA), health working groups, DDMA, partner agencies (WHO, UNFPA, etc.) and INGOs ■ Integration of services/activities with the sites/mobile units established by other partner agencies (e.g., in Balochistan routine immunization and nutrition services were integrated with the Basic Emergency Obstetric and Neonatal Care (BEmONC) services implemented by UNFPA in temporarily established hospitals in Jaffarabad and Jhal Magsi districts)

Table 10: UNICEF sectoral services

Sectors	Activities
Nutrition	<ul style="list-style-type: none"> ■ Sectoral coordination and nutrition information management ■ Screening of children for malnutrition across 49 flood-affected districts, including the introduction of mass mid-upper arm circumference screening of children in selected districts of Balochistan, Sindh and Punjab ■ Those identified as severely malnourished were admitted for treatment in 1,250 UNICEF supported Outpatient Therapeutic Program (OTP) sites ■ Provision multiple micronutrient powder for children 6 to 59 months, Iron and Folic Acid (IFA) for adolescent girls and Multiple Micronutrient Supplementation/IFA for pregnant mothers ■ SBC and community engagement for optimal nutrition services, including the establishment and support of mother-to-mother support groups, father to father support as well as training of lady health workers (LHWs) and other community volunteers on nutrition topics ■ Procurement services for nutrition commodities, as well as provision of supplies and equipment, technical training and human resources ■ Strengthening nutrition supply chain management through training, improving reporting and warehouse capacity assessment
Education	Safe, inclusive, and accessible learning opportunities through temporary learning centres (TLCs) equipped with teaching, learning and recreational materials across Balochistan, Punjab and Sindh
Child protection	<ul style="list-style-type: none"> ■ Sectoral coordination for child protection ■ Children and parents/caregivers accessing mental health and psychosocial support through safe spaces and mobile modalities, including psychological first aid (PFA), structured psychosocial support (PSS) activities, awareness sessions on common responses/positive coping and distribution of family PSS kits ■ Identification, referral and provision of individual case management and specialized services for children at risk and survivors of CP violations, including Unaccompanied Children ■ Awareness raising and safe channels to report sexual exploitation and abuse (PSEA) ■ Awareness activities and community mobilization interventions on key child protection risks and available services, including interactive threat, face-to-face sessions, media and digital approaches ■ GBV risk mitigation, prevention or response interventions, including women and girls' safe spaces ■ Capacity building of partners on CP, GBV and PSEA
SBC	Messaging on prevention and access to services and risk communication and community engagement actions

Source: UNICEF Situation Reports

According to all key stakeholders, including the government technical agencies, CSO partners technical staff, communities and UNICEF staff as well as in comparison with CCC requirements and other global technical standards (such as SPHERE), these were among the most important services needed by the communities after the floods. However, as the following comparison shows (*see Table 11*), there is no clear link between UNICEF's appeal and actual spending in a sector through

CSO and government partners. Health proportion in the appeal was 20 per cent. However, 64 per cent of the total supplies sent to government partners by the end of April 2023 (around \$24 million) was for health while only 6 per cent of the CSO budgets were for health (plus another 7 per cent for both health and nutrition work). According to UNICEF staff, with the lifesaving nature of the immediate response, health would expect to be high in supplies. CSOs did not

always have the expertise and capacity for health services. According to sectoral staff, the appeal proportions for different sectors were based on the needs identified in the joint UN assessments. Thus, if actual spending is not according to appeal proportions, this raises the question of whether expenditures are happening according to the actual needs identified in the joint assessment. According to UNICEF staff, supplies are a big expenditure and also private contractors are used for response work in some sectors. While government supplies are included here, information on supplies through CSOs and work through private contractors was not made available by UNICEF, thus constraining full analysis.

There are also wide variations in the sectoral breakdown of CSO budgets across the four provinces (see Table 12). For example, more than 80 per cent and 72 per cent of the work in Balochistan and Punjab is focused on WASH. Thus, it is important for UNICEF to be able to justify its overall programme decisions with better data and evidence. Both these problems are emerging because, as mentioned in the last section, there is no central tracking of actual expenditure against the UNICEF appeal or provincial needs proportions. This is also partly because of timely activation/development of PDs in these provinces. In some provinces development of PDs was delayed. Also, the Government was a main partner in other sectors in the initial phases.

Table 11: Comparison of appeal and spend proportions by sector

	Appeal sectoral proportions	CSO budgets by sector	Government supplies expenditure by sector
Education	13%	5%	15%
Health	20%	6%	64%
Nutrition	20%	7%	12%
Health and nutrition		7%	
Protection	7%	18%	8%
WASH	34%	57%	1%
Preparedness	6%		

Source: UNICEF emergency program data

Table 12: Sectoral proportion of CSO partner projects across provinces by budget

	Balochistan	KP	Punjab	Sindh	Balochistan and Sindh
Health	13.2%	4.0%	4.5%	4.7%	
Nutrition	2.9%	28.2%	8.7%	1.0%	
Health and nutrition	0.0%	0.0%	0.0%	20.9%	
Education	0.0%	15.2%	0.0%	8.1%	
Child protection	3.5%	10.1%	14.9%	9.7%	100.0%
WASH	80.4%	42.6%	71.9%	55.6%	
Total	100%	100%	100%	100%	100%

Source: UNICEF emergency program data

Over 80 per cent of both UNICEF staff and implementing partner staff felt that UNICEF work was focused on the most important needs (see figure 16 in annex). UNICEF staff during KIIs and through the online survey attributed the appropriateness of the sectoral work to close coordination and strong partnerships with CSOs and government departments that helped in identifying the most important needs and services in different sectors. However, they also felt that sectoral coverage appropriateness was constrained by the inadequacy of funding, slow partnerships development and inadequate UNICEF sectoral capacity at the ground level initially. Similarly, CSO partners attributed to the sectoral appropriateness to the close linkages with local partners, strong guidance from sectoral staff to partners and contingency planning. However, they also felt that sectoral coverage could have been even more appropriate if there had been more capacity building of partners before the floods, greater and quicker allocation of funds and better surveys in communities.

KIIs with government officials also show general satisfaction with UNICEF capacity to respond to the most important needs, but also some gaps. Government officials felt that the coverage of sectoral work must be enhanced to uncovered areas too. Health officials said that the UNICEF's focus in health and nutrition was highly appropriate, but more attention is needed to reconstruct health facilities destroyed during the floods and that there is a shortage of female doctors and health volunteers. Nutrition officials felt that UNICEF nutrition work has helped severe acute malnutrition (SAM) children recover fast but there is a gap on moderate acute malnutrition (MAM) children. Social welfare and protection officials felt that the community-based protection work is highly appropriate, though there is need to have more community-based volunteers and greater coverage throughout the affected districts. Affected men and women, especially in Sindh and Balochistan, appreciated UNICEF's sectoral services. However, they also mentioned that their most important needs are in the areas of

shelter, food and income, the first two of which are not UNICEF-mandated areas.

In summary, it can be seen that UNICEF's sectoral focus is on highly critical needs and services and its sectoral services are highly appreciated. The main gaps are that the actual expenditures through CSOs budgets and government supplies provisions do not correspond to the appeal sectoral proportions while the provincial distribution of sectoral services is uneven due to a lack of centralized tracking of actual expenditures against the appeal proportions. The main comments from external stakeholders relate to the provision of services such as shelter and food, which are the mandate of other UN agencies. However, this highlights the need to coordinate better with other UN agencies providing these services to ensure that UNICEF's areas of work receive these services too. Though many of the other agencies had funding issues too, better coordination may have reduced this issue to some extent without eliminating it fully.

3.1.4 Population focus appropriateness

Children and females are generally the priority focus for UNICEF during emergencies. The proportion of females (women and girls) and children (girls and boys) in the different sectors of UNICEF's work is shared below (see Table 13). Females are at least 50 per cent of the persons reached in all sectors, except education and 83 per cent in nutrition. Children

are nearly 100 per cent of the persons reached in education and above 40 per cent in all sectors except nutrition, where the high focus on malnourished women brings the percentage down to 35 per cent.

Table 13: Females and children as percentage of persons reached by sector

	Children	Females
Education	98%	40%
Health	45%	56%
Nutrition	35%	83%
Protection	48%	51%
WASH	47%	50%

Source: UNICEF Dashboard data

However, population focus also varied by sector. WASH and SBC services were generally a blanket for all groups; education services covered children from all families; nutrition services focused on women and children meeting technical guidelines while protection and GBV services focused on those facing higher risks. Over 80 per cent of UNICEF and CSO partner staff felt that UNICEF’s population focus was highly appropriate with only 1 to 2 per cent saying that it was not appropriate (see *Figure 16 in annex*). Government officials appreciated the strong focus on females and children but also felt that UNICEF must also focus on moderately malnourished children, which is WFP’s mandate actually. UNICEF’s approach is a child-based approach rather than based on classification of wasting. UNICEF’s focus is the prevention, early detection and management of wasting (both MAM and SAM). Under treatment, UNICEF’s focus is treatment of SAM cases, while strengthening the prevention of and advocating for the supplementation of MAM cases.

Communities in general in all provinces agreed with the major focus on women and children but also felt that other population groups such as the elderly, persons with disabilities and even the general population must also receive more services.

Thus, triangulating from different sources, it can be seen that UNICEF’s population focus is highly appropriate and the main comments from external stakeholders relate to the provision of services to population groups which are the mandate of other UN agencies, such as moderately malnourished children. However, this highlights the need to coordinate better with other UN agencies providing these services to ensure that other populations in UNICEF areas of work receive these services too.

3.2 Programme effectiveness

EQ2: What was the overall effectiveness, quality (including timeliness) of the UNICEF response and to what extent did it respond to the needs of the most vulnerable/marginalized based on its mandate and comparative advantage (effectiveness, efficiency, outcomes)?

3.2.1 Timeliness

The timely delivery of services is among the most critical criteria after major disasters as it has the potential to save many lives. The floods had started in KP in July and spread to Punjab, Sindh and Baluchistan in August 2022. The Government issued an international appeal on 28 August 2022 and UNICEF declared it a Level-2 (L2) emergency on 8 September 2022. Under UNICEF procedures, a Level-2 Emergency Response is declared when the CO needs additional support from other parts of the organization (e.g., HQ, Regional Office (RO) and other COs) to scale up and respond to the crisis. The Regional Director (RD) provides leadership and RO support is enhanced. The team compared the timeliness of the UNICEF

response scale-up with the timing of the crisis along six key dimensions: human resources, donor money inflow, supplies flows, partner contract issuance, partner disbursements and services delivery flow (see Table 14). As can be seen, the scale-up started in September 2022 once the L2 emergency was declared.

In July and August 2022, UNICEF largely funded its work through repurposed and borrowed money (\$17 million) before donor funds arrived. These figures show that all flows were slow in July and August and the scale-up began in September 2022 by when nearly a quarter of the contracts were issued and nearly half the surge deployments had happened. Partner capacity seems to be the bigger binding constraint rather than money, as CSO partner contract issuance has consistently lagged donor money inflows after the first two to three months.

Wide variations in timeliness were witnessed by CSO budget and supplies flows by province and sectors (see Table 31 in annex).

The team also looked at the timeliness of winterization kits as they are a time-sensitive service. More than 50 per cent of winterization kits left UNICEF warehouses in December and nearly the remaining 50 per cent left warehouses in January 2023, the two most severe winter months in Pakistan (see Table 15). There may have been further time lags in the items reaching the field and getting distributed. Thus, there were some delays on this time-sensitive item and it would have been better to complete the dispatch to the field in November 2022. According to the Supplies Unit, the root causes for the delay were a late availability of funding and distribution planning at the Field Office level.

Table 14: Cumulative monthly flows of resources

Month	Cumulative percentage flows by month					
	Surge staff	Temp staff	Donor money flow	CSO contracts	Government DCTs	Supplies
July	0%	0%	0%	0%	4%	4%
August	3%	0%	3%	3%	8%	8%
September	48%	2%	8%	14%	14%	14%
October	77%	34%	24%	58%	26%	26%
November	90%	51%	52%	67%	38%	38%
December	94%	68%	60%	82%	62%	62%
January	96%	94%		91%	63%	63%
February	100%	94%	71%	100%	70%	70%
March		98%	82%		82%	99%
April		100%	100%		86%	100%
May					98%	
June					100%	

Source: UNICEF emergency program documents, deployment HR data, and donor data.

Table 15: Winterization kit flows

Month	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	Total
Percentage flow	0.0%	52.3%	47.3%	0.4%	0.0%	0.0%	100.0%

Source: UNICEF Supplies Data

On the perception of timeliness for the six sectors among UNICEF and partner staff, while nearly 50 per cent of both groups felt that timeliness was high, large minorities felt that timeliness was only medium; this percentage being highest for nutrition at 40% (see Figure 17 in annex). KIIs and an online survey for UNICEF staff reveals that the main factors which helped timeliness were prepositioned supplies, repositioned funds, a ground presence due to long-term programmes and strong coordination. The main factors that hindered timeliness were seen to be: slow UNICEF procedures, a lack of adequate funds, slow supplies flows, late government approvals, damaged infrastructure and a lack of partner capacities. According to supplies staff, there were delays due to funding and planning though the Supplies Unit kept the flow running throughout the peak months.

CSO partners in KIIs and the online survey mentioned enabling factors for a timely response as: the efficient and dedicated implementing partner teams, UNICEF's work in communities spread over decades, preparedness for emergencies and contingency plans, the pre-positioning of supplies and equipment, prior training of staff and partners in emergency response, strong sectoral leadership by UNICEF and strong coordination with the Government. The factors hindering a timely response for CSO partners from KIIs and the online survey included: complexity of approvals especially by UNICEF finance and supply chain management sections, approvals from the local administration, limited human resources, security issues, the delayed provision of in-kind supplies and slow feedback on queries from UNICEF.

According to UNICEF staff, prior to the flooding, UNICEF's implementation modality was through the government system, and bringing onboard CSO partners for the flood response was both time consuming and challenging, as getting CSO partners with the appropriate capacity and experience to respond to emergencies on the ground was not easy. Also, government's response capacity was also

weak. Despite these challenges, UNICEF's health response kept moving to various places with mobile health teams with the flow of water. There were mobile camps established on boats as well to reach communities.

Government officials generally felt that the response was timely. Health officials in Sindh said, "As emergency was declared in July 2022, UNICEF and Shifa Foundation started working with us from the very first day, and their support was very helpful." However, communities generally felt that the response was late, starting around two months after the floods (i.e., in September and October, after the floods) and that very few agencies helped them during the peak of the floods in July and August. Communities also generally felt that after the initial delay, the response was timely.

In summary, an analysis of information gathered from diverse sources indicates delays in timeliness. This observation is contextualized by the widespread impact on Pakistan by August with UNICEF's response experiencing a significant scale-up from September to November 2022. The sluggish response was partly attributed to the Government and the entire UN system being slow to fully grasp the extent of the disaster, exacerbated by a deficiency in community-level emergency surveillance and rapid activation and response systems. Furthermore, delays were also attributed to partner capacities, slow issuance of contracts, delays in dispatching supplies and government-related delays in NOCs.

3.2.2 Programme quality, monitoring, learning and accountability to people

UNICEF adheres to many different UNICEF and global standards for programme quality for different sectors. UNICEF's CCCs which was introduced in 1998 and revised in 2010, pulls all of them together to provide a comprehensive document reflecting all such standards. The CCCs must be used by every CO as a framework to monitor the situation of women and children and take appropriate preparedness and response measures, in order to deliver a predictable, timely, principled and child-centred humanitarian response. According to the CCC, UNICEF aims to work with its partners to design and implement programmes that:



- Are informed by international legal frameworks, humanitarian principles and human rights, put children's rights at the centre of programming and mainstream the protection of children, women and affected populations in all sectors;
- Are in line with global norms and standards, including the SPHERE standards, CHS, INEE and CPMS;
- Target the most disadvantaged children, women and communities;
- Foster multisectoral programming, geographic convergence and an integrated approach for sustainable and at-scale outcomes;
- Are safe and accessible;
- Are results-based, contribute to collective outcomes and are founded on evidence, analysis and needs assessments;
- Are based on communication with, participation of and feedback from affected populations, including women and children;
- Are gender-responsive, age-sensitive and inclusive;
- Are conflict-sensitive, avoid negative effects, and are informed by a robust child-sensitive risk and conflict analysis, taking into consideration protection risks and potential violations;
- Contribute to strengthening national and local systems and capacities of national and local actors (authorities and CSOs), reduce vulnerabilities and risks, build resilience and social cohesion and lay the foundation for recovery and sustainable development, including environmental considerations, by integrating climate adaptation and disaster risk reduction.

Detailed guidelines are available within CCC for each of these points, which must be contextualized for each crisis, situation and specific sectoral programming. To ensure quality accordingly, UNICEF has to include these quality standards in its proposals and contracts with partners, build their capacity to deliver these standards and subsequently monitor activities to ensure quality adherence. It must also advocate around those points in coordination meetings to encourage other agencies to adopt the standards.

The main program conceptualization documents for UNICEF in emergencies is the Humanitarian Program Document (HPD) which does not contain any section for the quality standards applicable for the sectors and activities included in the project. UNICEF does regular capacity-building activities for its partners. However, none of the sectors shared any information on the capacity building that they may have done for their partners on program quality. In terms of monitoring, UNICEF staff does regular monitoring, and the assessment team received the following mission reports from different sectors:

effectively. To make it more effective, it is also important for UNICEF to advise its partners to inform communities about the relevant quality standards for each project and to encourage for them to report on adherence to them during implementation using the complaint mechanisms. While the quality of project work that the review team saw was generally high, this high standard is occurring on informal quality assurance by individual staff on a non-consistent basis rather than the result of UNICEF-wide well-implemented and consistent quality assurance mechanisms.

Table 16: UNICEF monitoring reports by sector

Province	Sectors						Total
	WASH	Child protection	Health	Nutrition	Education	SBC	
Punjab	6		5	9	1	3	24
Sindh	9	3	9	8	6	4	39
KP	2		2	1	1	1	7
Baluchistan	1	2	3	2	3	2	13
Total	18	5	19	20	11	10	83

Source: UNICEF Monitoring Reports

There is wide divergence across sectors and provinces in the extent of monitoring done. Since data is based on the information received from UNICEF, it is possible that there may have been additional monitoring in some sectors for which information was not shared by UNICEF (see Table 16). Additionally, the mission reports format does not include any checklist or space that requires staff to thoroughly monitor and report on adherence to various programme quality measures for the project.

Third-party monitoring is another monitoring tool used by UNICEF, but so far very little of this has occurred related to the flood response and the few reports shared with the review team reflect the same neglect of quality standards monitoring as in mission reports.

Finally, all partners interviewed mentioned that they have accountability mechanisms in communities, which the team also saw during field visits. However, the summary of complaint mechanisms does not come to UNICEF project staff regularly and hence UNICEF is unable to use this critical quality assurance mechanism

Nearly 50 per cent of both UNICEF and partner staff rated the quality of UNICEF monitoring and accountability work as medium quality (see Figure 18 in annex).

