UNICEF PAKISTAN Country Programme Evaluation 2018 - 2022

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UNICEF PAKISTAN Country Programme Evaluation 2018 – 2022

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EXECUTIVE SUMMARY

Country Context and UNICEF CP

Pakistan has an estimated population of 212 million, of which 45% are children, including 22.7% adolescents aged 10-19 years. With an annual growth rate of 2.4%, the population doubles every 29 years, increasing pressure on social systems, which is compounded by rapid urbanization. Pakistan is a low-income country with a GDP per capita of 1547.9 USD. On the **Human Development Index** (HDI) Pakistan is ranked 150 out of 189 countries. After experiencing a decline in poverty to 24.3% in 2016, Pakistan has seen rapid increase in poverty especially the wake of the COVID-19 pandemic. Since 2018, the government has embarked on a reform programme to address poverty, malnutrition, climate change and fiscal instability. With different COVID-19 variants threatening the world, socioeconomic challenges for Pakistan are likely to persist for the foreseeable future. The object of this evaluation is the UNICEF **Pakistan Country Programme 2018-2022**[1] which is aligned with UNICEF's Strategic Plan 2018-2021. The CP was presented to the UNICEF Executive Board for approval in September 2017 with a **budget of USD 600 million** – USD 156,270,000 of which were financed from regular resources and USD 443,730,000 from other resources.[2] The stated goal of the CP was "to enable girls and boys, including adolescents to benefit from effective child-focused policies, services, and clear accountabilities".

Rationale and Objectives of the CPE

The evaluation of the CP was carried out in line with UNICEF's revised Evaluation Policy[3]which requires a country programme evaluation at least once every two programme cycles. The main purpose of the Pakistan CPE was to **inform next Country Programme** (2022-2026) **design and support managerial decision-making at country office level in preparation of the country programme and foster organizational learning,** especially in areas where the country programme components have not achieved the intended results, **provide** an independent assessment of how selected results were achieved (or not) and the factors that contributed to the achievement or lack of it.

The CPE focused on the theory of change for the different sections of the CP, changes in the TOC across the cycle, including the extent to which these changes were implemented and the extent to which the implemented TOC was relevant to meet the needs of children were explored. The evaluation was not meant to be an evaluation of whole country program. It was supposed to focus on assessment of DAC criteria[4], **relevance, coherence and effectiveness** of **nine selected themes** in the five different sectors. A key consideration was the amount of budget consumed, balanced by a negotiated understanding, between ROSA and Pakistan Country Office, of the relative utility of the evaluation of different themes. The themes selected for the evaluation included **upstream activities and Alternative Learning Pathways** (ALP) in Education; M**aternal Neo-natal and Child Health (MNCH) and Expanded Programme on Immunization (EPI)** in Health, **Stunting and Wasting** in Nutrition; **Open Defecation Free** (ODF) and **Handwashing with Soap** (HWWS) in WASH; **Birth Registration (BR) and Violence Against Children (VAC)** in Child Protection.

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[1]United Nations Children's Fund (UNICEF), 2017. *Pakistan Country Office – Country Programme Management Plan 2018-2022.*

[2]United Nations Children's Fund (UNICEF), 2017a. *Country Programme Document Pakistan – Executive Board Regular Session 2017.*

[3] United Nations Children's Fund (UNICEF), 2018. *Revised Evaluation Policy of UNICEF.* Available at: https://www.unicef.org/evaluation/media/1411/file/Revised%20Policy%202018%20(Interactive).pdf [Accessed 22 August 2021].

[4] Organization for Economic Cooperation and Development-Development Assistance Committee (OECD-DAC), 2019. *Better Criteria for Better Evaluation – Revised Evaluation Criteria – Definitions and Principles for Use.* Available at: https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf [Accessed 22 August 2021].

Evaluation Methodology

The evaluation used a **mixed method approach**, making use of desk review documents, key informant interviews and group interviews. These were complemented by online, quantitative, perception survey. In all 256 respondents participated in the evaluations, of which **191 participated in interviews** (53 via key informant interviews and 138 in group interviews) **and 65 responded to the online survey**. The design and implementation of the evaluation was informed by Gender Equality and Human rights-Based approach**.** Keeping in view restrictions on movements during COVID-19, the evaluation by design primarily relied on remote data collection methods using remote meeting applications Zoom and Teams

Key Findings and Conclusions

Key findings and conclusions have been synthesized according to the DAC Criteria of Relevance, Coherence and Effectiveness.

Relevance

All the interventions assessed were highly relevant and addressed important needs and were aligned with the intended goals of their respective programmes. **For example,** UNICEF's heath programming has **focused on neonatal survival and immunization, using an integrated approach that targets the most vulnerable** population to address the issue of high neonatal and child mortality rates and enhancing the proportion of children fully immunized. The **Nutrition programme** addresses the very important issue of wasting and stunting through downstream and upstream interventions. **ODF interventions** were relevant because open defecation, although on decline, remains an issue in Pakistan, with more than 60% of households lacking access to toilets in some districts. **Promotion of HWWS** was highly relevant because it is the second most cost-effective WASH intervention and one of the most important ways to prevent the spread of the COVID-19. Two interventions of **Child Protection programmes, BR and CP-CMRS in Baluchistan** were also very relevant to protect children from neglect, abuse and exploitation, and provide systems to ensure the registration of every child and an integrated mechanism that prevents and responds to cases of child abuse. **Upstream interventions in education** were highly relevant because of a huge policy and planning vacuum in the provinces generated after the 18th Amendment. The **ALP program was adequate to address needs and achieve the intended goals but not sufficient** to enroll a significant number of children. The relevance of some of these interventions like ALP and CP-CMRS should be seen in the light of the potential for replication.

During the CP 2018-22, **UNICEF's strategic positioning** was based on a close and trust-based relationship with national and provincial governments. It was also reinforced by **UNICEF's upstream work** and **the great contribution made to systems strengthening** through **evidence generation, policy development; the introduction of equity-focused and gender responsive plans; advocacy; and capacity development** to enhance technical skills at the federal and provincial levels. UNICEF's work was also recognized for its ability to **mobilize and promote strategic dialogue** among different key stakeholders and between the federal and provincial levels. UNICEF was also **successful in leveraging resources and policies**. It was seen as a **reliable partner in terms of piloting innovative interventions** which could be scaled up to bring about significant change. It piloted promising models, with its own or donor funding, and if successful, it advocated for replication of these initiatives, policy developments and reform at the federal and provincial levels. However, UNICEF's upstream work was limited by challenges related to the **high turnover of high-ranking government officials which could compromise the quality and effective implementation of the programmes,** especially at the provincial level. Upstream work was also sometimes affected by poor **institutional memory and weak knowledge management (e.g., limited documentation of how** change happens in government agencies).

UNICEF also provided **downstream support** through the provision of commodities and supplies and also provided technical support on C4D. UNICEF was recognized for its capacity to mobilize communities and communicate for social behavior change. However, **C4D, when implemented through government agencies, was only occasionally successful because** it was **limited by the government's technical capacity for C4D and motivation to position certain UNICEF priorities**. C4D was also affected by the

verticality of programmes and the way that the PCO and FOs were structured., although it is now in the process of strengthening C4D capacities in the provinces. C4D was seen by different stakeholders as an area for improvement, especially in the area of MNCH and nutrition. In case of WASH the handiwork of UNICEF was not **visible when it comes to influencing hygiene promotion** related practices of PHEDs and local government departments.

Within this CP, UNICEF successfully addressed **the needs of some of the most marginalized communities by selecting geographic areas based-on evidence** gleaned from key national level surveys, sometimes balanced by other considerations, including justified political considerations and security concerns. The use of **survey data brought** a great deal of objectivity and specificity to the selection process, but occasionally **restricted partners from making use of their knowledge of the context as was the case in downstream WASH interventions**. On the whole, UNICEF CP's interventions were spread across the four provinces including AJK and GB. However, there were **some geographic areas or districts which despite being extremely vulnerable remained excluded due to concerns related to poor security and remoteness.** Despite UNICEF's efforts to work in **urban slums**, the **scope of such work appeared limited considering the lack of LHWs in some of these densely populated areas.** The CP also considered the needs of women and girls in its programme strategies and included gender equality considerations in all programmes. However, different sources of information confirmed that much more needs to be done in the programmes to **adequately address the root causes of gender inequalities** in different contexts.