To sum up, though programme quality is generally acceptable across all sectors, there is significant potential for enhancement. This involves establishing clear programme quality parameters for each sector and service, boosting the capacity of staff and partners, integrating these parameters into project designs, and consistently monitoring adherence, accompanied by regular feedback through accountability tools during implementation.

3.2.3 Sectoral analysis

3.2.3.1 Child protection

Child protection interventions were highly relevant due to significant challenges highlighted in the Multi-Sectoral Rapid Need Assessment (RNA) published on October 4, 2022:

1. 7.6 million children faced heightened risks of violence, abuse, exploitation, and neglect.
2. Floods negatively impacted the well-being of children and caregivers, leading to distress and negative coping strategies like child marriage and child labor.
3. Adolescent girls, especially, were vulnerable to gender discrimination, societal norms, and various forms of violence

These challenges compounded existing vulnerabilities, including child marriage (over 41 per cent prevalence), low birth registration (less than 30 per cent registration rate), child labour (over 18 per cent involvement), and high rates of violent discipline (over 80 per cent), which were further exacerbated by displacement and loss of livelihoods.¹¹

The focus group held for the evaluation, community members, including both men and women, confirmed that the floods caused trauma and emotional distress, particularly among children. Children experienced sleep disturbances, nightmares, and a fear of rain linked to the floods. Displacement from their homes and the loss

of play areas further troubled the children. Although the RAPID needs assessment identified increased child marriages, child labour, a heightened risk of abuse, and psychological well-being effects, the community did not openly acknowledge these sensitive issues. Instead, they primarily focused on the psychological well-being of children. This reluctance may stem from not wanting to project a negative image of the community or because these issues aren't perceived as child protection concerns.

To address the child protection needs, UNICEF followed a standard Child Protection in Emergencies approach and provided the following broad categories of services:

- 1. Community awareness and engagement:** Community Awareness and Engagement: This component aimed to raise awareness among the affected population about child protection and gender-based violence (GBV) risks and services. UNICEF developed culturally tailored IEC materials, including flipcharts and brochures for Sindh, KP, Balochistan, and Punjab. Methods included direct approaches like theatre and community sessions, as well as indirect ones like radio, social media, and brochures. It also involved setting up and training child protection committees to address child protection and GBV issues.
The Community Awareness and Engagement component was vital for raising awareness about child protection and GBV risks among the affected population. It helped communities understand potential dangers and take proactive steps. Additionally, it set the stage for implementing other components and building the foundation for future interventions addressing these issues after the response concludes.
- 2. Structured psychosocial support:** UNICEF established static and mobile safe spaces for children and adolescents to relieve stress through activities like games and drawings. Dedicated spaces for girls were created to enhance their access. Awareness-raising sessions on mental health and child protection risks were also conducted in these spaces, with some offering informal education for out-of-school children. These spaces also identified and referred children in need of protection and mental health services.
- 3. Specialized interventions for children who faced violence (one-to-one response):** UNICEF provided one-on-one support for children who experienced violence, adopting a dual approach to meet the extensive need in flood-affected districts. The approach involved partnering with both the Government and CSOs to expand case management services. In some areas,

¹¹ These figures were reported in the project section of the Pakistan Flood Response Plan 2022 (see page 24)

UNICEF strengthened statutory service providers, while in others, it collaborated with civil society and third-party actors to address children’s specific protection needs according to minimum standards. For example, in Punjab, UNICEF partnered with a Civil Society Organization for counseling services and recruited around seventy case workers in Sindh. These case workers were placed with NGOs and the Social Welfare Department to bolster the workforce. Service mappings and referral pathways ensured that children requiring specialized interventions were connected to the appropriate services. Establishing safe spaces was crucial, providing a supportive environment with activities for both girls and boys. Designated spaces for girls met their unique needs and identified children requiring specialized protection and mental health services. However, static physical safe spaces in rented buildings or high-performance tents raised concerns about efficiency, serving only a small percentage of affected children, becoming less relevant when schools were open. Implementing partners suggested using these spaces after school hours, but the resources invested in them may not be very efficient. A key respondent associated with the Child Protection Programme considered this model outdated. Nevertheless, UNICEF successfully experimented with mobile safe spaces, organizing activities for children in different villages. Mobile safe spaces hold more promise due to their potential for higher coverage and greater efficiency.

4. Capacity building: A capacity building component implemented across all interventions focuses on enhancing the skills and capabilities of the workforce providing child protection services. In Sindh, UNICEF partnered with the University of Bradford to train and coach new case workers, enabling them to offer safe, ethical, and competent case management services to vulnerable children and their families. This capacity building was crucial for ensuring the effective delivery of child protection services in emergencies, enhancing their efficiency and impact.

Through the community engagement and awareness component of CP, UNICEF and its partners reached a total of 3,286,558 individuals (comprising 820,495 boys, 794,708 girls, 686,304 men, and 985,051 women). The data also indicates that more women

participated in the awareness-raising sessions than men. In addition, 1,229,673 individuals, including 676,501 women, 314,703 girls, and 238,469 boys, received information about GBV risks, risk mitigation, prevention, and response (for more see Table 17).

Table 17: Number of beneficiaries of child protection services by gender and age-wise category

Services	Number of beneficiaries				
	Boys	Girls	Men	Women	Total
Awareness and community mobilization on key child protection risks and available services	820,495	794,708	686,304	985,051	3,286,558
GBV risk mitigation, prevention, or response interventions	238,469	314,703	0	676,501	1,229,673
People with access to PSEA	360,423	383,733	339,947	545,252	1,629,355
Number of safe spaces established	226	242	0	0	468
MHPSS	212,507	213,694	108,525	207,807	742,533
Individual case management and specialized services	2,368	2,170	0	0	4,538

Source: UNICEF, Dashboard 15 June 2023

The table indicates that 1,629,355 community members were informed about the Prevention of Sexual Exploitation and Abuse (PSEA) and reporting mechanisms, a figure that encompasses individuals reached across various programs, with the CP sector responsible for hosting and reporting this aggregated data.

UNICEF set up 468 Safe Spaces across provinces with a majority in Sindh. The type of spaces varied—public buildings in KP, tents and mobile units in Punjab, and rented spaces in Sindh. It's unclear if these differences are due to a lack of shared best practices or contextual needs. Sectoral interviews suggested that time constraints may have limited the sharing of effective strategies, leading to potentially ad hoc decisions on Safe Space mechanisms.

The safe spaces offered recreational and informative activities for stress relief and child protection education for children. UNICEF and its partners extended mental health and psychological support to a total of 426,201 children, comprising 212,507 boys and 213,694 girls. Moreover, 316,332 adults, including 108,525 men and 207,807 women, derived benefits from MHPSS services. In total, 742,533 individuals benefited from MPHSS services.

The data also indicates that a total of 4,538 individuals received specialized/case management services through UNICEF's support, with 2,368 boys and 2,170 girls benefiting from these services. The distribution of beneficiaries across provinces is as follows: 516 in Sindh, 1,283 in Balochistan, 1,304 in KP, and 1,435 in Punjab.

While UNICEF successfully provided a basic package of CP services, it lacked more advanced solutions. The focus on reaching a high number of beneficiaries resulted in limited attention to the quality of CP Services. A UNICEF representative acknowledged that apart from their largest CP partner, an international NGO that measured quality by "service satisfaction," other partners did not employ quality indicators and concentrated on meeting quantitative goals.

The disproportionate emphasis on quantity over quality was a result of the immediate, extensive needs of the emergency and the diverse abilities within the mixed partnership of international and national NGOs. Moreover, a fundamental issue was the persistent underinvestment in Pakistan's CP sector. This problem was aggravated by the challenges international agencies encountered in collaborating with local civil society and their inclination to partner with government entities. Consequently, the sector's capacities have been reduced, undermining the advancements achieved since the floods of 2010 and 2011.

The perception survey revealed that 100 percent of respondents representing UNICEF and associated with CP rated the quality of CP services as high (see Figure 12 in annex). In contrast, 70 percent of respondents representing implementing partners and associated with CP rated the quality as high, while 30 percent rated it as medium. However, the overall perception among respondents of the perception survey, including those associated with other sectors, was less positive. The overall perception of service quality from the survey, including responses from other sectors, was less positive: 45 per cent rated it as high, 37 per cent as medium, and 12 per cent as low.

These findings indicate a divergence in perceptions regarding the quality of CP services between UNICEF representatives and implementing partners, as well as a less optimistic view overall. It highlights the need for a comprehensive assessment of quality across all aspects of program delivery and a focus on enhancing capacity and dedicated resources for M&E and information management.

UNICEF/UN agency survey respondents reported no quality gaps, whereas partner representatives cited issues like poor coordination with government, short-term ambitious contracts, communication issues, management changes, and lack of electricity in safe spaces. They suggested enhanced district government coordination and longer-term programs as solutions.

Regarding the ratings given by respondents on the **timeliness** of CP interventions, 52 per cent of all respondents rated it as high (see Figure 13 in annex). Among those representing UNICEF/UN agencies, 63 per cent rated it as high, while among implementing partners, 44 per cent gave it a high rating. In terms of a medium rating, 24 per cent of all respondents, including 32 per cent of implementing partners and 11 per cent of UNICEF/UN agency representatives, rated it as such.

UNICEF's response timeliness varied by province, influenced by the strength of existing CSO partnerships. Quick, cost-effective responses were noted in Punjab due to such partnerships, while in Sindh, responses were slower due to the need to find new partners and establish new programs. Start-up letters to activate Humanitarian Programme Documents (HPDs) were key for timely responses, though full partnership activation revealed gaps in role clarity, affecting quality. In Sindh, surge deployments of senior staff from regional and headquarter offices were vital for immediate response.

For geographic prioritization, the CP Programme utilized a composite index derived from MICS and CP indicators, created during the CDP development process. In response to the floods, UNICEF's CP program refined this approach by introducing a severity scale incorporating population data from the government, focusing particularly on flood-affected areas and integrating existing vulnerability data from those regions. This severity index was then merged with the geographic prioritization index to enhance the understanding of the program's geographic priorities.

Using this data, CP programmes in the provinces tailored their priorities to fit local contexts. In Punjab, CP covered all affected areas in D.G Khan and Rajanpur, while in Sindh, with higher needs, interventions spanned nine districts. Some needs in Umarkot, Sindh, remained unmet. In KP and Balochistan, UNICEF CP partnered with local NGOs in five and four districts respectively.

According to a UNICEF representative, **preparedness** for CP was significantly inadequate, with CSOs lacking the resources and capacity to address CP and GBV. This shortfall was partly attributed to UNICEF's focus on government partnerships, instead of diversifying with CSOs, due to a restrictive regulatory environment, which has limited CSO capabilities and effectiveness in CP.

In summary, the child protection intervention was pivotal post-floods, addressing risks for an estimated 7.6 million children, including violence, abuse and neglect. UNICEF focused on community-based protection mechanisms, offering services such as information dissemination, psychosocial activities and specialized interventions. Additionally, UNICEF addressed GBV, promoted awareness about PSEA and established community reporting mechanisms for PSEA.

The efficacy of static physical safe spaces, limited in capacity and relevance when schools are open, raises concerns. UNICEF complemented them with mobile safe spaces. While the community outreach reached a significant number, it fell short given the scale of issues. Perception variations emerged between the positive survey responses and key informants, revealing disparities in service quality among partners and UNICEF. Some attributed service limitations to historical neglect and resource loss in child protection, particularly in the case of CSOs.

3.2.3.2 Education and learning

Education and learning interventions were essential as in emergencies people tend to prioritize survival and education tends to take a back seat.¹² The multisector RNA highlighted the immediate need to provide safe and protected learning spaces to prevent protracted learning losses.

The RNA findings revealed the following:

- The education of more than 12 million school-aged children (46 per cent girls) was at risk.
- 25,187 schools have been damaged or destroyed (19,750 in Sindh; 2,859 in Balochistan; 2,158 in Punjab and 420 in KP).
- Schooling has been disrupted and learning materials lost.
- 7,062 schools were used as temporary shelters for displaced people.
- Students and teachers experienced psychosocial stress.

Male and female community members and respondents representing government agencies and CSOs confirmed the relevance of education and highlighted the crucial role of UNICEF in advocating and supporting education in emergencies.

The perception survey results indicate that 73 per cent of UNICEF/UN agency respondents believed UNICEF prioritized critical education needs in its flood response, while 18% considered it partial, and 9per cent found it inadequate. Implementing partners unanimously agreed that UNICEF addressed the most important education needs (see figure 13 in annexe).

The respondents highlighted UNICEF's strengths in addressing crucial education needs, such as its field presence, technical expertise, safety framework implementation, quick resumption of teaching, supply provision, advocacy, government coordination, and focus on vulnerable communities and individuals with disabilities. Moreover, an implementing partner in Punjab commended UNICEF for effectively reaching vulnerable populations through strategic partnerships, proactive contingency planning, and dedicated funding for flood response.

In terms of **coverage**, the education intervention has two main categories:

1. structural measures: the establishment of Temporary Learning Centers (TLCs), school repairs, and Transitional School Shelters (TSS). Non-structural measures:
2. teacher training in Mental Health and Psychosocial Support (MHPSS) and multigrade teaching, mobilization and training of School Management Committees (SMCs) on MHPSS and safe reopening, as well as the distribution of educational supplies such as School in a Box (SIB) and Students Learning Kit (SLK).

Implementing partners also conducted campaigns to encourage both the return of children to school and new enrolments. However, these activities were not reflected in UNICEF's reported outputs (for more on the key outputs of UNICEF's education interventions in the flood-affected areas see Table 18)..

12 UNESCO, UNESCO IIEP, 2020. Building Back Resilient: How Can Education Systems Prevent, Prepare for and Respond to Health Emergencies and Pandemics?. ED/2021/IN1.3. Paris: UNESCO.

Table 18: Key outputs delivered by the education Intervention

Outputs	Boys	Girls	Men	Women	Total
Number of TLCs / schools established in flood affected districts	0	0	0	0	1473
Number of damaged schools rehabilitated/minor repaired	0	0	0	0	78
Number of Transitional School Shelters (TSS) constructed	0	0	0	0	87
Number of teachers (men/women) trained on MHPSS, multigrade teaching	0	0	406	102	508
Number of PT/SMCs (male / female) mobilized and trained on MHPSS, safe reopening and functions of schools	0	0	2930	3410	6340
Number of children (boys/girls) benefiting from schools and non-formal education centers dewatered, cleaned, and disinfected	35653	21453			57106
Children received education supplies including SIB and SLK	86554	62912	0	0	149466

Source: UNICEF, 15 June, 2023

Education interventions mainly focused on Sindh, Balochistan and Punjab. In Khyber Pakhtunkhwa (KP), besides dewatering 16 schools for 1,000 students (460 boys and 540 girls), no other interventions occurred. Despite an agreement with the Elementary & Secondary Education Department (E&SED) to allocate 10 per cent of the Global Partnership for Education (GPE) grant funds for emergency education response, E&SED did not reach a decision on an approach. UNICEF eventually informed E&SED that the funds reverted the funds due to slow processes.

Among the remaining outputs, the training of School Management Committee (SMC) members took place in Punjab and Sindh, but not in Balochistan. In Sindh, a relatively small number of SMC members were mobilized or trained, with a total of 312 members, consisting of 259 men and 53 women. This figure is low considering the significant impact of the floods in the province. In contrast, UNICEF partners trained a substantial number of SMC members in Punjab, with 6,028 individuals trained. Out of these, 2,671 were women and 3,357 were men, indicating a positive trend towards gender inclusivity.

MHPSS training for teachers was conducted in Sindh and Balochistan with 508 participants,

consisting of 406 males and 102 females. This group included 396 teachers from Sindh (338 males, 58 females) and 112 from Balochistan (68 males, 44 females).

Two specific initiatives were exclusively implemented in Balochistan: the rehabilitation and minor repair of damaged schools, along with the construction of Transitional School Shelters (TSS). A total of 78 schools underwent minor repairs, while 87 TSS units were established. In Punjab, although there was initially no progress, later on, 10 per cent of the GPE funds were earmarked for the rehabilitation of 1,000 schools, scheduled for completion by the end of 2023. Meanwhile, in KP, UNICEF had to reverse the repurposed GPE funding due to delays in decision-making processes.

As **for results**, the facilitation of children's access to formal or non-formal education, including early learning, was a key focus of UNICEF's interventions during the flood response. The efforts resulted in a total of 231,827 children benefiting from these interventions. The table below displays the number of children for whom access to formal or non-formal education, including early learning, was facilitated through UNICEF's flood response interventions in Education.

Table 19: Number of children and adolescents accessing formal or non-formal education (including early learning) as a result of UNICEF's intervention

Results/outcomes	Boys	Girls	Total	Percentage
Number of children/adolescents (boys/girls) enrolled in the TLCs/schools.	86554	62912	149466	64.47%
Number of children who benefited from school rehabilitated/minor repaired	10511	5870	16381	7.07%
Number of children (boys/girls) reached through Transitional School Shelters (TSS) constructed	6611	2263	8874	3.83%
Number of children (boys/girls) benefiting from schools and non-formal education centers dewatered, cleaned, and disinfected	35653	21453	57106	24.63%
Total	139329	92498	231827	100.00%

Source: UNICEF, 12 June, 2023

Among the children and adolescents who benefited from UNICEF's education interventions, the majority, 149,466 (64.47 per cent), either enrolled or returned to schools. This was possible through TLCs and high-performance tents, with some attending TLCs and others using UNICEF-provided high-performance tents in their regular schools. Another significant group, 57,106 (24.63 per cent), resumed their education by returning to schools and non-formal learning centres, thanks to UNICEF's de-watering, cleaning, and disinfection of flood-affected school buildings and learning centres. Additionally, 16,381 (7.07 per cent) children benefited from school rehabilitation, while 8,874 (3.83 per cent) were reached through the construction of Transitional School Shelters (TSS), providing a safe learning environment.

UNICEF also reported that an estimated 40,000 children had the opportunity to attend learning sessions for the first time in their lives through TLCs. Although this number could not be independently verified, both partner staff and community members confirmed that TLCs attracted a considerable number of children who had previously been out of school.

Quality of Services

According to the perception survey, the respondents associated with UNICEF/UN Agency and involved in the Education sector had varying opinions about the quality of education

services. Among these respondents, 50 per cent rated the quality as high, while 33 per cent rated it as medium. None of the respondents rated it as low, and 17 per cent did not provide an answer as illustrated in figure 14 in annex. On the other hand, all of the respondents representing implementing partners and associated with Education rated the quality as high. None of them rated it as medium, low, or chose not to answer. When considering the perception of the overall respondents, including those associated with other sectors, the results were less positive. Among all respondents, 40 per cent rated the quality of education services as high, while 41 per cent rated it as medium. A small percentage, 14 per cent, rated it as low, and 5 per cent did not provide an answer.