The capacity to respond **to the holistic needs of the communities that UNICEF worked with, particularly children, and especially the most vulnerable girls, was limited by working in silos.** Silo approach limited UNICEF's ability to develop comprehensive interventions that responded to the holistic needs of the communities that it worked with. It **affected many facets of work, including how needs were identified, how UNICEF selected partners, how they approached government counterparts and how UNICEF implemented its interventions.** The silo approach was also influenced by a hierarchical and silo culture that was also observed among governmental counterparts, indicating an organizational culture that is very difficult to change and which requires long-term progressive solutions.

In response to COVID-19, UNICEF quicky **adapted to the changed context and provided leadership for the COVID-19 response**, especially in WASH and Education, but also together with WHO in Health, ensuring continuity of services to protect the most vulnerable women and children. UNICEF focused on **both upstream and downstream activities**. UNICEF's upstream interventions were more strategic and focused on developing sector-specific response plans and guidelines for implementation, together with the relevant ministries at the federal level. UNICEF also participated in key committees and working groups established to facilitate the COVID-19 response. It contributed to develop technological solutions and facilitated coordination of the cross-sectoral response. UNICEF gradually adapted to changing context and ceased a unique opportunity presented by the pandemic to promote its own agenda. As **downstream activities**, UNICEF also contributed to increase the routine vaccination, facilitated essential supplies and trained **frontline healthcare care workers. It also** had an important role communicating and disseminating messages in response to COVID-19. UNICEF also introduced innovations to ensure continuity of essential services and included new initiatives, such as mental health issues, that were not a priority before the pandemic.

Coherence
The UNICEF CP is consistent with the SDGs, to which Pakistan is a signatory. More specifically it contributes to the nine out of 17 SDGs. It contributes to SDGs 2, 3, 4, 6 through its sectoral interventions in nutrition, health, polio eradication, education, WASH. The child protection programme addresses indicators under SDG 5, 8 and 16. SGD 5 (gender equality), SDG 10 (reduced inequalities) are concerns that cut across all the sectors, while both SDG 16 (strong institutions), and SDG 17 (partnerships) are two important approaches or delivery mechanisms for the current CP. UNICEF CP is also consistent with Vision 2025 that identifies seven priority areas, which are also linked to SDGs. UNICEF also aligned its strategies to two additional sources of priorities that emerged during the implementation of the CP, which were the Ehsaas programme and the COVID-19- Pakistan Preparedness and Response Plan (PPRP).

UNICEF directly **complemented the government's efforts** as it increasingly worked directly with government agencies. Through its upstream activities in different sectors (including, education, health, nutrition, WASH and CP) it provided thought leadership and served as source of technical support for developing policies, strategies, and plans. UNICEF helped to bring **gender equality and equity issues to the forefront** and complemented the government in developing sector plans as well as social mobilization initiatives that took gender and equity issues into account. However, it was widely acknowledged that efforts to mainstream **gender as a cross-cutting theme were insufficient** to enhance gender-transformative programming.

Effectiveness

The results achieved under the BR programme were generally very positive. UNICEF went from providing service delivery in two provinces, to supporting four provinces and one region (AJK) and achieved the expected targets which in some cases, were met beyond expectations. As part of this support, the BR programme also facilitated the reform and modernization of the CRVS National Policy and CVRS systems. However, there is still a lack of demand among the population for registration. Challenges of implementation include disconnects between the federal and provincial databases, the need to simplify the BR process, technological difficulties, connectivity issues and the low capacity of government officials to carry out BR processes. The main limitation identified is that the process of BR is not yet mandatory.

As a main result, **the CP-CMRM supported by UNICEF in Balochistan**, generated government ownership and scale-up through an allocation of resources. The government of Balochistan demonstrated its commitment through the establishment of the first District CPU in Quetta, and the approval of further roll out of the CP-CMRM in ten additional districts. The CP-CMRS was also able to **mobilize multiple local government departments engaged in the public case management and referral system.** The programme still has some challenges that are linked to **inadequate budgetary allocations and limited technical human resources. In addition, further engagement is needed from different government departments like police, prosecution and the Home and Tribal Affairs Department**. The model is also **advancing efforts to strengthen evidence-based policy formulation by providing evidence-based data on VAC.**

In the health programme, most of the CP **outputs were successfully delivered** achieving all the intended health outcomes except zero polio cases. In addition, **UNICEF contributed to moving routine immunisation from the development budget to the recurrent budget**. UNICEF supported provincial governments in developing child survival **strategies, legislative work, advocating for budget allocation for specific health activities.** It also supported the **formulation of gender responsive health related policies and plans.** The challenge of **quality of care** was addressed by UNICEF through partnerships with professional organizations which **contributed to maintain essential services and improved healthcare quality** for mothers and newborns during COVID-19. However, the protocols regarding integration, **particularly between paediatrician and the obstetrician for perinatal care, are needed and need to be implemented to improve neonatal survival.** The capacity of community health workers (CHWs) women remains a challenge to address the health needs of women and girls.