When respondents of the online survey were asked about the strengths and gaps in UNICEF's Education response, they identified the following strengths in education services: the provision of quality supplies, effective collaboration, capacity building, community engagement, and the proactive role of UNICEF/UN agencies. The improvements suggested by the respondents included enhancing visibility, strengthening partnerships, improving data collection practices, optimizing resource management, fostering collaboration, providing sector-specific support, expanding coverage, offering operational support, enhancing the quality of materials, tailoring resources for specific target groups, and addressing challenges related to staff rotation and coordination.

Key informants interviewed for the evaluation expressed appreciation for the quality of support provided by UNICEF to ensure the continuity of education. Education authorities, school management, teachers, and the community acknowledged the valuable support provided by UNICEF. Teachers specifically appreciated the teaching and learning materials, stating that the support from UNICEF and its partners had helped create a more student-friendly environment.

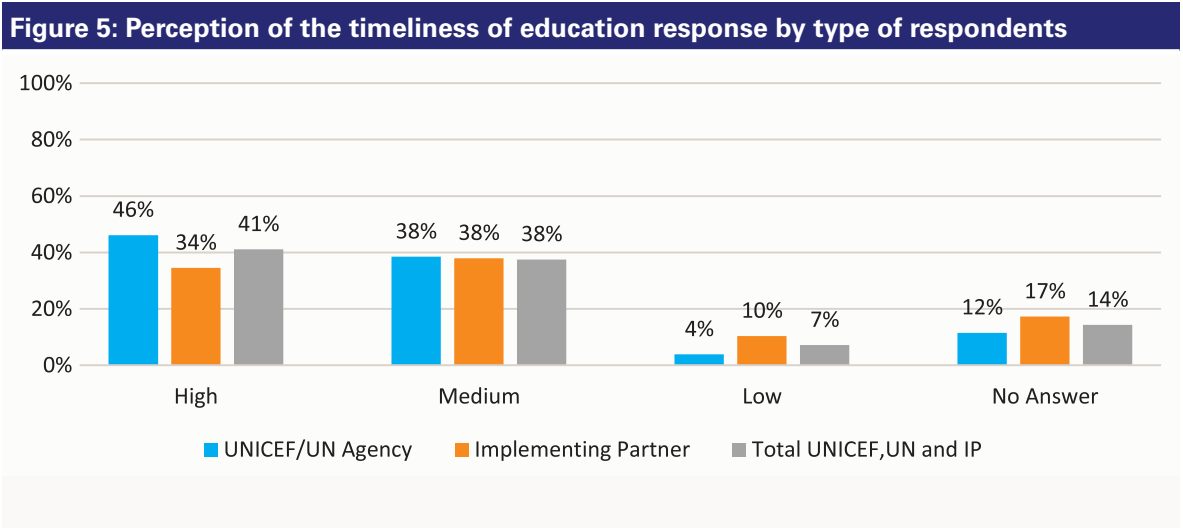
In DG Khan and Rajanpur, school management and teachers appreciated the provision of high-performance tents. However, some teachers in South Punjab have raised concerns about the tents' ability to offer adequate protection against the area's intense heat, even while recognizing their overall good quality. While high-performance tents do represent a significant improvement over traditional tents, their performance must be evaluated in the context of the harsh climatic conditions, including the winters in northern Pakistan and the summers in regions like South Punjab.

Finally, regarding **timeliness**, the perception survey results indicate that 5 per cent of respondents associated with UNICEF/UN Agency rated the timeliness of education services as high, while 55 per cent rated it as medium. In contrast, all respondents associated with implementing partners rated the timeliness of education services as high (see Figure 5 below for more on the perception of all stakeholders).



In Figure 5, 46 per cent of UNICEF/UN Agency respondents rated service timeliness as high, while 38 per cent rated it as medium. Implementing partners had 34 per cent rating it high and 38 per cent rating it medium. In total, among UNICEF, UN, and implementing partner responses, 41 per cent rated service timeliness as high, 38 per cent as medium, 7 per cent as low, and 14 per cent did not respond regarding service timeliness. The factors cited by perception survey respondents representing UNICEF and partners included contingency planning, funds, coordination, supplies, staff capacity, and UNICEF's support. These factors were vital for an efficient response.

The factors identified by the respondents that hindered timeliness include government delays, absence of cluster coordination, lack of funds, challenges related to infrastructure and security, variation in data and decisions, water stagnation, and communication timings.



In summary, interventions such as the establishment of TLCs and the provision of teaching and learning materials were implemented on a reasonable scale. In terms of coverage, education interventions primarily focused on Sindh, Balochistan, and Punjab, with limited activity in Khyber Pakhtunkhwa. The training of teachers in MHPSS and multigrade teaching, though conducted in Sindh and Balochistan, was relatively small compared to the extensive needs in the affected areas. UNICEF interventions successfully facilitated access to formal and non-formal education for a total of 231,827 children, with 64.47 per cent either enrolling in or returning to schools. While positive feedback was received from key informants and community members, variations in perceptions about the quality of education services were observed among different respondent groups. Regarding timeliness, despite minor discrepancies between types of respondents, the general perception is positive regarding UNICEF's ability to provide needed education services in a timely manner.

3.2.3.3 Health

According to the WHO situation reports, the floods damaged over 2,000 health facilities across the country, of which over 400 were fully damaged. The damage to health facilities reduced access to critical maternal and child health services and hundreds of thousands of people were affected by diarrhoea, malaria, respiratory diseases, skin and eye infections and other floods-related diseases. Health represented 20 per cent of the UNICEF appeal. The main health services provided by UNICEF included preventive and curative health services, Mobile Health Teams, Integrated Health & Nutrition Outreach services, responding to the outbreaks and static camps focused on PHC, ANC, MNCH, immunization,

establishment of tented hospitals, rehabilitation of health facilities, procurement and provision of supplies (essential and lifesaving medicines, clean delivery and newborn baby kits), interagency emergency health kits (IEKs), midwifery kits and equipment, involvement of lady health workers in their capacity building and technical training and the provision of human resources to government health facilities. These services reflected the CCC's commitments in health focused on maternal and neonatal health, immunizations, child and adolescent health, and strengthening of the health system accounting for 20 per cent of UNICEF's appeal.

Table 20: Main health services and persons reached

Main services	Boys	Girls	Men	Women	Total
Total	9,362,175	9,167,935	716,818	1,396,223	20,643,262
# of pregnant ladies provided ANC services	0	0	0	255,727	255,727
# of individuals provided lifesaving primary health care services	717,042	794,329	716,818	1,140,484	3,368,673
# of functional mobile health units providing community-based outreach PHC services	0	0	0	0	125
# of children (6 to 59 months) vaccinated against polio	8,090,144	7,772,888	0	0	15,863,032
# of children (6 to 59 months) vaccinated against measles	554,989	600,718	0	0	1,155,705

Source: UNICEF Dashboard Data, 30 June 2023

Overall, around 20 million persons have been reached by UNICEF's health services, vaccinations being the biggest component with over 16 million persons reached with polio vaccinations (see Table 17).

In addition, UNICEF also implemented the following critical activities:

1. Five charter flights arranged to bring in essential lifesaving medicines and supplies (testing kits, etc.).
2. UNICEF's work with the LHW strategic framework and provision of 10,000 LHW kits.
3. Measles-Rubella campaign in flood-affected districts.
4. Distribution of more than 2 million long-lasting insecticide nets since the onset of floods all over Pakistan.
5. Solarization of health facilities.

Nearly 90 per cent of health work through CSOs is located in Sindh with no such coverage in KP. While some health work may be taking place through government partners in KP the details of which were not made available despite requests. The health sector had good coordination with the Government and PDMA for bringing CSO partners on board for the flood emergency response while retaining the vertical programs (MNCH, LHWs programme, EPI, malaria control, etc.) being implemented through the Government lead in all provinces.

A key gap identified by the documents review related to the absence of clear health programme quality standards used during the flood response. The CCC provides detailed standards and parameters for maternal and neonatal health, immunizations, child and adolescent health and strengthening of health system work. The SPHERE standards for health are even more detailed. However, the assessment team did not come across any specific health programme quality standards being used by the health response. A review

of the monitoring reports for the health sector shows that there is no standard format that identifies such programme quality standards for health staff to monitor during monitoring visits. Thus, the focus in monitoring visits is largely on the number of persons treated and operational issues. However, according to UNICEF health staff, the following aspects were covered during monitoring visits:

1. Knowledge of the health care provider about issues of maternal and child health and how to treat them.
2. Proper warehousing and inventory of medicines.
3. Proper storage of the vaccines.
4. Knowledge of vaccinators on when the vaccines have lost their efficacy and how to administer vaccines, etc.
5. Data quality being collected.
6. Trends of diseases in that area.
7. Status of solarized facilities.

Nearly 50 per cent of UNICEF and partners' staff consider the quality of health work to be medium (see Figure 20 in annex). UNICEF staff and CSO partners in KIs and the online survey identified a number of facilitative factors that ensured programme quality in the health sector, including strong community mobilization and partnerships with government health departments and the integration of health services with nutrition and SBC. However, a number of challenges were also identified by different stakeholders related to programme quality and implementation issues. UNICEF staff in KP identified the lack of sufficient funding, timely data and adequate technical support for staff and partners in this regard in particular while those in Sindh felt that the focus only on MNCH and PHC issues (which covers a broad range of ailments) and the number of mobile units for faraway were insufficient in light of the broad range of health issues faced by the affected population in Sindh. The funding constraint in the initial

period restricted the number of mobile health teams for each district. Despite that UNICEF mobilized three mobile health teams for each district in Sindh.

Staff in both provinces also highlighted access and logistical challenges and the need to repair and refurbish the more than 2,000 damaged health facilities on a bigger scale. According to UNICEF health staff, it has pledged to rehabilitate 109 facilities to date.

The main message from CSO partners related to health services challenges throughout the country related to a lack of sufficient guidance and support from UNICEF, an insufficient focus on sustainability and better coordination and involvement of government departments. Many of these points were also echoed by deployed staff who viewed mobile units as a good but temporary solution. They saw the main gaps as the need to switch to repairing and strengthening health facilities, continuous supervision, monitoring and capacity development of partners to improve quality, insufficient communication with field teams/ timely sharing of information (bringing clarity to implementation at the field level) and weak warehouse and stock management.

Government officials appreciated the quality of health services. However, those in Sindh in particular identified several gaps such as the need to strengthen the referral system from communities, the insufficient number of female health staff, the large number of areas still uncovered and the need to hire more community health workers.

Finally, communities in all areas felt that the medical camps benefited them hugely, especially women, children and elderly persons who cannot afford to travel to city hospitals. However, communities in Sindh felt that many persons were left untreated due to the short duration of the medical camps and the large number of people in the villages and also identified several areas where no services were provided such as skin allergy medicines, vitamin tablets and mosquito nets. The key

outcomes identified by stakeholders at the district levels include a reduction in disease prevalence, the ability to control the spread of any major epidemic after the floods, reduction in morbidity and mortality among women and children and some strengthening and repair of health facilities.

In summary, the health sector is providing key lifesaving services to women, children, elderly and other vulnerable groups that are highly appreciated by all stakeholders, including communities and which have helped reduce morbidity and mortality among women and children. However, there is a need to adopt specific programme quality standards for the health response and monitor them regularly during implementation, ensure greater sustainability and capacity building of partners, enhance the services to cover additional areas and diseases and improve the referral system in the next phase of work.

3.2.3.4 Nutrition

Malnutrition was already prevalent among young children, adolescents and pregnant and lactating women (PLW) living in flood-affected areas prior to the monsoon according to the 2018 National Nutrition Survey. The shortage of food and lack of access to health and nutrition services due to the floods increased the susceptibility for malnutrition among women, adolescents and children as well as other vulnerable groups, including the elderly.

The main nutrition services provided by UNICEF include:

- i) The prevention, early detection and management of wasting, including the mass MUAC screening of children for malnutrition across 49 flood-affected districts, as well as the protection, promotion and support for optimal IYCF;
- ii) Treatment of children with severely acute malnutrition in over 1,250 UNICEF supported Outpatient Therapeutic Program (OTP) sites and through outreach programmes;
- iii) Procurement services for nutrition commodities, as well as provision of supplies and equipment, technical training and provision of human resources;
- iv) SBC and community engagement for optimal nutrition services and practices;
- v) Sectoral coordination and Nutrition Information Management, ECD in emergency, including the mainstreaming of Key family care practices across the different sectors;
- vi) Strengthening capacity on nutrition supplies logistics management.

The nutritional work has so far reached over 8 million people, over 50 per cent of whom are women (see Table 21).

Table 21: Main nutrition services and persons reached

Main services	Boys	Girls	Men	Women	Total
Total	1,843,401	1,923,650	0	4,362,304	8,129,795
Primary caregivers of children aged 0 to 23 months receiving counselling	0	0	0	1,236,374	1,236,374
IFA received to adolescents	0	0	0	273,284	273,284
# of SAM cases with medical complications referred to SC	1,031	1,299	0	0	2,330
# of SAM cases identified	77,856	98,460	0	0	176,316
# of PLWs who received IFA/MMT	0	0	0	617,840	617,840
# of PLW screened	0	0	0	860,571	860,571
# of PLW identified as malnourished	0	0	0	137,861	137,861
# of MAM cases identified	168,120	181,278	0	0	349,398
# of OTPs providing nutrition services	0	0	0	0	439
# of Children screened for malnutrition	1,116,307	1,120,264	0	0	2,236,571
# of children aged 6 to 59 months with SAM admitted for treatment	75,245	94,129	0	0	169,374
# of children aged 6 to 59 months with multiple micronutrient powders	329,597	334,091	0	0	663,689
# of children age 0 to 59 months received nutrition services (SAM & IYCF)	75,245	94,129	0	1,236,374	1,405,748

Source: UNICEF Dashboard Data, 30 June 2023

Over 50 per cent of the nutritional work through CSOs is based in Balochistan followed by over 25 per cent in Sindh, the two most badly affected provinces. In addition, UNICEF also works through government agencies for

nutrition work, the details of which were not shared. In Sindh UNICEF also provided in kind ready-to-use therapeutic food (RUTF) to other CSOs and the Government which have been used to treat SAM children.

Over 40 per cent of both UNICEF and partner staff rate the quality of the nutritional work as medium quality (see *Figure 21 in annex*). The review of nutrition proposals and monitoring reports show the same lack of identification and monitoring of key programme quality standards as in other sectors. In KIIs and online surveys with UNICEF staff the key strengths of the UNICEF nutritional work were identified as the provision of mobile integrated health and nutrition services and social and behaviour change communication for preventive dietary behaviour in Balochistan, strong coordination with key government stakeholders in Sindh and strong partnerships and the strong focus on the most vulnerable nutritional groups through accurate nutritional measurements in all provinces. However, UNICEF staff and implementing partners in all provinces also saw the limited resources as the key challenge undermining nutritional work. Additional challenges mentioned included a lack of UNICEF partner capacity for nutritional work and inadequate contingency planning in KP, inability to reach remote areas in Punjab due to lack of capacity and absence of holistic approach to the issue. Other key gaps were not involving a wider range of stakeholders, such as local businesses, schools, health and social care organizations, and community groups. Implementing partners in Balochistan additionally mentioned the lack of rapid assessment to take into consideration the aggravating factors, vulnerabilities and insecurities pertaining to nutrition as well as evolving food insecurity in flood affected districts as a key gap.

UNICEF nutrition staff saw the introduction of the simplified protocols for management of wasting and the mass MUAC screening as entry point to strengthen the community-based programming and the introduction of early childhood development in emergencies as key

good practices. Deployed nutritional staff saw information, education and communication materials including counselling cards for prevention and training by staff using cooking demonstrations and on best breast-feeding as good practices that helped communities adapt best new and retain best traditional practices. However, they also identified key problems in supply and stock management. This includes lack of availability of key commodities, inconsistent collection of data, challenges with the quality of data collected, lack of consolidation and reporting, lack of feedback to service delivery point and challenges related to identifying and quantifying stock outs and products utilized, particularly RUTF. Other key challenges included difficulties in getting a reliable national and provincial representative data/information for target setting and benchmarking; the discrepancy in wasting data among the NNS, PDHS and MICS, posing a planning challenge; and given that clusters were not activated, the weak role of the government in the sectoral and ministerial coordination, and lack of government leadership in nutrition response for emergency.

Government nutritional staff in KIIs saw sensitizing mothers on infant and young child feeding and maternal care and formation of mother to mother and father to father groups at community level as a good approach. However, they also saw ensuring sustainability, public-private organization district coordination and lack of capacity of CSOs to respond to future crises as key challenges. Finally, communities appreciated the technical and social mobilization work under nutrition as very useful which had led to a clear improvement in the nutritional status of children and women. However, they also requested help for MAM children who fall under the mandate of WFP. This again highlights the need for more collaboration and joint programming with it.

In summary, triangulation of information from different sources show that the nutrition programmes are providing key preventive and curative lifesaving services to women, adolescent girls and children with a combination of extensive community mobilization on dietary and nutritional practices, sectoral coordination, information management, supplementation, as well as early detection, referral and treatment children with SAM. However, there is a need to improve programme quality monitoring, inventory and supply management and ensure greater resources and capacity, prevention aspects, sustainability and capacity building in the next phase of work. Greater collaboration with WFP, WHO and other agencies working on the food and social protection systems is needed to address the underlying and basic causes of malnutrition as well as ensure continuum of care for children.

3.2.3.5 Social and behaviour change

There is no separate appeal for money or projects for social and behaviour change (SBC) work in the information provided by UNICEF; its work is fully integrated with other sectors in those documents. While there is a dedicated SBC team, there are also SBC staff integrated in the teams of all other sectors. SBC has three strategies:

1. Sectoral integration: It functions by integrating into sections.
2. Direct implementation: It functions on its own in implementing all cross-cutting interventions (mass media, social media, social research, faith engagement, capacity building of IPs, integrated messages that include all sections, community rapid assessments, helplines, and IEC materials).
3. Assures quality leadership, coordination, partnerships and capacity building: Through federal and provincial SBC task-force teams. This includes planning, training, budget management, reporting and documentation.

SBC received dedicated funding for cross-sectoral interventions, in addition to the sectoral funding. For the flood response, the rollover of investments made from COVID-19 were immediately integrated into the SBC flood response strategy. This includes support in leadership and coordination at both federal and provincial levels, data and social analytics with anthropological support, community engagement and capacity building for implementing partners and front-line workers. Thirty-one million were reached through mass and social media with early recovery messages; 47,000 people shared their concerns and asked questions/clarifications through established feedback mechanisms; and 230 rapid-assessments of flood-affected populations were conducted. This includes in-depth interviews and focus group discussions with the affected population and implementing partners.

The SBC activities are delivered through community meetings with men, women, children, faith leaders and community leaders; informational and entertainment activities in schools, mosques, health facilities, mobile camps sites and communities; printing and distribution of flyers and banners in institutions and communities; and broadcasts through mass-media communication. UNICEF has reached over 31 million people with its SBC work, nearly 75 per cent of them being reached through one-way communication (see Table 22).

Table 22: Main SBC services and persons reached

Main services	Boys	Girls	Men	Women	Total
Total	0	0	0	0	31,001,118
People who shared their concerns and received clarifications through established feedback mechanisms	0	0	0	0	67,059
People reached (one-way comms) on prevention and access to services	0	0	0	0	24,829,077
People participating in two-way engagement events	0	0	0	0	6,104,982

Source: UNICEF Dashboard Data, 30 June 2023

Fifty per cent of UNICEF staff and nearly 40 per cent of partner staff rate SBC work as medium quality while nearly 20 per cent rate its quality as poor, which is on the low side among all sectors (see *Figure 22 in the annex*). According to UNICEF staff in KIIs and the online survey, the key to success in SBC work has been the ability to recognize the newly established family and social dynamics, new leaders, influencers and new alliances that have progressively developed as community have started returning to their villages with the help of anthropological approaches. Another key facilitating factor has been the recruitment and integration of local community members in SBC activities to facilitate more participation of community members in the planning and awareness phases and ensure a higher level of integration and accountabilities towards the neediest sections of the community. To ensure that messages reflect concerns and needs of the population, SBC teams conduct quantitative and qualitative assessments with the affected population. The activities are tailored to support the activities of each sector. Thus, to support nutritional activities, SBC activities cover sessions on best breastfeeding practices and dietary issues; to support protection work, they include activities in communities and schools on issues of GBV and child abuse while to support health and WASH activities, they focus on hygiene practices. SBC is also strengthening its position to facilitate longer-term planning and accountability with communities. This includes the capacity building of leaders and influencers and creating village committees to make UNICEF programmes more accountable and knowledgeable to respond to community unmet needs. However, a key gap is that the feedback from partner accountability mechanisms is not regularly monitored by UNICEF field staff.

Communities, especially in Sindh, appreciate the SBC work on different topics such as hygiene, child

protection and women rights and feel that it is having an impact on community behaviour (e.g., women are taking more interest in child protection, health and education issues). People have started realizing the importance of Computerized National Identity Card and B-Form, hygiene sessions, child protection sessions and other meetings in communities by organization were seen in Balochistan as being very helpful in reducing stress and tensions created by their worries for income, shelter and food (i.e., they get angry very quickly due to mental stress). However, many communities emphasized the need for more frequent sessions to create higher impact and the need to engage youth who may not be in school or employed.

In summary, SBC work is stand-alone as well as integrated in all other sectoral work and is providing critical awareness-raising services on social and technical issues which has created some change in the behaviour of communities on issues like breastfeeding, nutrition, hygiene issues, GBV and child protection. However, there is a need to improve programme quality, develop greater focus on youth and improve accountability to communities by collecting information from the formal accountability mechanisms instituted by partners in communities.

3.2.3.6 WASH

WASH is a critical need during emergencies as it directly impacts survival. Access to safe drinking water, sanitation facilities and hygiene promotion is crucial for preserving dignity, ensuring safety and promoting overall wellbeing. WASH interventions play a vital role in preventing the spread of waterborne diseases and reducing the heightened risks faced by children young people women and displaced persons during emergencies.

The multisector RNA conducted after the floods identified several key issues related to WASH:

- One of the primary issues was the limited access to sufficient and quality drinking water.
- Damage to public and communal water supply systems resulted in approximately 5.4 million people relying on unsafe sources for drinking water.
- Many existing water points were also contaminated, further exacerbating the problem.
- Around 6.3 million people were deprived of their household sanitation facilities.
- A significant number of household latrines (approximately 950,000) were either damaged or inaccessible.
- The practice of open defecation increased from 21 per cent before the floods to 35 per cent after the disaster.

Based on the findings of the multisector RNA, the provision of safe water of appropriate quality and quantity, as well as sanitation facilities, emerged as a top priority. Additionally, the provision of NFIs aimed to promote the adoption of good hygiene practices was also highlighted as essential in addressing the WASH needs of the affected population.

An overview of the key outputs delivered by the WASH intervention, corresponding targets and numbers of individuals reached are provided below (see Table 35).

Key WASH services provided by UNICEF include the following:

- Water trucking during initial phase emergency
- Rehabilitation and construction of DWSS
- Hygiene promotion and distribution of hygiene kits including MHH items
- Emergency latrines and bathing spaces
- Construction of permanent latrines
- Construction/rehabilitation of WASH facilities for health facilities and temporary learning spaces.

UNICEF has been effective in providing access to WASH services, although by 15 June 2023 it has not been able to reach the targets it had set because of funding constraints. The data provided by UNICEF does not allow for a reliable determination of the total number of people reached due to a potential issue of double counting. To prevent this, UNICEF considers only the highest number

Table 23: Key outputs delivered by the WASH intervention

Indicators	People targeted	People reached
People reached with sustainable access to safe water	1,450,000	843,233
People accessing sufficient quantity of safe water for drinking, cooking and personal hygiene through emergency water provision	550,000	868,553
People reached with messages on safe and hygienic practices	2,400,000	992,594
People reached with critical WASH supplies (including hygiene items and MHH)	2,400,000	1,569,491
People with access to basic sanitation facilities at household level	1,450,000	843,233
People accessing appropriately designed and managed emergency latrines	230,000	87,105

Source: UNICEF, 15 June 2023

of individuals reached in any single activity. However, numbers reported on the UNICEF dashboard show that UNICEF has addressed the needs of a much smaller number of the affected population (6.3 million) and a targeted population of 3.4 million.

One-hundred per cent of respondents to the WASH perception survey said UNICEF's response focused on the most important WASH needs. A large majority, 79 per cent, of implementing partners believed that UNICEF focused on the most important WASH needs and 21 per cent believe that UNICEF partially did so. No one chose no for an answer (see *Figure 22 in annex*).

Both men and women community members interviewed for the evaluation appreciated the quality of hygiene kits, with few exceptions where the quality of hygiene kits and water containers was found to be lower. Community members in South Punjab and Kohistan commended the quality of materials and workmanship in the construction of toilets. However, in Punjab, the absence of doors and roofs on household toilets was highlighted as an implementation gap. However, from UNICEF's standpoint, this may not be an implementation gap. According to the agreement between UNICEF and the communities, beneficiary households were responsible for the costs of adding roofs and doors. While community members acknowledged this stipulation, they also indicated their inability to afford these additional expenses.

According to key informants representing UNICEF, implementing partners as well as government the quality of water provided during the emergency phase was tested with the help of PCRWR to ensure water quality.

Regarding **timeliness**, according to the data provided, the overall rating for the timeliness of services provided by WASH is relatively modest. Among respondents representing UNICEF and other UN agencies, 44 per cent

rated the timeliness as high, 33 per cent rated it as medium and 11 per cent rated it as low. On the other hand, implementing partners had a more positive perception, with 78 per cent rating the timeliness as high.

This rating aligns with qualitative data that indicates there were delays in the delivery of supplies, as mentioned in focus group discussions from Balochistan and Sindh. For instance, in Sindh, it was mentioned that transporting prepositioned supplies from Karachi to Sukkur took time due to flooded highways, and the fact that the Civil Aviation Authority (CAA) did not allow C-130 flights to land in Sukkur due to concerns about potential damage to the airport. In KP, it was mentioned that the stockpile was sent to other provinces by the time floods hit KP.

According to responses from UNICEF staff and implementing partners, several factors contributed to the timeliness of UNICEF's response. These factors included timely coordination and strong relationships with stakeholders and the government, prior knowledge of community needs, preparedness measures such as contingency plans and pre-positioning of supplies and effective partnerships. The selection of partners with relevant expertise and the engagement of local partners and government agencies also played a role in ensuring timeliness.

However, there were also factors that hindered the timeliness of UNICEF's response. These included limited communication access during emergencies, the management of a large number of activities, challenges with government approvals and line departments, the unavailability of suitable vendors in distant regions, delays in engaging required human resources, funding constraints and issues with procurement and market fluctuations. A lack of flexibility in budget revisions during inflation, low feedback and clarity, and small projects that demotivated highly-skilled personnel were also mentioned as hindrances.

In conclusion, UNICEF provided crucial WASH services during emergencies for survival and well-being. Despite challenges and funding constraints, UNICEF's WASH intervention targeted key areas, such as safe water access and sanitation facilities, with positive perceptions from implementing partners and communities. While facing delays, the overall timeliness of services received mixed ratings, reflecting both successes and challenges in coordination, preparedness and partnerships during emergency responses.

3.2.4 Sectoral integration

The CCC emphasizes sectoral integration as do UNICEF staff. However, neither the CCC

nor staff have a clear framework in mind for ensuing sector integration except in health and nutrition as well as SBC with all sectors. Integration and convergence are a continuum ranging from the colocation of multiple sectors in villages as the first level to the full integration of the various programme and operational processes representing higher levels of integration. Even the basic level of colocation is currently not widespread (see Table 24). Nearly 80 per cent of projects are monosectoral while another 12 per cent have two sectors by numbers while by budget these figures go up to 93 per cent and 7 per cent. Over 90 per cent of CSO partners work in one or two sectors. SBC work is generally integrated in all projects, thus, integration is slightly higher than reflected in these figures.

The situation at the village level is similar. Nearly 60 per cent of villages under the Hyderabad hub have only two sectors while another one-third have only three sectors. In KP, nearly 90 per cent of villages have only two sectors while in Punjab, 85 per cent have only one sector. Figures for Baluchistan are not available. However, all four villages visited during field work had only one sector.

Table 24: Sectoral integration in SCO projects

CSO Projects with	Number of such projects	Total budget of such projects	Partners working on multiple sectors across multiple projects
1 sector	80%	93%	68%
2 sectors	12%	7%	25%
3 sectors	7%	0	7%
4 sectors	0%	0	0

Source: UNICEF emergency programme data

Table 25: Sectoral integration in villages

Percentage of villages with:	Hyderabad hub	KP	Punjab
Total villages	394	222	321
One sector	0%	43%	85%
Two sectors	61%	56%	12%
Three sectors	35%	1%	2%
Four sectors	4%	0%	1%
Five sectors	0%	0%	

Source: UNICEF field offices data

In summary, there is limited programmatic integration of nutrition and WASH, education and WASH for WASH in Schools, health and WASH for WASH in HCF, CP, Education and Health for MH&PSS. However, in general, integration is weak, and higher levels of integration are even weaker, except in SBC and to some extent health and nutrition. In addition, at facility-level programmes coverage, some programmes did not have community outreach coverage during the initial phase due to lack of funds. Government work is almost all mono-sectoral. In the field, health and nutrition work is integrated at the level of programme functions as the staff of both go together to villages in mobile units. There is also scope for greater integration between education and protection work.

3.2.5 CSO partnerships

UNICEF has so far signed 41 contracts with 29 CSOs for its floods response, which includes local NGOs working in one province and limited sectors as well as national NGOs and international NGOs working in several provinces and sectors. According to UNICEF staff, while local NGOs possess in-depth knowledge of the local context, they are typically constrained by limited capacities and cannot implement projects on larger scales. Small local NGOs typically specialize in one or two sectors, often requiring multiple, sector-specific partnerships. International NGOs can address the issue of scale, but they move slowly and lack local knowledge. About a dozen of these were partners with whom UNICEF had contingency contracts even before the floods which could be activated immediately in case of a major disaster. The rest were new partnerships established after the floods. The contracts were mostly mono-sectoral even though many of the larger national and international NGOs had expertise in multiple sectors. Currently, nearly 60 per cent of UNICEF flood response contracts

are with local NGOs, this percentage ranging from 100 per cent in education to 25 per cent in nutrition (see Table 26).

Eighty per cent of the partners work in one sector and another 12 per cent in two sectors. Nearly 70 per cent of the partners work on only one project and another quarter on two projects. Over 80 per cent of the partners work in only one province (see Table 27).

Nearly 70 per cent of CSO projects have a duration of less than six months and only less than 20 per cent have a duration more than nine months (see Table 28).

Over 40 per cent of both UNICEF and partner staff rate the quality of UNICEF partnerships as medium (see Figure 13 in annex). CSOs generally view the partnership as positive due to its large size, resources and multidimensional nature of support. However, they also see reporting as cumbersome and that extension and changes are difficult to get approved.

Table 26: Types of CSO partners

Type of NGOs	Total	Education	Health	Nutrition	Health and nutrition	Child protection	WASH
Local	59%	100%	50%	25%	33%	58%	64%
National	24%	0%	25%	75%	67%	25%	7%
International	17%	0%	25%	0%	0%	17%	29%

Source: UNICEF emergency programme data

Table 27: CSO project details

Partners with sectors		Partners with projects		Partners in provinces	
1	80%	1	69%	1	86%
2	12%	2	24%	2	14%
3	7%	3	3%	3	-
4	0%	4	3%		-

Source: UNICEF emergency programme data

Table 28: CSO project durations

Projects by duration	Health	Nutrition	Health and nutrition	Education	Child protection	WASH	Total
3 months	25%	0%	33%	0%	25%	29%	22%
4-6 Months	50%	100%	67%	50%	42%	29%	46%
7-9 Months	25%	0%	0%	0%	17%	14%	12%
9-12 Months	0%	0%	0%	25%	17%	29%	17%
Above 1 year	0%	0%	0%	25%	0%	0%	2%
Total	100%	100%	100%	100%	100%	100%	100%

Source: UNICEF emergency programme data, June 2023

Table 29: CSO partner views on UNICEF

Strengths	Areas to improve
<ul style="list-style-type: none"> ■ Large size and resources ■ On ground presence/knowledge unlike other donors ■ Diverse support: money, supplies, technical support, representation with government, capacity building, unlike other donors ■ Global links and profile ■ Quick initial response compared with other donors 	<ul style="list-style-type: none"> ■ Heavy burden of reporting ■ Some partners have not received training on emergencies ■ Slow project extensions ■ Slow approval of changes in a rapidly changing context ■ Old and low rates for salaries, overheads, transport, etc. ■ Unclear roles: field vs. Islamabad; sector staff vs. emergency staff

Source: KIIs and online survey

In summary, the triangulated information from different sources shows that there is no formal integration on the ground among partners. While some meetings are held, the integration of services and outreach was individually initiated. UNICEF's ties with CSOs are generally short-term, mono-sectoral, mono-provincial and mono-project. There is scope to expand partnerships with INGOs to have higher and quicker scale-up and integrated responses. UNICEF supported the coordination process among partners through sectoral, technical working groups and multisectoral coordination meetings at the district level.

3.2.6 Capacity building

Capacity building took place at three distinct levels:

1. capacity building of UNICEF staff;
2. capacity building of local partners;
3. capacity building of communities.

UNICEF focused on developing the capacities of its staff through direct trainings and ongoing support and supervision. Temporary staff hired for flood response received orientation and technical trainings as needed. However, the most crucial form of capacity building came through ongoing support and supervision provided at different levels. Support and supervision were extended from field offices and PCO to hub offices and from regional offices and headquarters to PCO and field offices. Sometimes it involved monitoring visits for course correction and surge deployments, where additional staff provided technical support to specific teams.

The capacities of local partners and government counterparts were developed through training and on-the-job support. Trainings covered topics such as gender-sensitive programme implementation, PSEA and technical aspects. Some trainings were conducted at the beginning of the project, while others took place during implementation. In cases where it was not possible to provide training at the project's start, informal support was provided by UNICEF representatives throughout the implementation. However, proper training was provided for subsequent phases.

At the community level, UNICEF focused on developing capacities by providing awareness and education on various topics, including protection-related risks for children, essential maternal, neonatal and child health services practices, prevention and response to GBV, WASH-related risks and good hygiene practices, infant and young child feeding practices and construction methods for toilets (shared with local masons).

UNICEF strived to ensure that essential knowledge and awareness reached as many individuals as possible, empowering communities to make informed decisions and take actions that safeguarded the well-being of children and their families. The extent of capacity development varied across communities, but the goal was to equip them with the necessary skills and knowledge to address the challenges they faced during the emergency response.

In summary, UNICEF prioritized staff, local partners and community capacity building through direct training, ongoing support and supervision at various levels. By focusing on a range of topics, from technical aspects to community-level practices, UNICEF aimed at empowering individuals and communities with the skills and knowledge needed to address challenges during the emergency response.

3.2.7 Sustainability and the humanitarian and development nexus

UNICEF has **successfully leveraged its existing work and presence in several target districts**. In Baluchistan, UNICEF has actively provided routine immunization services across all districts, nutrition services in 22 districts and WASH interventions in seven districts. In the severely affected region of Taunsa, located in South Punjab, UNICEF's WASH programme has been operational in 100 villages. In Sindh, UNICEF has responded to the challenges of drought and cholera outbreaks. Additionally, UNICEF's involvement in the King Salman Project in KP (D.I. Khan) and Balochistan has supported the district health department in delivering essential health care services.

UNICEF's existing presence and partnerships with government agencies, CSOs and communities have enabled the effective implementation of flood response activities. Although UNICEF's on-the-ground presence does not extend to all districts, it is worth noting that in Baluchistan, UNICEF's provision of immunization services is a notable exception. The presence of UNICEF in selected districts has provided valuable leverage with the government and CSOs, as well as contextual knowledge to inform their flood response efforts.

The work on systems strengthening and capacity building has made a significant contribution to enhancing the effectiveness of flood response efforts.

Two notable examples are UNICEF's collaboration with WSSC in Mingora and HUD&PHED Punjab.

In Mingora, Swat, UNICEF partnered with the Government-owned WSSC, responsible for providing WASH services in the city, to implement a drought emergency project. The collaborative efforts between UNICEF and WSSC, including structural and nonstructural measures to enhance climate resilience, proved invaluable. With UNICEF's support, WSSC developed tube wells in elevated areas and constructed protective walls. These initiatives, combined with the technical capacities developed through the collaboration, played a crucial role in responding to the floods effectively. Consequently, the services were restored relatively quickly after the floods.

In the case of HUD&PHED, Punjab, UNICEF's involvement in systems strengthening included assisting PHED in developing a comprehensive WASH Management Information System (MIS). Nevertheless, following the floods, UNICEF aided HUD&PHED in incorporating a WASH emergency module, allowing for the collection of vital information from the field. The presence of an existing WASH MIS facilitated the seamless integration of the emergency module.

Overall, through collaborations like these, UNICEF's efforts in systems strengthening and capacity building have proven to be instrumental in enhancing flood response efforts, enabling quicker recovery and more effective emergency preparedness measures.

While the sustainability of past awareness raising investments by UNICEF could not be investigated, it is reasonable to assume that the awareness raised may have endured.