Nutrition outputs **were successfully achieved** contributing to positive outcomes, especially a significant reduction in stunting. Of the three outcome indicators, exclusive breastfeeding increased to 48.4% and a significant reduction of stunting to 40.2% was reported. Wasting further decreased to 17.7 percent.[5] Despite these positive trends, **targets could not be achieved in all the three outcome indicators.** UNICEF supported all provinces and regions to develop their respective **RMNCAH&N strategies**. It also supported the revision of the **National Framework for Stunting Reduction** and provincial action plans, development of the **IYCF strategy**, and support for legislative work for the **Breast Milk Substitutes Marketing.** UNICEF's advocacy contributed to influencing **the Pakistan National Nutrition Coordination Council to commit to a costed Multisectoral National Nutrition Action Plan and to**

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[5] NNS 2018.

scaling up nutrition-specific interventions. In Punjab, UNICEF supported outpatient therapeutic programmes (OTP) and Stabilization Centers (SC) in the health facilities and the training of staff. However, such initiatives **are needed in other provinces and areas to train staff at primary health care centers to adequately detect child malnutrition**. Major factors that affected implementation were related to the **COVID-19 Pandemic and 18th amendment.** However, UNICEF successfully managed to work with and support federal and provincial governments to continue implementation of nutrition interventions.

Despite the upstream Interventions of the education programme, education services do not directly reach marginalized communities. Gender-responsive and equity-focused provincial Education Sector Plans that UNICEF supported **benefitted the most vulnerable** communities, including children and women, and disadvantaged areas within Pakistan. In terms of the achievement of outputs, of the **three indicators associated with the upstream activities one indicator** (development and endorsement of education sector plans) was achieved. No progress was reported against the other two indicators (availability of cost-effective innovations to improve access and learning and the existence of an effective early learning policy with clear budget allocation in place). The most important factor that influenced the non-achievement the sated targets COVID-19 which caused delays because both UNICEF staff and government officials had to pay more attention to COVID-19 response. However, COVID-19, also opened opportunities for upstream contributions to education. The education sector plans formulated collectively contributed to defining national priorities. The work performed by UNICEF related to systems strengthening, reform, services delivery and community engagement for demand generation contributed to the achievement of national level targets but making definitive assessment of relative contribution of UNICEF is very challenging.

ALP was effective in providing access to education for some of the most disadvantaged boys and girls. who otherwise would not have had access to education. These included married girls and children who were engaged in income generating activities to support their families**.** Through ALP centers, UNICEF was able to enroll an estimated 35,460 children, there being 30 students in 1182 centers across the four provinces of Pakistan. This was well below the target of 2016. ALP centers on their own were not adequate to address the overall need that exists in Pakistan. ALP centers addressed the needs of 0.18% of the total population of out-of-school children in Pakistan. The **ALP programme** contributed to increasing awareness about the issue of out-of-school children, which can be considered an unintended positive outcome. The ALP model made Punjab Literacy Department more conscious about using its centers to enroll older age children by demonstrating that it possible to attract older age children.

The **ODF intervention was able to address the needs of marginalized communities,** including women, men and children, within more deserving districts. It additionally benefitted the most marginalized households by giving them in-kind support for the construction of toilets. Of the 966,153 additional households in Pakistan who gained access to toilets since 2016, 11.8% did so as a direct result of UNICEF's ODF interventions. Thus, it contributed to the national target of **reducing the proportion the population practicing open defecation**. Though, **relatively high percentage of slippage has remained an issue**. Voluntary replication of ODF by some communities on their own was an unintended positive result. However, potential negative implications of increased demand for water resulting from construction of pour-flush toilets remained under-studied and undocumented. **The most important external factor that impacted ODF interventions was COVID-19 pandemic.** It caused delays in implementation and severely constrained monitoring activities, restricting achievement of ODF status in many communities. But COVID-19 also helped to put the WASH agenda at the front and centre of COVID-19 response. It also created conditions for the WASH programme to tap the potential of social media in ways that it had never done before.