UNICEF's interventions in various sectors involve significant investments in awareness raising. For instance, UNICEF's partnership with Islamic Relief in Baluchistan for open defecation free (ODF) interventions, as well as its nutrition and WASH interventions, include strong components of awareness raising among community members. Although some toilets built with UNICEF's support may have been washed away due to the scale of the floods, it is reasonable to assume that at least a portion of the increased awareness may have endured. An example illustrating this was found in South Punjab, although it is not directly related to UNICEF. Some women community members in Rajanpur mentioned that they learned about the floods and relocated to an elevated area, along a nearby road, equipped with clean drinking water supplies. Although this particular example is not directly attributed to UNICEF, it does suggest that awareness raising efforts can have a lasting impact. Another example can be seen in the case of WSSC, Swat. According to a representative of WSSC, despite being a private company and operating within the ethos of the private sector, their engagement with UNICEF has led them to recognize the value of community engagement, which was not a priority for them previously.

Another strategy linking humanitarian work to development was the repurposing of funds from development projects to support emergency interventions. UNICEF effectively engaged in discussions with its donors, enabling the swift reallocation of funds to support flood response projects.

Flood response interventions not only have linkages with existing development work but also have the potential to remain sustainable. The following interventions are likely to remain sustainable:

The provision of WASH infrastructure such as drinking water supply schemes and permanent toilets is crucial for improving the wellbeing and health of communities. These interventions aim to ensure access to clean drinking water and proper sanitation facilities, promoting sustainable development.

Rehabilitated water supply schemes and newly constructed ones, like those in Kohistan, are designed to benefit communities in a more sustainable manner. By improving or creating water supply infrastructure, these interventions help address long-term water needs and provide a reliable source of clean water for the communities. This is important for their health, hygiene practices and overall quality of life.

Similarly, UNICEF's support for building permanent toilets in South Punjab and Kohistan contributes to sustainable sanitation practices. In South Punjab, UNICEF provided technical guidance and materials like blocks and cement. These durable toilet structures are designed to be robust and resilient, ensuring longevity and lessening the need for regular repairs or replacements. Such initiatives promote continuous access to safe sanitation for the communities.

In South Punjab, the toilets are constructed on relatively higher platforms (2.5 feet high) to mitigate the risk of damage during low-level floods. This design feature helps ensure that the toilets remain safe and functional even during periods of flooding, enhancing their resilience to natural disasters.

However, in the case of Kohistan, it is mentioned that climate resilience was not

a primary focus during the construction of water supply schemes or toilets. This means that these interventions might not have incorporated specific measures to address climate-related challenges. While this may not pose an immediate concern, it is important to consider the potential impacts of climate change on the sustainability and effectiveness of these infrastructure projects in the long run.

Education in emergencies interventions that focus on reducing learning losses through the establishment of Temporary Learning Centres, provision of high-performance tents for schools, desilting and dewatering to help open damaged schools also align with the long-term goal of providing quality education for all. These interventions have multiple long-term benefits, including mitigating learning losses, reducing the risk of dropout, potentially increasing enrolment rates and improving the quality of education.

According to UNICEF, education in emergencies interventions have contributed to an estimated 40 per cent increase in enrolment. While the specific figure of 40 per cent could not be independently verified, the evidence collected during field visits for evaluation supports the claim that enrolment has indeed increased as a result of education in emergency interventions supported by UNICEF.

The flood provided an opportunity to increase awareness about child protection, good hygiene practices, nutrition and health. The areas affected by the floods were already some of the deprived regions. Future interventions can build upon this awareness.

Capacities of government agencies and local organizations are enhanced. These transferrable capacities can be utilized in different contexts. While some capacities may be sustainable, others might not, depending on the specific circumstances.

In summary, UNICEF's integrated approach, leveraging existing work and partnerships, has shown promising linkages between humanitarian response and sustainable development. The repurposing of funds, education interventions, WASH infrastructure projects and capacity-building efforts contribute to lasting positive impacts on communities affected by floods. The strategic focus on awareness, climate resilience and education not only addresses immediate needs but also lays the foundation for long-term sustainable development in these regions.

3.2.8 Gender

Gender equity is a crucial focus area for UNICEF. Before the flood UNICEF had established a dedicated section for gender at the PCO level, led by a gender specialist. This section was created as part of their regular operations, with the aim of addressing gender-related issues comprehensively. Furthermore, UNICEF has appointed gender focal persons in each province, who not only carry out their primary sectoral responsibilities but also serve as focal points for gender-related matters. These measures demonstrate UNICEF's commitment to integrating gender perspectives and addressing gender concerns in their ongoing work.

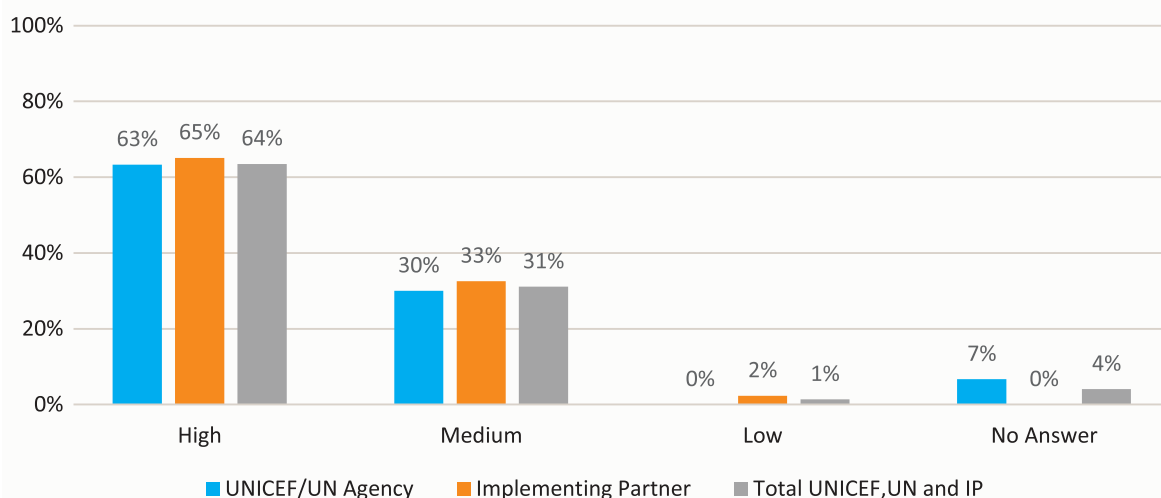
When questioned about the necessity of having a separate gender department within UNICEF, considering the understanding that capacities should be integrated across departments and gender should be mainstreamed, it was mentioned that having

a gender section at PCO serves as a crucial reminder of the importance of addressing gender concerns. Without such a dedicated section, it was explained, there is a risk that gender-related issues may be forgotten or overlooked due to time constraints or other priorities. This underscores the challenge of fully integrating a gender lens into the ethos of UNICEF, as periodic reviews and reminders are necessary to ensure that gender considerations are not neglected or overlooked.

At the planning stage, gender focal persons played a critical role in integrating gender equity and ensuring that services reached women and girls. They actively reviewed project cooperation agreements (PCAs) and identified areas that needed improvement in terms of incorporating gender equity concerns. However, their primary focus appeared to be on ensuring gender considerations during the design phase, with limited involvement in monitoring the implementation. This limitation was due to their primary responsibilities within their respective sectors, which demanded their attention. Given the demands of their primary responsibilities, it was challenging for them to review lengthy PCAs or project proposals, which often spanned 40 to 50 pages. As a result, their role in monitoring the implementation of gender-related aspects was limited.

Nearly two-thirds of respondents rated UNICEF's ability to ensure gender equity as high, with no substantial difference between respondents representing UNICEF/UN Agencies and implementing partners (see Figure 16). Roughly one-third of the respondents provided a medium rating for UNICEF's ability to ensure gender equity. Among the respondents in the UNICEF/UN Agency category, 7 per cent did not provide an answer, while only 2 per cent of the respondents from the implementing partner category chose a low rating for UNICEF's ability to ensure gender equity. This suggests a generally positive perception among the stakeholders regarding UNICEF's efforts in promoting gender equity.

Figure 6: Perception of stakeholders about the extent to which UNICEF ensures gender equity in its work



Source: Evaluation survey

In **education**, gender equity concerns in education were addressed through various measures, including:

- The establishment of TLCs that catered to both girls and boys.
- The training of over 1,000 NFE facilitators with a minimum of 50 per cent being women.
- The engagement of 3,000 SMC members, with at least 50 per cent participation, in awareness raising sessions covering topics such as health, hygiene, GBV and mental health.

UNICEF claimed that at least 40,000 children, including 50 per cent girls, were newly enrolled. While the accuracy of these numbers can be verified, field visits have confirmed the extensive efforts made to reintegrate both girls and boys into schools and enrol new children. These efforts have also resulted in significant fresh enrolments, as mentioned in the education section.

However, confirming whether the new enrolments achieved a 50 per cent inclusion of girls poses a challenge. This claim warrants scrutiny, particularly in light of a statement made by one of the gender focal persons in Punjab. According to their experience, setting a target of 50 per cent girls' enrolment was deemed unrealistic in flood-affected districts where girls' enrolment was already low. This raises concerns about the accuracy of the claim and the selection of an indicator that may not be contextually appropriate. Additionally, male and female community members in South Punjab have confirmed the low priority given to girls' education, indicating that the target of 50 per cent would not have been realistic in the first place.

Considering UNICEF's extensive experience in education, a more nuanced approach could have been adopted. For example, the target could have been based on the number of girls and boys enrolled prior to the flood, while still aiming to achieve ambitious goals of bringing back both girls and boys.

In **WASH**, gender was integrated in various key activities including:

- Implementation of segregated emergency toilets to reduce protection risks for women and girls.
- Provision of clean drinking water during the emergency phase mitigated protection risks for women and girls.
- Establishment of nearly 1,000 bathing spaces in the camps, primarily utilized by women to address their privacy needs (although the number of spaces was insufficient).
- The distribution of dignity kits to women and adolescent girls is crucial during the emergency phase; however, the sustained use of these kits presents a challenge, especially for women from poorer backgrounds, due to the cost implications beyond the initial emergency period.
- Integration of WASH in schools, benefiting girls and boys.
- Effective engagement of women community resource persons to reach out to women.
- Conducting safety audits to address GBV risks.
- Organizing sessions on PSEA and GBV in WASH activities for WASH committees and community members.
- Conducting gender-focused sessions on WASH to promote gender equality and inclusion in decision-making.

Provision of toilets and clean drinking water near households has been shown to reduce protection risks and alleviate the work burden for women. Community members met during field visits confirmed some of these impacts. The utilization of bathing spaces primarily by women supports the understanding that privacy is an important consideration for them, despite the insufficiency of bathing spaces. The distribution of dignity kits during

the emergency phase was significant, although its affordability was a challenge after the emergency was over. UNICEF's flexibility in allowing the hiring of 100 women Community Resource Persons facilitated effective outreach to women in South Punjab, according to government officials representing HUD&PHED.

Regarding **child protection**, various activities were implemented with a focus on integrating gender concerns:

- Establishment of safe spaces that benefited both girls and boys. Awareness sessions on protection risks, involving an estimated 794,708 to 1,000,000 girls; 985,051 women benefiting from sessions specifically addressing child protection.
- Awareness sessions on GBV risk mitigation, benefiting an estimated 314,700 girls and 676,501 women.
- Awareness sessions on PSEA, benefiting an estimated 383,733 girls and 545,252 women.
- Provision of psychosocial support services and specialized counselling, with 213,694 girls and 207,807 women attending these sessions.
- Training of partners on survivor-centred approaches for the identification and referral of at-risk women and girls.
- Awareness sessions on minimum preventative health services and safety (MPHSS) for girls, boys, men and women caregivers.
- Reached 2,705,733 orphans, unaccompanied and separated children (55 per cent girls) through identification, registration, family tracing, reunification and interim care services.
- Reached 3,942,639 women, children, mothers, caregivers and unaccompanied individuals through child protection awareness-raising activities.
- Established referral pathways for child protection and GBV cases.

In the domain of **health and nutrition**, the following initiatives were undertaken:

- Provided integrated maternal, newborn and child health (IMNCH) services to the communities.
- Provision of nutrition services to both girls and boys.
- Formation of support groups for pregnant and lactating mothers.
- Training of women on infant and young child feeding (IYCF).
- These efforts demonstrate a commitment to addressing gender considerations and promoting the well-being and safety of both girls and boys.

Prior to the flood, a significant portion of UNICEF's work was conducted in collaboration with government agencies, which sometimes limited their ability to address protection-related issues like GBV and child protection effectively. To overcome this limitation, UNICEF proactively engaged with CSOs, although this decision was motivated by multiple factors beyond solely addressing protection concerns.

One critique of the work is that it primarily focuses on ensuring equal benefits for girls and boys, as well as gender-disaggregated data. While this is currently the main focus, there appears to be limited emphasis on qualitative aspects, outcomes and the overall impact of the work. One senior staff member of UNICEF expressed their hope that we would progress beyond disaggregated data and engage in more analytical work.

A key challenge, also identified earlier, was the lack of dedicated staff for gender in field offices. This was highlighted by the fact that gender focal persons, despite their crucial role, did not have enough time to fully dedicate themselves to gender-related responsibilities since it was not their primary responsibility. One of the focal persons expressed concern, stating that due to the limited time available, she was unable to fully utilize her skills and training as a gender specialist. This emphasizes

the need for dedicated staff or resources specifically allocated to addressing gender concerns in order to ensure that gender expertise and skills are effectively utilized within the organization.

In summary, UNICEF demonstrates a strong commitment to gender equity by incorporating dedicated gender sections at both central and provincial levels. Despite challenges in fully integrating gender considerations and monitoring implementation, stakeholders generally perceive UNICEF's efforts to ensure gender equity as high. In education, WASH, child protection and health initiatives, UNICEF emphasizes equal benefits for girls and boys, yet there is a call for more analytical work and dedicated staff to address gender concerns effectively. While acknowledging progress, there is recognition of the need for continuous improvement in addressing GBV, child protection and ensuring the full utilization of gender expertise within the organization.

3.2.9 Good practices/innovation

The CCC emphasizes the need for programme innovation as a way to improve programme quality and to adapt programmes to the unique needs of communities in different situations. Thus, a key focus during this review was on identifying examples of good practices and programme innovations by UNICEF during this response. The following examples were identified from different sectors:

- Balochistan is the biggest province in Pakistan and the large distances and lack of trained teachers in many areas impeded access to education in many areas after the floods. UNICEF's innovative mobile school units for education in Baluchistan increased access to education for children in far-flung areas. Under this programme, the mobile units visited different areas in a district on a rotational basis. There were also integrated health nutrition and WASH mobile teams in Balochistan.
- The updated protocols used by UNICEF for screening children in the nutrition sector resulted in more accurate calculation of malnutrition among children and helped in focusing resources most at risk of mortality and serious morbidity due to malnutrition and referring less serious cases for treatment under mild acute malnutrition programmes. The focus on community awareness-raising on the strengths of both traditional and new dietary practices was also a good practice.
- The issuance of visas and security issues were major barriers in the ability to deploy foreign staff, especially western ones, to Pakistan after the floods. The inclusion of Pakistani-origin staff in surge deployments resolved these issues and also ensured that culturally and linguistically relevant staff were deployed who could adapt and be productive immediately after deployment with limited need for cultural orientation.
- Contingency agreements with CSO partners allowed a quick scale-up after the floods as the terms of their contingency agreements meant that they could start working within 24 to 48 hours based on the issuance of a letter activating the contingency agreement. However, the effectiveness of this innovation was undermined as some of the contingency partners had limited humanitarian capacities.
- As donor funding took time to flow, UNICEF's ability to repurpose development programme funds after the floods for emergency purposes allowed quick access to money until donor funding came in. Thus, in the first two months of the flood response, such funds were the primary source of funding for UNICEF.
- Over the past many years, UNICEF has primarily chosen to collaborate with government agencies, driven by a desire to engage with government systems, strengthen them and promote sustainable change. Additionally, the limited space for civil society and the challenges associated with working with CSOs have influenced this preference. However, the recent floods have presented new opportunities for UNICEF to adopt a more balanced approach and benefit from the relative advantages offered by each sector. UNICEF acknowledges the unique role that CSOs play in advocating for the rights of vulnerable populations and implementing interventions tailored to local needs.
- Focusing on PSEA and raising awareness about it was good practice. By providing information and promoting understanding of PSEA to implementing partners and communities, UNICEF aimed to create an environment where everyone involved is better equipped to address and prevent such issues. One of the implementing partners in South Punjab specifically focused on increasing awareness about PSEA.
- While immediate results may not be evident, the long-term impact of creating awareness about PSEA among organizations and communities is significant. Awareness can lead to increased vigilance, reporting and implementation of safeguarding measures, thus minimizing the risk of sexual exploitation and abuse.
- Ultimately, the collective efforts of implementing partners and communities in raising awareness about PSEA can contribute to creating safer environments and protecting vulnerable individuals from harm.
- In regards to supplies, there were some good practices related to procurement planning, liaising and logistics practices. On day one of the response, UNICEF drafted a supply plan, and six days later had the first charter arrive in Pakistan (followed by further charters).

Organizing mobile safe spaces is a commendable practice, especially as it represents innovation within the context of Pakistan. Mobile safe spaces for child protection offer numerous benefits, such as efficiency and flexibility in reaching diverse populations, fostering active community engagement, adapting to evolving situations and effectively serving marginalized groups. Furthermore, they enhance scalability and mitigate the perception of a single static space as the exclusive safe area, instead promoting the whole village or community as a secure environment for children.

UNICEF displayed a notable capacity to innovate during the flood crisis in Pakistan, with several of its interventions earning recognition as good practices. Examples of these innovative approaches include the introduction of mobile school units in Balochistan to address education challenges in distant areas, the implementation of updated nutrition screening protocols for more accurate identification of malnutrition and the strategic inclusion of Pakistani-origin staff in surge deployments to overcome visa and security barriers. Additionally, UNICEF's use of contingency agreements with civil society partners for quick scale-up, the flexible repurposing of development funds for emergency purposes and the adoption of a balanced approach collaborating with both government agencies and civil society underscored the organization's adaptability and effectiveness in responding to the complex challenges posed by the floods.

3.3 Coordination

EQ3. How well did UNICEF coordinate within and across units and partners to ensure a timely and relevant response (coordination)?

3.3.1 Internal coordination

The highest-level coordination forum within UNICEF was the **Extended Management Team** (EMT), which involved the participation of management from HQ, ROSA and PCO. These meetings played a crucial role in aligning all three tiers and ensuring shared understanding and collaboration. However, there were mixed views regarding the efficacy of EMTs, particularly as a decision-making forum, despite being recognized as an effective platform for information sharing.

Some individuals believed that the EMTs were too large to serve as an effective decision-making forum. They suggested that these meetings could be more effective if participants were better prepared in advance and utilized the information for well-informed discussions and decision-making. Additionally, a senior staff member from ROSA expressed the opinion that EMT meetings created a lot of pressure on PCO staff, as they were required to answer questions from HQ and ROSA. On the other hand, some staff members found the meetings to be very useful and productive. One individual pointed out that the decisions taken during the meetings, as well as the subsequent follow-ups, demonstrated the efficacy of these gatherings.

On the whole, opinions varied regarding the effectiveness of EMTs as decision-making forums. However, there was a shared agreement on the importance of these meetings as information-sharing platforms that promoted alignment among the three tiers.

In addition to EMT meetings, ROSA and the CO programme and support teams held coordination meetings and maintained regular communication through various means such as email, WhatsApp and phone calls.

Formal coordination at the country level was achieved through the establishment of **Emergency Country Management Teams (ECMT)**, which included the Chiefs of Programmes and Support Departments, as well as representatives from the hub offices. Initially, these meetings were held as frequently as twice a week, but over time, the frequency decreased to once a week and eventually twice a month. These meetings were widely regarded as effective decision-making forums where a majority of operational decisions were made and subsequently followed up on. They served as important platforms for coordinating and aligning efforts at the country level.

UNICEF established four **hub offices**, two in Sindh (Hyderabad and Sukkar), one in Baluchistan (Sibbi) and one in Punjab (Multan) to take the operations closer to the beneficiary population. Since these offices were specifically established to implement flood response interventions, they served to foster collaboration and coordination among multiple sectors and create an environment conducive to cooperation. They provided valuable opportunities for staff to work closely with one another, facilitating effective teamwork and synergy. The proximity to the beneficiary population allowed for better understanding of their needs and enhanced responsiveness in delivering assistance and support. Overall, the establishment of these hub offices contributed to the efficient implementation of flood response interventions and improved outcomes for the affected communities.

It is important to recognize that internal coordination was not limited to formal channels. Coordination through everyday informal channels (such as emails, phone calls and messaging platforms like WhatsApp) facilitated collaboration, information exchange and quick decision-making. These channels offered flexibility and accessibility, enabling effective internal communication.

UNICEF demonstrated a capacity for internal coordination during the flood crisis in Pakistan, utilizing platforms like EMT and ECMT meetings for decision-making and alignment across organizational tiers. The establishment of hub offices facilitated collaboration, proximity to beneficiaries and efficient implementation. While opinions varied on the effectiveness of EMT meetings, there was consensus on their crucial role and both formal and informal channels ensured quick decision-making and effective communication within the organization.

3.3.2 External coordination

UNICEF is the co-lead agency in four sectors (nutrition, education, child protection and WASH). UNICEF co-coordinated the work of government, other UN agencies, donors and NGOs in Islamabad and provincially along with the relevant government departments. The team received around 80 minutes documents of meetings from UNICEF sector staff. A review of these minutes for these sectors shows that UNICEF provided very strong leadership on solving immediate operational issues, geographical coordination, gaps, challenges and government permit issues.¹³ However, it displayed less intellectual leadership on programme quality, gender, sustainability, etc. This ties in with the discussion on programme quality described earlier in this report where it was noted that proposals and reports do not reflect a strong focus on programme quality issues and more on operational issues.

13 The majority of the minutes received were from Sindh and Punjab (57) and WASH and education (30 each).

Table 30: Number of minutes of sectoral meetings

Province	Nutrition	WASH	Education	Child protection	Total by province
Punjab		7	11	4	22
Sindh	3	5	19	8	35
KP		3		6	9
Baluchistan		2			2
Islamabad		13			13
Total	3	30	30	18	81

Source: UNICEF sectoral data

UNOCHA also maintains a website for all sector working groups. Among the four co-led by UNICEF, WASH is the best populated with complete up-to-date minutes of the Islamabad WASH group meetings and other technical information.¹⁴ In field offices, five to six UN agencies usually share premises. Coordination meetings are held regularly and some coordination was done related to technical resources and the geographical division of work, according to UNICEF staff. However, no minutes of meetings were available nor are there any formal, written agreements among UN agencies on collaboration and joint programming. Thus, greater collaboration and joint programming could help UNICEF address these community needs which it cannot fulfil due to mandate and expertise issues, like food. UNICEF also has multiple CSO partners in most districts which often worked in the same UCs and villages in different sectors, however, UNICEF did not institute any formal coordination mechanism among them. In one or two districts, informal initiatives by UNICEF staff or CSOs existed. In Khairpur, one agency has been designated the convenor for joint meetings by all partners. Greater coordination among partners could have major benefits in increasing integration and quality of programmes, joint assessments and monitoring, etc. Currently this is a missed opportunity.

UNICEF's staff and partners views on external coordination varied (see *Figure 29 in annex*). The lowest rating was for coordination with other UN agencies (35 per cent high and 40 per cent medium) and the best is for coordination with partners (65 per cent high and 23 per cent medium). KIIs and the online survey with UNICEF staff identified strong coordination with technical government departments (such as social welfare and health), regular meetings with CSO partners, UNICEF's strong role as a lead coordination agency, online meeting modalities as the main strengths of UNICEF's external coordination activities. The main gaps were identified as a lack of strong contact with PDMA, problems in the sharing of data with partners, insufficient staffing initially, the absence of the cluster system nationally and low engagement of the government in coordination meetings.. CSO and government partners identified UNICEF's strong leadership in working groups, strong links with the government, UNICEF's technical capacities, its data dashboards and its strong ground presence as the main strengths of UNICEF's external coordination work. The main gaps identified were communication gaps with partners, delays in rapid needs assessments in Punjab, insufficient UNICEF staff capacity in KP and frequent staff missions with insufficient notice.

¹⁴ <https://response.reliefweb.int/pakistan>

UNICEF played an active role in sector coordination and solving operational, geographic and government representation issues though there were some variations across sectors and provinces. However, it provided insufficient intellectual leadership on programme quality issues and missed opportunities in ensuring greater programme integration and quality in coordination among UN agencies and partners. Communication gaps and staffing limitations were also main gaps in external coordination.

3.4 Support infrastructure

EQ 4. To what extent was UNICEF's infrastructure, systems and policies (including the Core commitment to Children) at all levels adequate and utilized during the response and how did emergency preparedness and organizational readiness enable the country office to respond more effectively?

3.4.1 Emergency preparedness

UNICEF global guidelines mandate emergency preparedness planning for the agency. For UNICEF, emergency preparedness consists of the mechanisms and systems put in place in advance to enable an effective and timely emergency response to humanitarian crises. Such preparedness includes building national capacities for preparedness and response; ensuring CO' preparedness to respond; developing HQ and regional offices' capacity to support COs; and contributing to interagency preparedness.

The UNICEF Pakistan office has a very detailed emergency preparedness plan outline consisting of risk analysis of floods and other hazards as well as scenario planning and response plans for each sector for each hazard. However, most of the sections under this outline are empty within the body of the report and as such emergency preparedness experiences significant gaps in all three major sections: risk analysis, scenario planning and response details. Where details are available, they were highly inadequate for the 2022 crisis. For example, the number of affected persons was assumed to be three million compared to the 33 million affected in reality in 2022.

Interviews with emergency staff show that the two main components of the emergency preparedness plan at the country level were contingency contracts with CSO and supplies on hand. Only around 50 per cent of UNICEF and partner staff rated emergency preparedness as high while another one-third rated it as medium (see Figure 32 in annex). The main emergency preparedness aspects that worked in practice in the 2022 floods were:

- Supplies of around \$3 million that lasted one month
- Ability to repurpose existing funds and borrow
- UNICEF's global surge capacity
- Provincial/field presence and knowledge
- Contingency agreements with around 20 CSOs, out of which only around 60 per cent were activated as many of the partners (such as Boy Scouts) were not recognized humanitarian agencies
- Long-term agreements for supplies and services.

UNICEF staff mentioned in KIIs and the online survey that the presence of contingency partnerships, prepositioned supplies and trained staff were the key strengths of UNICEF's emergency preparedness also

emphasized the need to undertake emergency preparedness in collaboration with the Government, CSOs and communities. Similarly, CSO partners in KII and the online survey mentioned UNICEF’s partnerships and early warning systems as key strengths but also suggested strengthening it further by involving government departments and communities in it, enhancing preparedness training and increasing contingency stock levels.

Emergency preparedness is a key weakness currently as the emergency preparedness plan is still incomplete, does not include key support functions (such as fundraising) in its list of subjects while the list of contingency partners includes many small NGOs with limited humanitarian capacity.

3.4.2 Fundraising

UNICEF obtained resources from a wide range of internal and external resources against its \$173 million appeal for the flood’s response. So far, it has raised \$110 million (63 per cent of the appeal) which includes \$17 million in loans which will have to be paid back (see Table 31). The initial sources of funds were these loans (15 per cent) and repurposed funds (13 per cent). Around 72 per cent of the \$110 million has come from new funds and nearly 50 per cent from bilateral donors. The US is the single largest source of funding at 10 per cent of total funds obtained to date.

Sector wise, WASH and nutrition have received around 25 per cent each of the \$110 million raised and health and education around 15 per cent each. The largest funding gap is in WASH at 50 per cent of its needs followed by health at 30 per cent while emergency preparedness has exceeded its target.

Table 31: Funding situation by source as of May 2023

Donors (\$, millions)	Total	%	Health	Nutrition	Education	Protection	WASH	Emergency Prep/other
Repurposed	13.9	13%	4.5	2.1	4.9	0.8	1.7	0.0
New funds								
Bilateral funds	54.7	49%	9.0	16.7	2.3	2.0	14.0	10.7
UN Funds	5.8	5%	0.0	1.7	0.0	2.0	2.1	0.0
Private funds	4.8	4%	0.0	0.0	3.3	0.2	0.9	0.3
Total new funds	79.5	72%	21.2	39.8	8.8	8.7	37.8	32.9
Total loans	17.1	15%	1.2	3.5	4.4	0.5	4.9	2.6
Grand Total	110.5	100%	26.8	45.4	18.1	10.0	44.5	35.5
Sectoral %			14.7%	24.3%	13.9%	5.2%	24.5%	17.5%

Source: UNICEF funding data

Table 32: Sectoral funding situation as of May 2023

Sector	Proportion in appeal	Proportion in funds raised	Funding gap %
Health	20%	15%	30%
Nutrition	20%	24%	12%
Education	13%	14%	13%
CP	6%	5%	9%
WASH	34%	24%	50%
Emergency preparedness	6%	13%	-5%
Others	0%	4%	-7%
To be determined	0%	1%	-1%
	100%	100%	100%
Total	\$ 173,541,888	110,444,572	63,097,316

Source: UNICEF funding data

Around a third of UNICEF staff and partners rate fundraising efforts as high, a third as medium and around 20 per cent rating it as poor (see Figure 33 in annex). A lack of adequate funding was raised as one of the major problems in all sector and programme quality analyses. The major problems in raising funds were identified as follows:

- The meagre funds allocated by major donors
- The lack of fundraising capacity of the country team and
- The lack of prior planning done for fundraising before the floods as part of the emergency preparedness activities.

The fundraising effort was strong, and UNICEF was one of only two agencies in Pakistan (along with WFP) which raised more than \$100 million for this crisis. However, fundraising efforts can be improved further by better emergency preparedness and increasing CO capacity.

3.4.3 Supplies

UNICEF had around \$3 million of supplies on hand before the floods which lasted a month and allowed it to launch a response quickly. Out of the total support given by UNICEF, \$32 million was in the form of supplies distributed until 30 April 2023 (such as nutritional supplements, lifesaving supplies to health partners, school supplies and hygiene kits).

Partners mentioned some delays in the flow of supplies, especially those related to hygiene kits and some quality issues as some of the supplies had to be returned. This was related to hygiene kits that were provided by UNHCR. When quality issues were highlighted, UNHCR organized the substandard supplies to be replaced. There was some delay in the flow of time sensitive winterization kits, about half of which left UNICEF stores in January 2023 (see Table 15) and there may have been further delays in distribution by partners in the field.

UNICEF regulations do not allow UNICEF to procure medicine locally even though good quality medicines are produced in Pakistan by foreign companies. UNICEF must look to change such regulations to save money and carbon emissions on international transportation as long as good quality items are available locally in sufficient numbers.

The supplies flow system does not make it easy to trace which sector or province the supplies went to, which makes an analysis difficult. Additional columns must be added to track the sector and province of each supply flow easily in Excel spreadsheets. Several deployed staff highlighted the need to improve warehousing, inventory and the dispatch system.

Nearly 50 per cent of the online respondents rated UNICEF supplies management as

medium, while around a third rated it as strong (see Figure 30 in annex). There were multiple complaints from UNICEF staff and CSO partners on UNICEF supplies management, related to late delivery of some items, such as winterization kits, issues of quality with some kits (e.g., hygiene kits and educational kits), weak inventory management systems and inaccuracies in information about the dissemination of supplies in warehouses.

Table 33: Flow of supplies

Partner type	Percentage	Province	Percentage	Sector	Percentage
Government	77%	Sindh	44%	Education	12%
CSOs	23%	Punjab	17%	Health	56%
Total	100%	KP	22%	Nutrition	13%
		Baluchistan	10%	WASH	13%
		Islamabad	7.0%	CP	6%
		Total	100.0%	Total	100.0%

Source: UNICEF supplies data, 30 June 2023

BOX 1: Deployment reports views on supplies management problems

1. Weak planning on the needs assessment and supply forecasting.
2. Visibility on government and IPs stock information of key commodities, issued and received, along its supply chain is very limited as UNICEF does not receive this data from these partners.
3. Implementing partners supply requests sent to UNICEF are not linked to any mechanism on reporting the stock status.
4. Inventory management tools are not in standardized formats; requesting/reporting tools are not aligned.
5. Roles and responsibilities of the supply chain stakeholders are not clearly defined.
6. There is a strong need to support IPs and government on warehousing management.
7. Poor stock management in mobile units.
8. Chronic issues with inadequate reporting of nutrition consumption data by health facilities, which are also linked to information systems.
9. Selected partners continue to carry out separate records of nutrition supplies, despite efforts from the central level to integrate all partner contributions through a single plan and supply system.

Source: Deployment reports

In summary, the triangulation from different information sources confirms some delays in the provision of supplies due to non-availability in the country, weak UNICEF inventory and dispatch procedures in some places as well as delays in approvals.

3.4.4 Information management

The Planning, Monitoring and Reporting (PMR) unit-maintained dashboards tracking the services provided by UNICEF under the floods response in different sectors (see Chapters 1 and 3). Although the dashboards took some time to set up and faced initial teething issues given the large number of partners and projects from whom the data had to be collected, over time the accuracy of the data improved to provide useful snapshots every month of the number of people benefiting from its services. However, as mentioned in the Methodology section (see Chapter 2), there are major issues with the way UNICEF maintains internal information about its project work (such as financial data, project documents, monitoring and mission reports, etc.). There is invaluable information embedded in these documents that gives useful insights into key programme quality dimensions that UNICEF wants to achieve, (e.g., integration, timeliness, adherence to technical standards, etc.). This information could provide invaluable insights to programme staff and senior management about the performance of the UNICEF response on these dimensions, which will allow UNICEF to take corrective action where gaps are highlighted. However, UNICEF is under performing in collecting these documents from agency staff and summarizing them into indicators that would allow staff at various levels to take corrective action. Thus, there is a strong need to improve documents collation and information management on these internal dimensions of programming.

Forty per cent of all online respondents considered information to be high quality, while 40 per cent rated it as medium quality and around 20 per cent considered it to be weak (see Figure 31 in annex). UNICEF staff appreciated the creation of the dashboards but also pointed out that the data in it was often inaccurate, outdated and that there were issues in collecting timely data from so many sources (across the four provinces and multiple sectors). CSO partners also appreciate the data management but felt that the information

management system must be developed through greater collaboration with partners.

In summary, information management is a weak area at UNICEF Pakistan which must be strengthened through better online collation of project data, its summarization and presentation to senior management and sectoral staff to facilitate adequate monitoring and decision-making.

3.4.5 Human resources

Deploying experienced and qualified personnel within 48 hours of an emergency's onset is a fundamental commitment of UNICEF to children. To fulfil this commitment, the UNICEF PKCO Human Resources Department played a crucial role in ensuring an adequate supply of human resources to support the escalation of the flood response. UNICEF's Flood Emergency Response showcased strong collaboration between the PKCO, ROSA, and DHR Emergency Cone, drawing on past emergency experiences, such as those in Afghanistan. The response benefited from three distinct streams of staff deployment: in-house personnel, surge deployments, and temporary appointments. By employing these three streams, UNICEF effectively strengthened its capabilities, enabling a swift and effective humanitarian intervention during the flood emergency.

Surge deployments, involving skilled personnel, are crucial for UNICEF to quickly scale up emergency operations, utilizing both internal and external mechanisms for efficiency. UNICEF's internal surge mechanisms include rosters at HQ, regional, and country levels, while external mechanisms extend to standby partnerships providing additional expertise for emergencies.

Throughout the response, 70 surge deployments were completed with a gender ratio of 58 per cent male to 42 per cent female. Ninety per cent of these positions were filled internally and the rest externally, with 22 appointments delayed or cancelled.

BOX 2: Sources of surge deployments

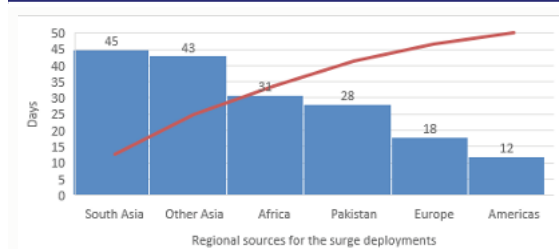
Sources	Modalities	Percentage
Internal sources	Emergency Response Team (ERT)	7.20%
	Humanitarian Surge Deployment (HSD)	50.70%
	ICT roster	2.90%
	Immediate Response Team (IRT)	2.90%
	Rapid Response Mechanism (RRM)	26.10%
External Sources	Rapid Response Team (RRT)	4.30%
	Stand-by partnerships (SBP)	5.80%

Source: Deployment reports

Half of the total deployments were filled by UNICEF's Humanitarian Surge Deployment (HSD), 7.2 per cent by the Emergency Response Team (ERT), and 26.2 per cent from regional and global staff rosters, with women filling 42 per cent of positions. External sources, including stand-by partnerships and Rapid Response Teams, contributed to 10 per cent of the deployments. Most were for P4 level positions, representing 39.1 per cent of the total. UNICEF also utilized the UNV programme to support the flood response.

UNICEF strategically deployed Pakistani-origin staff, who constituted 18 per cent of total deployments, due to their familiarity with the local context and no visa requirements for entry. However, despite being a key strength, these deployments were not the most efficient, averaging around 28 days to complete, compared to quicker deployments through RRM, HSD, and SBP, which averaged 12 to 18 days, with no significant gender differences in deployment times (see Figure 7).