Because RAM does not include a separate indicator of **HWWS (WASH),** HWWS results were not separately reported. However, **along with the safe disposal of excreta and safe water handling, HWWS received special attention in WASH programming**. Therefore, as part UNICEF downstream WASH activities for promotion of HWWS, UNICEF programme also reached some of the most disadvantaged segments of the population in underserved districts. UNICEF's **upstream activities contributed to highlight WASH as a socio-technical enterprise which also emphasized the**

importance of community participation and hygiene promotion activities. Yet, this increased awareness of the importance of community participation and hygiene promotion among relevant government agencies **was not accompanied by changes in practices, as, with some exceptions in Punjab province, the hygiene promotion component remains neglected** in overall government WASH interventions.

Lessons Learnt:

The lessons provided below synthesize the learnings from the current CP implementation. The learnings are expected to have wider impact on UNICEF

- In a context where social service delivery has been devolved to the provinces, it is important to bring **UNICEF's work closer to provincial government counterparts to address the differentiated needs** of each province.
- A **siloed approach** can promote a silo mentality that limits cross-learning, affects communication with government counterparts and **reduces UNICEF's ability to provide integrated solutions for beneficiary population.**
- The ability to partner with other organizations such as The Aga Khan University and American Academy of Science, USA allowed UNICEF **to draw into a greater pool of technical expertise to deliver high-quality services** efficiently and effectively.
- UNICEF's experience demonstrates that when **the use of technology is needed to reach a very large segment of the population**, it is better to rely on technologies already in use rather than using experimental technologies. UNICEF used SMS and WhatsApp messages to send awareness messages to communities.
- Some government agencies in Pakistan **have a strong preference for infrastructure projects or, as it were, the 'hard component' and less preference for community mobilization, awareness raising and training on the operation and maintenance of the schemes**. The C4D function in the government agencies is either non-existent or under-utilized and under-resourced. This has strong implications for C4D because, in the absence of systems for C4D, C4D tends to be put on the back burner, which in turn compromises the outcomes associated with C4D.
- Using **differing approaches to partnerships is not necessarily an undesirable thing so long as strategy is informed by shared, critically scrutinized, and well documented assumptions**.
- Harmful **social norms and discriminatory practices towards women and girls can be influenced better if the root causes of gender inequalities** in different provinces are addressed.

Key recommendations

The recommendations have been structured according **to cross-sectoral and sectoral analysis**. The recommendations that are based on the cross-sectoral findings and conclusions have been included in order of priority except sectoral recommendations that are presented according to sequence of the chapters.

Cross sectoral recommendations:
Recommendation 1: Strengthen UNICEF's strategic positioning in the provinces by further adapting programmes to the provincial context, integrating sectoral programmes and ensuring greater coordination between the different programmes at FO level. It is also important to strengthen the technical and human resource capacities needed to conduct upstream work. **Recipient:** UNICEF PCO, FOs, ROSA.
Recommendation 2: Ensure gender-transformative programming and gender integration while deepening and strengthening the focus on adolescent girls in all programme sections. **Recipient:** UNICEF PCO and FOs.
Recommendation 3: Making greater efforts to move away from a siloed approach to a networked approach in which sectors integrate their efforts without losing sight of the results they want to achieve. UNICEF could take some concrete measures including the following:
✓ **Create a unified theory of change** to further integrate programmes at FO level.

- ✓ **Work with** UNDP to create a Human Development Index for each province
- ✓ **Create incentives for sectors** to contribute to improving the composite index.
- ✓ **Rotate of staff in different departments** (but also between COs and provinces) could also help staff to promote dialogue and understanding across sectors. **Recipient:** UNICEF PCO, FOs, ROSA.

Recommendation 4: Continue to advocate on the importance of community engagement and social mobilization given the weak capacity of the government to implement C4D for "soft interventions". At the same time, UNICEF can continue to partner with NGOs and CBOs to benefit from their social mobilization and community participation capacities. UNICEF should also facilitate dialogue and linkages between government and local NGOs and local organizations to increase community outreach. **Recipient:** UNICEF PCO and FOs.

Recommendation 5: The approach to partnerships should be guided by a clear strategy that can still have different approaches that reflect contextual realities of different sectors and FOs, but it should demonstrate the choices made are thoughtful and deliberate. **Recipient:** UNICEF PCO and FOs.