Figure 7: Average days to fill posts from different regions.

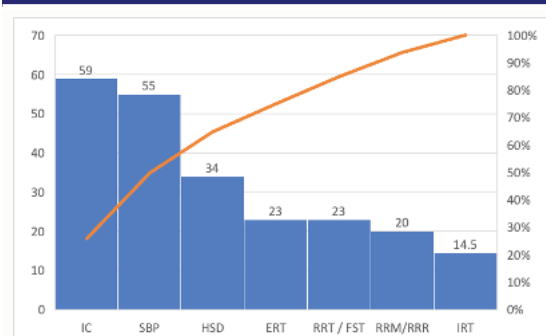


Source: Regional Human Resources database

One commonly mentioned reason for delays, as cited by key informants, was visa issues. In the case of Pakistani-origin staff, delays were caused by the time needed for approvals and coordination. Additionally, delays were attributed to slow communication, difficulty in identifying and releasing surge candidates, and the unavailability of requested staff.

IRT proved to be the most efficient mechanism to fill surge posts with surge deployment taking on average 14.5 days, followed by RRM/RRR with 20 days, and RRT and ERT both with 23 days (see Figure 8). The IC and SBP took most days.

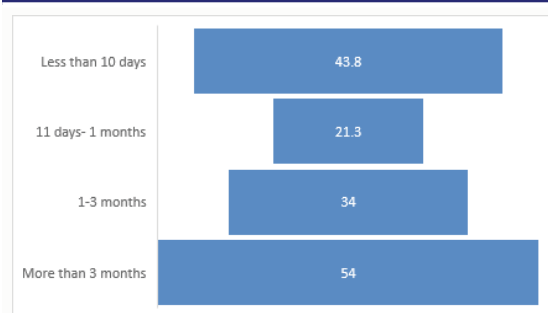
Figure 8: Average to fill number of days to fill surge posts from different sources



Source: Regional Human Resources database

P3 and P2 posts took much longer to fill compared to other positions (see Figure 33 in annex).

Figure 9: Average number of days to fill posts by duration of deployment



Source: Regional Human Resources database

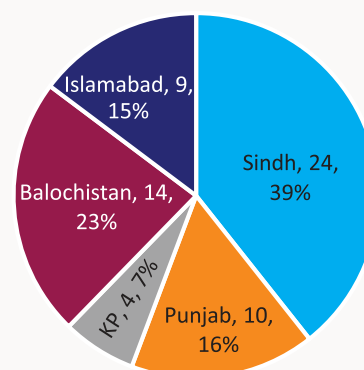
The analysis presented in Figure 9 indicates that deployments for less than 10 days and those for more than 3 months took more time compared to deployments lasting from more than 10 days up to 3 months.

During their deployment, surge staff had diverse experiences. Some expressed satisfaction with strong office support, effective contributions, and prompt decision-making. In contrast, others encountered challenges such as unclear roles, unrealistic expectations, underutilization of expertise, delays in field deployments, limited support from field staff for those deployed to hub offices, and limited field exposure for staff deployed in the country office. The pace of decision-making was also perceived as slow in certain cases. One example of unrealistic expectations, shared by one surge staff member, was being tasked with developing a digital communication strategy within a short timeframe without sufficient field exposure. Despite these challenges, he managed to produce a draft strategy. One surge staff member had a particularly negative experience, flying directly to the Hub Office without prior introductions. She complained about a lack of support from the field office, demonstrated by unanswered messages, uncompleted team hiring, and non-sharing of donor proposals. She unfavourably compared their experience in Pakistan with that in countries like Turkey and Ukraine

UNICEF's flood response scale-up involved 61 **temporary appointments**, 90 per cent of which were local, with a gender split of

86 per cent male and 14 per cent female. Program units received 60 per cent of the appointments, while support units, primarily administration and Planning, Monitoring, and Evaluation (PME), accounted for the remaining 40 per cent. Figure 10 provides geographical distribution of the project.

Figure 10: Distribution of temporary appointments by province



Source: Regional Human Resources database

The data indicates that 85 percent of the temporary appointments were allocated to field offices. Sindh received nearly 40 percent of these appointments, followed by Balochistan with nearly 30 percent. The duration of appointments varied, with the majority falling within the three to six-month category (66 percent).

HR's surge deployment staff list was underutilized because program teams primarily directed deployments. This indicates the list requires frequent revisions and emphasizes the value of flexibility. (*see Figure 10 for a breakdown of the temporary appointments*).

To support staff well-being during emergencies, HR deployed strategies like recognition for on-ground workers, monthly meditation, and sports activities. They also provided a staff counsellor for mental health support. New recruits, including surge and temporary staff, received orientation on security and PSEA. Although slow to start, HR developed an informative onboarding pack, which proved beneficial according to surge staff feedback.

HR noted two opposing views on the flood response deployments: some staff felt UNICEF underused internal capacities in favour of external surge staff, while others involved in the response saw an unfair workload distribution, with some maintaining regular hours and others tackling more demanding fieldwork.

The key challenges linked to the human resource function in relation to Surge and Temporary Appointments at UNICEF include:

- Initial underestimation of the number and specific functions of personnel needed for effective emergency response.
- Inefficiencies in the bureaucratic process of agreeing on priority roles and deployment locations, causing recruitment delays.
- Communication breakdowns within logistics leading to issues such as newly arrived staff being stranded at airports due to no alert system in place.
- Support mobilization not aligning with the dynamic on-ground needs during the emergency, exacerbated by infrequent updates and communication among offices.
- Limited capacity of field offices to absorb and integrate the surge staff provided by central offices, leading to underutilization of available human resources.

- Lengthy development and implementation of a surge staffing and recruitment tracking system, which continued to suffer from data entry problems and incomplete data synchronization.
- Difficulty in reorienting staff to emergency mode quickly due to entrenched standard operating mindsets.
- Identified surge support staff being unavailable or not permitted by their line managers to join the emergency efforts.
- Recruitment processes hampered by competing priorities, availability of hiring managers, and delays in assessment and finalization of candidates.
- Challenges in the recruitment and hiring process due to shared candidate pools with other UN agencies and instances of candidates declining offers after selection.

The dedicated surge to the HR Section played a positive contribution to the initial design of the country office HR emergency frameworks that enabled the PKCO HR teams to continue to focus on the regular routine. This allowed for the timely support to field offices by the CO HR teams who eventually started making field visits in addressing staff concerns and wellbeing.



UNICEF demonstrated a commendable capacity for rapid deployment of experienced personnel within 48 hours of the flood crisis onset, ensuring the timely and effective staffing of relevant offices for a swift emergency response. The surge deployment strategy, incorporating internal mechanisms like ERT and HSD, along with external partnerships, significantly enhanced UNICEF's response capabilities. While the deployment of Pakistani-origin staff showcased a strategic response, challenges such as visa issues and communication delays highlighted areas for improvement in the deployment process, particularly when deployments extend beyond a month, underscoring the need for more expedited processes in future responses.

3.4.6 Communication and advocacy

The role of UNICEF's communication and advocacy functions are to engage in public advocacy and social mobilization through conventional media to increase visibility, including donor visibility. During emergencies, in the initial phase, the communication and advocacy team focuses on situational reporting to highlight emergency needs, including both primary and secondary requirements. As UNICEF partners commence their support in the second stage, the communication team begins showcasing the activities to donors and the public, highlighting the actions being taken on the ground. The key job is to capture the attention of donors and the public and sustain

their interest throughout the emergency response and subsequent recovery phase.

The communication and advocacy team were swiftly on the ground to provide situation reporting. This allowed for the timely and accurate sharing of information with the public, helping to raise awareness about the impact of the floods. The communication and advocacy section captured powerful and memorable photographs that highlighted the situation on the ground. According to a key informant, some of these pictures have become iconic or the face of the emergency response, including the picture of a girl taken with the Secretary-General of the United Nations. These images not only provided visual evidence of the challenges faced but also helped evoke empathy and support from the public and donors.

The communication and advocacy team employed a range of essential tools in their work, such as social media accounts (including platforms like Facebook and Twitter), video rolls and press releases (including global press). These tools played a vital role in the team's ability to efficiently share information, engage with the public and generate media coverage.

The UNICEF communication and advocacy team demonstrated remarkable success in maintaining the visibility and urgency of the flood emergency story, despite the presence of competing emergencies (such as those in Ukraine, Yemen, Sudan and Turkey), which were strategically considered more significant from the perspective of donors, particularly the Ukraine emergency. Through consistent efforts, the communication and advocacy functions effectively sustained media interest by providing regular updates, compelling narratives and engaging content, thereby amplifying both the visibility and impact of the flood emergency.

In addition to keeping the story alive in the media, the communication and advocacy section played a vital role in facilitating visits by NATCOMs (National Committees) and

accompanying media teams, which helped showcase the pressing needs and the commendable work undertaken by UNICEF and its partners in addressing the flood emergency.

ROSA communication plays a key role in providing strategic direction to the communication team in PCO. Their guidance and expertise helped shape the communication strategies and approaches, ensuring alignment with broader organizational goals and priorities. The support from ROSA and HQ came in the shape of stretch and surge deployments and ongoing discussions and support. According to a key informant representing ROSA, a key capacity gap was to ensure content was of highly quality and more importantly that it was strategically relevant to fundraising needs.

ROSA's communication and advocacy team played a vital role in supporting the PCO five-member communication team by providing strategic direction, guidance and expertise. ROSA's assistance was instrumental in shaping the communication strategies and approaches to ensure they were aligned with the broader organizational goals and priorities.

ROSA and UNICEF HQ provided support through stretch and surge deployments, which involved deploying additional resources and personnel to address any gaps in staffing or expertise. This helped alleviate the shortage of staff and ensured that the communication team had the necessary skills and knowledge to carry out their responsibilities effectively. By doing so, ROSA aimed to improve the overall effectiveness of communications efforts in mobilizing support and resources for the organization's work.

In addition to deployments, ROSA's ongoing discussions and support were crucial in providing the necessary guidance and feedback to the PCO communication team. They facilitated regular exchanges to ensure that the communication strategies remained on track and aligned with the organization's goals.

One of the challenges associated with the work of a communication and advocacy team is finding a balance between communicating the pressing needs on the ground and the Government's hesitation to make an appeal that could portray them in a negative light. According to a key informant, a potential downside of highlighting UNICEF's successful work is that it can be used as ammunition to criticize and undermine the Government, as it may position UNICEF as an opponent.

In a politically-charged environment, capturing the attention of decision-makers can be challenging. Competing priorities and limited resources make it difficult to ensure that the voices and needs of the affected communities receive the necessary attention from policymakers.

The communication and advocacy section plays a vital role in facilitating NATCOM visits and hosting international media, among other important visitors. However, managing these responsibilities can be time-consuming and divert attention from the core communication and advocacy efforts. Balancing the need to accommodate visitors while maintaining a focus on communication objectives becomes especially challenging when the team is small and lacks a dedicated presence in the provinces.

The communication section often finds itself operating in a reactive mode, as it needs to respond to a wide array of unexpected and diverse demands. These demands can include sudden media requests, crisis situations and emerging issues that require immediate attention. The ability to adapt swiftly and effectively to such demands can exert significant pressure on a small team.

In addition to the aforementioned challenges, there are several logistical obstacles that significantly affect the functioning of the team:

- Working in the field presents unique challenges. Limited access to affected communities due to logistical or security constraints makes it difficult to gather first-hand information and capture the voices of those most impacted by the crisis.
- The process of obtaining visas for additional personnel during surge or stretch deployments can be slow and cumbersome. Delays in acquiring visas can hinder the timely arrival of essential resources and expertise, thereby impacting the communication section's ability to respond effectively.
- Securing No Objection Certificates (NOCs) from the Ministry of Foreign Affairs (MOFA) and provincial governments can be both challenging and time-consuming. These bureaucratic processes can result in delays or complications for the communication section's efforts to bring in external support or implement certain activities.
- Addressing these logistical challenges is crucial for the communication section to operate efficiently and effectively in fulfilling its objectives.

UNICEF's communication and advocacy team demonstrated agility, successfully capturing and sustaining public and donor interest throughout the complex flood emergency in Pakistan. Despite challenges such as political sensitivities and competing emergencies, the team strategically utilized various platforms, including social media and press releases, while leveraging support and guidance from ROSA and HQ, resulting in heightened visibility for the flood response. However, the team faced hurdles in balancing governmental concerns, managing visitor demands and adapting to an often-reactive environment, all of which highlights the need for continued innovation and resilience in navigating communication challenges during crises.



3.4.7 Regional and Headquarters support

The PCO management greatly appreciated the support received from the UNICEF Regional Office and Headquarters. The support covered various areas, including technical assistance for flood response implementation, resource mobilization, communication, advocacy, supplies and partnerships.

The support came in different forms, such as direct surge and stretched deployments, as well as ongoing technical reviews, comments and recommendations to enhance the quality and impact of the programmes. In instances where there were capacity gaps in certain departments, such as Communication and Advocacy, the surge and stretched deployments helped bridge those gaps. For functions like private fundraising, where the PCO office lacked dedicated capacities, the support proved invaluable.

The support provided by the Regional Office and Headquarters had both short-term and longer-term perspectives. Short-term support included immediate response efforts, while longer-term support encompassed activities like developing a fundraising strategy and establishing project pipelines for year-long projects.

One notable benefit of the support was the ability to connect the details with the bigger picture. For example, the Regional Office and Headquarters played a crucial role in connecting the vast amount of data and information available with strategic needs. They ensured that advocacy and fundraising efforts were based on relevant information and aligned with the needs of the affected populations.

Overall, the support from the UNICEF Regional Office and Headquarters proved essential in strengthening the flood response and enhancing the effectiveness of PCO's programmes. The management recognized the value of the support in connecting various aspects of the work, aligning strategies with needs, and ensuring a comprehensive approach to addressing challenges and achieving positive outcomes for children and communities.



Conclusions, Lessons and Recommendations



EQ5. What are the lessons that are emerging from the implementation of the response? What are the emerging positives from the response? And what have been the greatest challenges in responding to the flooding in Pakistan? Are there discernible trends that are applicable to different settings and contexts.

This chapter provides the main conclusions and lessons identified by this assessment. The conclusions are derived from the assessment, judgements formed for each topic and subsection covered in the main report based on the triangulation of information from different sources. These conclusions and lessons provide the basis for the recommendations given in the next chapter.

4.1 Conclusions

Theme	Conclusions
Adequacy of response and leadership in line with mandate	UNICEF was among the first agencies to reach the community-level and has consistently maintained and expanded its presence there. It is among the largest agencies responding to the floods and its scope of geographical work is unparalleled. Its ability to provide multidimensional support (including money, supplies, technical assistance and logistical support) is unparalleled. However, the UNICEF response was constrained by the inadequacy of donor response to this flood, slow procurement and funds disbursements, capacity issues among partners and staff and inadequate capacity building of partners before the floods.
Relevance and appropriateness	UNICEF has focused comprehensively on the most-affected districts and sub-regions within them. However, there are still many uncovered areas due to budget and capacity issues. Also, the coverage of Sindh is proportionately less compared with relative needs there. Finally, the sectoral coverage of services is uneven across the provinces. UNICEF's sectoral focus is on highly critical needs and services and its sectoral services are highly appreciated. The main gaps are that the actual expenditures through CSOs budgets and government supplies provisions do not correspond to the appeal sectoral proportions while the provincial distribution of sectoral services is uneven. These problems are due to the fact that there is no central mechanism tracking whether CSO and government grants being made are in proportion to the needs in different provinces. The main comments from external stakeholders relate to the provision of services such as shelter and food, which are the mandate of other UN agencies. However, this highlights the need to coordinate better with other UN agencies providing these services to ensure that UNICEF areas of work receive these services too.

Theme	Conclusions
Timeliness	There were some delays in timeliness keeping in view the fact that the whole of Pakistan was already badly affected by August 2022 whereas the UNICEF response scaled-up significantly between September and November 2022. However, this also had to do with the fact that the Government and the whole UN system was slow to fully recognize the scale of the disaster. In addition, the other main causes of delays were related to partner capacities, delays in contract issuance and supplies dispatches and delays in NOCs by the Government.
Programme quality, monitoring and accountability	While programme quality is generally of acceptable quality across all sectors, there is considerable scope for improving it by developing clear programme quality parameters, developing the capacity of staff and partners on them, incorporating them in project designs, monitoring adherence to them regularly and increasing accountability to affected people.
CSO partnerships	There is no formal integration on the ground among partners. While they hold some meetings, the integration of services and reach out to each other was individually initiated. UNICEF ties with CSOs are generally short-term, mono-sectoral, mono-provincial, and mono-project. There is scope to expand partnerships with INGOs to have higher and quicker scale-up and integrated responses.
Health sector	The health sector is providing key lifesaving services to women, children, elderly and other vulnerable groups that are highly appreciated by all stakeholders (including communities) and which have helped reduce morbidity and mortality among women and children. The sector played a key role in bringing CSO partners on board while continuing vertical programmes with the government. Other key aspects were charter flights for emergency work, LHW work, measles-rubella campaign, distribution of over 2 million LLINs, solarization and the repair of health facilities. However, there is a need to adopt specific programme quality standards for the health response and monitor them regularly during implementation, ensure greater sustainability and capacity building of partners, enhance the services to cover additional areas and diseases and improve the referral system in the next phase of work. Key immediate outcomes and impact: reduction in mortality and morbidity, especially in malaria, basic health, measles and rubella; improvement in health and hygiene practices among communities; and strengthening of the government health system.
Nutrition sector	The nutrition programmes are providing key lifesaving services to severely malnourished women and children suffering through strong technical treatment work for SAM children and extensive community mobilization on dietary and nutritional practices, introduction of the simplified protocols for management of wasting and the mass MUAC screening as an entry point to strengthen the community-based programmes, introduction of ECD in emergency. In Sindh it also provided in-kind RUTF to other CSOs and the Government which have been used to treat SAM children. However, there is a need to improve inventory and supply management and ensure greater resources and capacity, prevention aspects, sustainability and capacity building in the next phase of work. Communities and partners also expect UNICEF to serve moderately malnourished children, which is beyond its mandate. Greater collaboration with WFP is needed for this purpose. Key immediate outcomes and impact: reduction in malnutrition among women and children; improvement in dietary and nutritional practices among communities; and strengthening of the government nutrition system.

Theme	Conclusions
SBC sector	<p>SBC work is fully integrated in all other sectoral work and is providing critical awareness-raising services on social and technical issues which has created some change in the behaviour of communities on issues like breastfeeding, nutrition, hygiene issues, GBV and child protection. However, there is a need to improve programme quality, develop greater focus on youth and improve accountability to communities by collecting information from the formal accountability mechanisms instituted by partners in communities.</p> <p>Key immediate outcomes and impact: reduction in mental stress among communities; improved cooperation among community members; improved health, hygiene, education and protection practices in communities and increased accountability to communities.</p>
WASH sector	<p>WASH interventions are crucial during emergencies, providing safe water, sanitation and hygiene promotion. UNICEF's response focused on addressing priority needs, although reaching targets was challenging due to funding constraints. The quality of WASH services was generally rated high, but there were delays in timeliness due to logistical challenges. Collaborating with government-owned private companies yielded successful solutions. Government responses varied across provinces and UNICEF's support enhanced their capacity. Preparedness measures were useful, but there were issues with supply adequacy and limited contingency partners. Challenges included resource constraints, political considerations, dispersed populations and supply gaps.</p>
Education sector	<p>UNICEF's education interventions during emergencies have proven relevant and effective in addressing the immediate needs of affected children. These interventions have increased access to education through learning spaces, school rehabilitation and provision of materials. The quality of education services has been generally rated as high, leading to positive learning outcomes. UNICEF demonstrated prompt and efficient response, although there is room for improvement in emergency preparedness and coordination. Limited collaboration between field offices resulted in varying approaches, indicating a need for a standardized approach. Overall, UNICEF's efforts have made a significant impact, but enhancing collaboration and standardization would further enhance their effectiveness in future emergencies.</p>
Child protection	<p>The evaluation underscores the significance of addressing child protection concerns in emergency contexts. The findings reveal the substantial risks faced by children, including violence, exploitation and neglect, as well as the negative impact on their resilience and psychosocial wellbeing. The relevance of physical safe spaces, such as TLCs, may vary based on the specific context, while the focus should be on tailoring interventions to meet the unique circumstances and needs of each emergency. The evaluation also highlights the importance of community-based protection mechanisms and raising awareness among community members. However, there are challenges related to variations in service quality, timeliness and preparedness.</p>
Sectoral integration	<p>Even basic integration, i.e., co-location, is weak, and higher levels of integration of programme and support unit functional integration are even weaker, except in SBC and to some extent health/nutrition. Government work is almost all mono-sectoral. In the field, health and nutrition work is integrated at the level of programme functions as the staff of both go together to villages in mobile units. There is also scope for greater integration between education and protection work.</p>

Theme	Conclusions
Humanitarian and development nexus	UNICEF has not only built upon its existing work in the flood-affected areas, but some of the work it has done is likely to remain sustainable, allowing rehabilitation efforts to build upon them. The successful leveraging of UNICEF's existing work, presence in several target districts and partnerships with government agencies, CSOs and communities has enabled the effective implementation of flood response activities. Furthermore, UNICEF's efforts in systems strengthening and capacity building have significantly contributed to enhancing the effectiveness of the flood response efforts. Although the long-term sustainability of past awareness raising investments could not be fully investigated, it is reasonable to assume that the raised awareness may have endured. Additionally, rehabilitated water supply schemes and newly-constructed infrastructure, such as in Kohistan, along with the establishment of permanent toilets, have been designed to benefit communities in a more sustainable manner. Education in emergencies interventions, which focus on reducing learning losses, have multiple long-term benefits, including increased enrolments. Similarly, the increased awareness and skills developed as part of the flood response have the potential to remain sustainable, although this may vary depending on the specific circumstances.
Capacity building	UNICEF implemented a range of capacity building measures during the emergency response. These efforts were aimed at enhancing the skills, knowledge and resources of UNICEF staff, local partners and communities. By providing targeted trainings, support and awareness on key areas, such as programme implementation, protection, health and hygiene practices, UNICEF sought to empower individuals and communities to effectively respond to the emergency and safeguard the well being of children and their families.
Gender equity	UNICEF has shown a strong commitment to gender equity through the establishment of a dedicated gender section, the appointment of focal persons and the integration of gender perspectives across sectors such as education, WASH, child protection and health and nutrition. Despite these efforts, there are challenges in fully mainstreaming gender considerations, setting realistic targets and allocating dedicated staff for gender-related responsibilities. Additionally, there is a need to shift focus from numerical data to more comprehensive and analytical assessments of intervention impacts, placing greater emphasis on qualitative aspects and outcomes.
External coordination	UNICEF played an active role in sector coordination and solving operational, geographic and government representation issues though there were some variations across sectors and provinces. However, it provided insufficient intellectual leadership on programme quality issues and missed opportunities in ensuring greater programme integration and coordination among UN agencies to ensure that critical services like food and shelter are accessible from other UN agencies to UNICEF communities. Communication gaps and staffing limitations were also main gaps in external coordination.
Emergency preparedness	Emergency preparedness is a key weakness currently as the emergency preparedness plan is still incomplete, does not include key support functions such as fundraising in its list of subjects while the list of contingency partners includes many small NGOs with limited humanitarian capacity.

Theme	Conclusions
Fundraising	The fundraising effort was strong and UNICEF is one of the two agencies in Pakistan (along with WFP) which raised more than \$100 million for this crisis. However, it can be improved through better emergency preparedness for fundraising and increasing CO capacity in fundraising.
Supplies	There were some delays in the provision of supplies, especially winterization kits, due to a lack of availability in country, weak inventory and dispatch procedures and delays in approvals.
Information management	Information management is a weak area in UNICEF Pakistan which must be strengthened through better online collation of project data, its summarization and presentation to senior management and sectoral staff to facilitate adequate monitoring and decision-making.
Human resources	The Human Resources (HR) Department of UNICEF played a crucial role in mobilizing personnel during the flood response in Pakistan. The deployment strategy utilized surge deployments, temporary appointments and existing staff from PCO. While the strategy proved effective in strengthening the response capabilities, there were challenges in deploying personnel within a short timeframe due to visa issues and communication delays. The experiences of surge staff varied, with some expressing positive feedback on the support and coordination, while others faced challenges related to unclear terms of reference and unrealistic expectations. Temporary appointments were mainly allocated to field offices, and the scale-up process initially faced delays.
Communication and advocacy	The communication and advocacy functions of UNICEF play a crucial role in raising awareness, engaging the public and generating support during emergencies. The team effectively shared timely information, used powerful visuals to highlight the situation on the ground and utilized various tools like social media and press releases to engage with the public and media. They successfully maintained visibility and urgency for the flood emergency despite competing emergencies around the world. The support and guidance from the regional and headquarters communication teams were instrumental in shaping strategies and ensuring alignment with organizational goals. However, challenges included balancing the need to communicate pressing needs while not undermining the Government, capturing the attention of decision-makers in a politically-charged environment, managing visitor demands, operating in reactive mode and facing logistical obstacles (in accessing affected communities and obtaining visas and approvals). Overcoming these challenges is essential for the communication team to function effectively and achieve its objectives.

4.2 Lesson learned

In the aftermath of the 18th Amendment in the Constitution of Pakistan, which transferred social services to the provinces, UNICEF field offices have gained more autonomy and empowerment. While this change brings several advantages, it has also resulted in different provinces adopting diverse

approaches to problem solving, sometimes without careful consideration. Rather than being tailored solutions, these approaches may appear random. It is crucial for provinces to find a balance between addressing local needs and promoting coordination and collaboration to achieve more effective and efficient outcomes.

Implementing standardized service packages without considering the local context can lead to less effective solutions. This was evident in the case of physically sited child-friendly spaces during emergencies, which reached a smaller number of children in dispersed areas or when schools were open. Flexibility, context-specific approaches and community engagement are crucial for more effective interventions as seen in the health and nutrition sectors. Organizations should adapt solutions, involve local communities and consider their unique needs to optimize service delivery during emergencies.

One lesson learned from the experience of floods is that working with government-owned private companies can lead to innovative and efficient solutions. UNICEF's experience with organizations like WSSC and Punjab Aab Pak supports this observation. These government-owned entities operate with agility similar to private companies, which aids in emergency response efforts. For example, Punjab Aab Pak has developed and implemented experimental water cleaning systems to provide clean drinking water. Likewise, WSSC has created a network of connected tube wells, allowing residents in areas with dysfunctional tube wells to access clean drinking water. These examples highlight the importance of collaboration with government-owned private companies in delivering effective and innovative solutions during emergency situations.

Based on the information provided by key respondents representing UNICEF, the Government responses in different provinces, specifically in the context of WASH, varied in terms of their approach and effectiveness. In one province, the Government did not push UNICEF to prioritize specific areas or preferences. They were welcoming and appreciative of the support provided by UNICEF. In another province, the Government faced capacity challenges but made efforts to steer the response, and in some cases, they tried to exert political influence. In yet another province, the Government had the necessary

resources and distribution capacity but lacked political will and a comprehensive response plan. However, political influence and capacity constraints were observed in decision-making processes and the functioning of the Provincial Disaster Management Authority (PDMA).

UNICEF's support played a crucial role in assisting government agencies to meet the expectations of the community. The key informant from UNICEF highlighted that government agencies, on their own, faced resource limitations and were unable to fully fulfil the needs and expectations of the community. However, with the support of UNICEF, the Government agencies were able to enhance their capacity and provide necessary assistance to the community, thereby addressing some of the challenges and expectations during the response to the floods.

The lessons learned exercise related to supply identified an **over reliance on a small number of long-term agreement suppliers which lead to extended lead times and some quality issues. A market survey was therefore undertaken during 2023, and key agreements were retendered with the objective to mitigating this risk for the future.**

4.3 Recommendations

EQ6. What more should be done to continue providing support to communities and individuals affected by the flooding?

Based on the assessment of the UNICEF flood response in terms of the evaluation criteria and questions which covered an analysis of both programme and support functions as well as coordination, the following recommendations are provided for both the next phase of the emergency programme as well as for future major emergencies. Each recommendation is linked to a major conclusion in the last chapter which in turn all were linked to the conclusions at the end of different subsections derived from triangulation of information from different sources for each subsection.

All recommendations were discussed thoroughly and updated following multiple rounds of feedback and comments, including a presentation at the UNICEF Pakistan Country Office.

Programme related

1. UNICEF PCO senior management should foster sectoral integration by developing a strong framework that clearly defines integration as follows:
 - Define more explicitly how the work of different sectors can be integrated within each programme cycle process, including assessments, project development, service delivery, monitoring and procurement.
 - Implement procedures that require sector staff to engage in joint projects with common partners while ensuring that this does not impede the provision of life-saving services.
 - Identify partners with multisectoral expertise and establish multisectoral contingency agreements before a crisis occurs.
 - Clarify the roles of emergency staff and field office heads in ensuring sectoral integration and joint programming.
 - Regularly monitor the degree of integration using indicators presented in this report.
2. To further strengthen the development and humanitarian nexus, UNICEF PCO and UNICEF field offices should consider taking the following actions:
 - Invest in initiatives that promote integration, resilience building and risk reduction strategies to enhance the integration of development and humanitarian efforts.
 - Adopt multisectoral approaches that address immediate humanitarian needs while also aligning with long-term development goals.
3. To enhance WASH interventions during emergencies, UNICEF should consider the following key actions:
 - Prioritize capacity building for both humanitarian and development actors, emphasizing the significance of integration in their work.
 - Collaborate with government-owned private companies to explore innovative solutions.
 - Enhance logistics to ensure the timely delivery of supplies and services.
 - Expand partnerships with NGOs to achieve better response coverage.
 - Advocate for political support and the development of comprehensive response plans.
4. The UNICEF PCO Humanitarian Team should work on completing the emergency preparedness plan, addressing any gaps in collaboration with partners and communities. This should include involving more national and international NGOs with greater scale-up and humanitarian capacities as contingency partners, enhancing partner capacities through training, and incorporating fundraising and other support unit preparedness issues.
5. Programme teams in PCO and UNICEF field offices should enhance collaboration and cross-learning not only between UNICEF PCO and the field offices but also among field offices. This will ensure that varying approaches adopted for implementation (e.g., establishment of TLCs) in different field offices are well-considered and not ad hoc, preventing inconsistent choices across different field offices. By strengthening coordination and knowledge sharing, UNICEF can ensure a more effective and consistent implementation of education interventions during emergencies.
6. UNICEF HQ should improve programme quality by **developing contextual quality standards for each sector within the CCC framework**. These standards

should be integrated into emergency preparedness plans, staff and partner training programmes, as well as the creation of clear checklists for use in staff and third-party monitoring reports. Additionally, UNICEF PCO, in collaboration with its partners, should **provide training to communities on quality expectations** and incorporate feedback mechanisms into accountability processes. Moreover, UNICEF PCO should closely monitor partner complaint mechanism outputs.

Coordination and collaboration

7. UNICEF PCO and the field offices should take the following concrete steps to enhance sectoral coordination and provide effective intellectual leadership:
 - Assign dedicated staff members with expertise in each respective sector to actively participate in these meetings.
 - Develop and share UNICEF's technical standards and best practices with other agencies during these meetings.
 - Actively engage with partner agencies to encourage the adoption of UNICEF's technical standards and collaborate on aligning approaches.
 - Regularly assess progress and provide updates on the adoption of technical standards and best practices during sector meetings.
8. To enhance programme quality, integration, cost-efficiency and time efficiency, UNICEF PCO programme teams and field offices should establish and maintain improved coordination with **partner organizations**. This can be achieved through the following actionable steps:
 - Schedule regular coordination meetings with partner organizations.
 - Designate convenors from among partner organizations for different districts and sectors to facilitate communication and collaboration.

- Implement joint planning and programming initiatives to ensure effective cooperation and resource optimization.

9. UNICEF PCO should proactively advocate for enhanced UN coordination during joint UN meetings. This advocacy should aim to foster increased collaboration and joint assessments, which can lead to more effective programming. To achieve this, UNICEF should work on formalizing written agreements with key UN agencies, such as WFP and UNHCR, that play a crucial role in addressing critical community needs like shelter and food. These agreements should outline specific responsibilities, timelines and mechanisms for coordination.

Gender equality and inclusion

10. UNICEF PCO should develop comprehensive sector-specific and integrated policies and frameworks addressing gender equality, capacity building, sustainability and vulnerability analyses of children. These policies and frameworks should be used as essential tools in the development of emergency preparedness and subsequent response planning, which should be incorporated into the Annual Work Plans and Emergency Preparedness Plans. Additionally, UNICEF PCO should explore opportunities to mitigate the damage caused by floods within its ongoing development projects by seeking funding through climate damage funds.
11. To further advance gender equity and ensure the effective integration of gender considerations in UNICEF's work, UNICEF PCO should take the following actions:
 - Develop a comprehensive plan to mainstream gender considerations across all projects and programmes.
 - Establish specific, measurable and time-bound targets for achieving gender equity within UNICEF initiatives.

- Strengthen the monitoring and evaluation framework by emphasizing the collection and analysis of qualitative data to assess progress toward gender equity goals.

Monitoring, information management and partnership

12. UNICEF PCO and its field offices should closely monitor the upcoming monsoon season and the associated risk of flooding. They should utilize their extensive network of staff and partners located in flood-prone areas within the country. This proactive approach will empower them to assist organizations and communities in preparing for a response in case of a major crisis.

13. UNICEF PCO and UNICEF field offices should enhance their partnerships with CSOs by implementing the following strategies:

- Initiate more multisectoral projects.
- Increase collaboration with national and international NGOs.
- Focus on capacity-building efforts.
- Extend the duration of emergency contracts.
- Prioritize the review and resolution of issues raised by CSOs, including addressing delays in contracts and outdated salary rates.

Additionally, UNICEF PCO should consider developing contingency emergency contracts with NGOs that possess greater capacity for rapid response across various sectors and provinces. Furthermore, to strengthen community systems, UNICEF PCO should work in tandem with local partners to establish women and girls-led organizations.

14. UNICEF PCO and the field offices should enhance their strategic use of internal information management for informed decision-making by implementing the following measures:

- Improve the collation of documents and extraction of information related to programme quality, timeliness, sectoral balance and geographic distribution.
- Consider implementing advanced data management systems.
- Establish standardized data protocols to ensure consistency and reliability.
- Enhance data analysis and visualization capabilities.
- Encourage staff and partners to provide monthly online mission reports, progress reports, outputs and budget utilization data for real-time updates.

Support functions

15. To optimize resources, enhance response capabilities and ensure a more efficient and coordinated emergency response, UNICEF PCO's HR Department can implement the following key actions:

- Anticipate and plan for HR requirements through capacity mapping.
- Enhance communication and coordination between offices.
- Provide surge staff with clear terms of reference and comprehensive orientation.
- Foster collaboration with other UN agencies.
- Streamline the visa processing for surge staff.
- Improve data entry and tracking systems.
- Develop a retention policy to encourage commitment.

16. To improve surge deployment processes and enhance preparedness for future emergencies, PCO's HR Department should conduct a comprehensive capacity mapping exercise for surge, identifying key roles and defining minimum capacities required for specific positions.

17. To improve the effectiveness of temporary employment, UNICEF PCO's senior management should take the following actions:
- Develop a retention policy that strikes a balance between discouraging job-hopping and leveraging the best available skills for UNICEF. This policy should emphasize the expectation of commitment to the assigned role for a specified duration, highlighting the investment made in the recruitment process and the importance of continuity. Consider implementing a requirement for staff members to obtain a No Objection Certificate before applying for other positions or consultancies within UNICEF.
 - Foster collaboration among UN agencies by strengthening communication channels, facilitating information sharing, developing joint staffing strategies and identifying areas where collaborative efforts can effectively reduce inefficiencies.
 - Allocate additional resources and provide training to the Human Resource Department to enhance their capacity for data entry. Ensure that the surge and recruitment tracking system is consistently updated with accurate and up-to-date information.
18. UNICEF PCO Supplies Department should take following actions to further improve supplies:
- Review the stocks needed at the district and health facility level, increase partners' storage and warehouse management capacity accordingly and provide adequate equipment to meet health commodity management standards in relation to SOPs.
 - Pre-position two months stocks in health facilities to avoid stocks-out in line with the implementation of the new monthly commodities tracking system.
 - Obtain more information on the availability and location of storage units at the district and health facility level to review whether more supplies could be positioned at these levels to decongest the warehouses in Karachi.
 - Strengthen capacities in storage management, inventory and management tools and increase storage capacity at the district level with adequate equipment (pallets, ventilators, SOPs, etc.) and strengthen the end users monitoring.
 - Conduct a system design analysis, particularly of the warehousing mapping/distribution system, to optimize storage and distribution, especially in Karachi.
 - Ensure that the data collection tools that have been developed are being utilized and verify that they can be used as is or if they require verification depending on the information needs of the programme.
 - Clarify the definition of roles and responsibilities across sectors and supplies unit to ensure that the supplies data is managed in a manner that provides information for decision-making.
19. UNICEF PCO should enhance the effectiveness of its communication and advocacy efforts by implementing the following actions:
- Target policymakers to prioritize the needs of affected communities.
 - Improve field access to gather first-hand information from affected communities.
 - Advocate for streamlined visa and approval processes to expedite resource deployment.
 - Strengthen the capacity and allocate additional resources to the communication team.



UNICEF Response to the 2022 Flooding in Pakistan