Recommendation 6: UNICEF should carefully document the process of its upstream work with the government and then, through careful analysis, distil lessons regarding how change occurs in government agencies and regarding the differences between provinces and different departments. UNICEF can also consider what has been written about **bureaucratic reform in Pakistan** and add to it their own knowledge and those of other UN partners to make more informed decisions. It can **also document what been learned from the COVID-19 response**. **Recipient:** UNICEF PCO and FOs.

Sectoral reccomendations

Recommendation 7 BR: Continue supporting the provinces in the updating of CRVS policies, upscaling BR in other districts and strengthening the capacities of BR official levels at the provinces on BR and prioritizing sites where rates are lowest. Recipient: UNICEF PCO and FOs.

Recommendation 8 VAC: Continue efforts to ensure that all sectors involved in the operation participate and collaborate so that the child is not re-victimized. Put more effort into the prevention strategy to publicize the system and raise awareness of the issue of VAC, especially among girls. Ensure continuous learning for replication of the Model. Strengthen linkages with other organizations to prevent and respond to GBV and create a method to rapidly deploy and operationalize child protection services in emergencies (SOPS).

Recommendation 9-ALP: UNICEF should use ALP as a framework for creating multiple pathways to enroll out of school children. The ALP model being used should be thought of as one of many alternative pathways. Recipient; Departments, UNICEF PCO and FOs,

Recommendation 10- Health: Advocate and lobby for reforming and strengthening the LHW programme with a particular focus on expanding it coverage and addressing programme key weaknesses.

Recommendation 11-Nutrition: Continue supporting the provincial/regional health departments in their efforts to implement the national RMNCAH&N strategy across the country.

Recommendation 11- Nutrition: The role of LHWs in nutrition programmes needs to be bolstered in order to promote Infant and Young Child Feeding practices and advise mothers on how to feed their children properly.

Recommendation 13- WASH: C4D and WASH programme should try to revive the underutilized community mobilization sections of PHED in Balochistan and KP. Recipient: UNICEF WASH program. C4D Section, PHED Department.

Recommendation 14- ODF: Include a more participatory approach in the selection of beneficiary communities for ODF interventions. This selection should also be based on local partners' knowledge of the area and their understanding of what works and what does not work. UNICEF PCO and FO.

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ACRONYMS AND INITIALISMS

4W	Who What Where When (health reporting system)
AJK	Azad Jammu and Kashmir
ALP	Alternative Learning Programme
ASER	Annual Status of Education Report
BFHI	Baby Friendly Hospital Initiative
BHU	Basic Health Unit
BISP	Benazir Income Support Programme (BISP).
BMS	Breast Milk Substitute
BR	Birth Registration
C4D	Communication for Development
CBV	Community Based Vaccinator
CEDAW	Convention on the Elimination of Discrimination Against Women
CHW	Community Health Worker
CP	Country Programme
CP-CMRM	Child Protection – Case Management and Referral Model
CP-CMRS	Child Protection – Case Management and Referral System
CPE	Country Programme Evaluation
CP-IMS	Child Protection – Information Management System
CPO	Child Protection Officer
CPP	Child Protection Programme
CPU	Chest Pain Unit
CRC	Convention on the Rights of the Child
CRVS	Civil Registration and Vital Statistics
CSO	Civil Society Organization
DAC	Development Assistance Committee
DCAR	Directorate of Curriculum, Assessment and Research
DCPU	District Child Protection Unit
DHIS2	District Health Information System
DHO	District Health Officer
DRR	Disaster Risk Reduction
ECD	Early Childhood Development
ECE	Early Childhood Education
EPI	Expanded Programme on Immunization
ESP	Education Sector Plan
EQs	Evaluation Questions
FATA	Federally Administered Tribal Areas
FO	Field Office (UNICEF)
GB	Gilgit Baltistan
GDP	Gross Domestic Product
GPE	Global Partnership for Education

HMIS	Health Management Information System
HWWS	Handwashing With Soap
ICT	Information and Communication Technology
IPC	Infection Prevention and Control
IRMNCAH&N	Integrated Reproductive, Maternal, Neo-natal, Child and Adolescent Health and Nutrition
IYCF	Infant and Young Child Feeding
JMP	Joint Monitoring Programme
KPK	Khyber Pakhtunkhwa
LGD	Local Government Department
LHW	Lady Health Worker
LHWP	Lady Health Worker Programme
M&E	Monitoring and Evaluation
MDG	Millennium Development Goals
MDs	Merged Districts
MHM	Menstrual Hygiene Products
MICS	Multiple Indicator Cluster Survey
MIMS	Medicine Information Management System
MNCH	Maternal Neo-natal and Child Health
MNTE	Maternal and Neonatal Tetanus Elimination
MOCC	Ministry of Climate Change
MOFET	Ministry of Federal Education and Professional Training
MONHSR&C	Ministry of National Health Services Regulation & Coordination
MoPDR	Ministry of Planning, Development and Special Initiatives
MTR	Mid Term Review
NADRA	National Database and Registration Authority
NCOC	National Command and Operations Centre
NFE	Non-Formal Education
NGO	Non-Governmental Organization
NNCC	National Nutrition Communication Campaign
NNS	National Nutrition Survey
OB/GYN	Obstetrics and Gynecology
ODF	Open Defecation Free
OECD	Organization for Economic Cooperation and Development
OOSC	Out of School Children
OTP	Outpatient Therapeutic Programmes
P&DD	Planning and Development Departments
P&SHD	Primary and Secondary Healthcare Department
PCA	Programme Cooperation Agreement
PCO	Pakistan Country Office
PDHS	Pakistan Demographic and Health Survey
PEI	Polio Eradication Initiative
PHA	Public Health Association

PHC	Primary Health Care
PHED	Public Health Engineering Department
PKR	Pakistan Rupees
PMA	Pakistan Medical Association
PNNCC	Pakistan National Nutrition Coordination Council
PPA	Pakistan Paediatric Association
PPE	Personal Protective Equipment
PPRP	Pakistan Preparedness and Response Plan
PSLM	Pakistan Social and Living Standards Measurement
PSN	Patient Safety Net
RAM	Results Assessment Module
RCCE	Risk Communication and Community Engagement
RHC	Rural Healthcare Centre
RMNCAH	Reproductive, Maternal, Neo-natal, Child and Adolescent Health
ROSA	Regional Office for South Asia (UNICEF)
RTMS	Real Time School Monitoring Systems
RUTF	Ready To Use Therapeutic Food
SBCC	Social Behavior Change Communication
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goals
SHRUC	Super High Risk Union Councils
SOP	Standard Operating Procedure
SUN	Scaling Up Nutrition
SWD	Social Welfare Department
ToC	Theory of Change
TOR	Terms of Reference
TOT	Training of Trainers
UC	Union Council
UHC	Universal Health Coverage
UK	United Kingdom
UN	United Nations
UNEG	United Nation's Evaluation Group
UNFPA	United Nations Population Fund
UNHCR	United Nations Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
USD	United States Dollars
VAC	Violence Against Children
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Map of Pakistan

Key locations relevant to the evaluation include:
1. UNICEF Pakistan Country Office – Islamabad (Federal Capital Territory)
2. UNICEF Balochistan Field Office – Quetta (Provincial Capital of Balochistan)
3. UNICEF Khyber Pakhtunkhwa Field Office – Peshawar (Provincial Capital Khyber Pakhtunkhwa)
4. UNICEF Punjab Field Office – Lahore (Provincial Capital Punjab)
5. UNICEF Sindh Field Office – Karachi (Provincial Capital Sindh)

1. Introduction

This document is the Final Evaluation Report for the evaluation of the UNICEF Country Programme Evaluation 2018-2022. The report represents a planning, data collection, and analysis process that began in June 2021 and is expected to complete in January 2022.

This Final Evaluation Report is divided into 12 sections. Section 1 provides a map showing the geographical scope of the evaluation and key locations, specifically the locations of the PCO and each of the provincial FOs. This introduction comprises Section 2. Section 3 describes in detail the purpose of the evaluation. Section 4 describes the scope of the evaluation. Section 5 describes the methodology of the evaluation, including key data collection methods; the approach taken to the analysis of the data; gender, equity and human rights concerns; quality assurance procedures; and the limitations of the evaluation. Section 6 describes the context of Pakistan at the time that the Pakistan CP was developed and began implementation, as well as aspects of how it evolved throughout the programme. Section 7 includes a description of the object of the evaluation – specifically the Pakistan CP. The following two sections cover the findings of the evaluation broken up into two parts – Section 8 describes the cross-cutting findings while Section 9 provides findings broken up by thematic sections. Section 10 outlines the conclusions which emerge from the findings. Section 11 lists the main lessons learned. Finally, Section 12 draws upon the preceding 3 sections and presents the main recommendations of the evaluation.

An executive summary of the report is available in the opening pages, accompanied by a full list of acronyms and initialisms. The report also includes a set of annexes[6] which provide lists of the documents reviewed in conducting the evaluation, the full list of references (which are primarily located in the footnotes of the page on which they appear), the terms of reference, the inception report and the evaluation matrix in full. This Final Evaluation Report was finalized on the basis of feedback received from UNICEF.

2. Pakistan Country Context

Pakistan (formally named 'The Islamic Republic of Pakistan') is located in South Asia, bordering the Indian Ocean to the south, India to the east, China to the north, Afghanistan to the north-west, and Iran to the south-west.[7] The country occupies a land area of 882,363 square km and has a coastline of roughly 1000 km. Administratively, the country is split into 4 provinces (Balochistan, Khyber Pakhtunkhwa, Punjab, and Sindh) and two territories (AJK and GB). The latest census (2017) places Pakistan's Population at 207,774,520 million people, with a sex ratio of 105.07 men/100 women and an average annual growth rate of 2.4%.

In 2017, **Pakistan's Gross Domestic Product** (GDP - nominal) was USD 304,951.82 billion, placing it at the 41st position according to the World Bank.[8] **Pakistan's Human Development Index** (HDI) score for 2017 was 0.562, placing it in the medium human development category and positioning it at 150 out of 189 countries. GDP per capita was 1547.9 USD, which put Pakistan into the 'low-income category' according to WB categorization system. At the time, around 2018 Pakistan was facing a significant current account deficit crisis which at its lowest point fell to USD -6321 million. This crisis had mostly

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[6] The annexes are included in a separated document "Pakistan CPE Annexes"

[7] Central Intelligence Agency (US-CIA), 2019. The World Factbook – Pakistan. Available at: https://www.cia.gov/library/publications/the-world-factbook/geos/pk.html [Accessed 20 August 2021].

[8] World Bank (WB), 2019. GDP (Current USD). Available at: https://data.worldbank.org/indicator/ny.gdp.mktp.cd?most_recent_value_desc=true&view=map [Accessed 20 August 2021].

resolved towards the end of 2020.[9] In the financial year June 2018, Pakistan achieved a growth rate of 5.8%,[10] which was the highest rate achieved in 13 years. However, from that point onwards growth continued to slow due to the uncertainty about the economic policy around the over-valuation of the rupee. **Growth reached a low point when COVID-19 response containment measures** were put into place in mid-2020, resulting in a contraction of 1.5% in GDP. Leading into the start of the PCP, Pakistan's poverty rate had declined significantly to 24.3% in 2016[11]. Despite this progress, roughly one-third of the population still lived below the poverty line and a significant proportion remained vulnerable to poverty.[12] The COVID-19 pandemic in 2020 caused a surge in poverty levels, rising from 4.4% to 5.4% with more than two million people falling below this level.

With respect **to CP**, in 2017, it was found that on average, 76% of children experience psychological aggression, 66% experience physical punishment, and 31% experience severe physical punishment.[13][14] Only 7% of children were found to experience non-violent forms of discipline. Under Section 89 of the Pakistan Penal code, under 12 years of age, physical and psychological violence is legally condoned. Data on CP issues is generally scarce, although this is especially the case for data on sexual violence against children – unofficial studies suggest that 15-25% of all children in Pakistan endure some form of child sexual abuse. Child marriage was reducing for children under the age of 15 but remained an issue. For a long time, the 1996 National Child Labour Survey was the only one available – this survey found that at least 3.3 million children between 5-14 years of age were economically active. As of August 2021, the PBS is conducting a new child labour survey, but this is still in progress and the data has yet to be released. At the time that the PCP began, no quality child protection and case management system had been established anywhere in the country. The PDHS 2012-2013 found that the **BR rate** for children under 5 stood at only 34%.[15] The rate of BR was found to be in rural areas, particularly for new-born children and those born to poor families. One study[16] found that the key issues hampering birth registration were a weak registration system, low demand among the population, social norms, and the existence of marginalized populations (refugees, minority groups etc.).

In terms of **education,** several key steps had been taken by the time the PCP started. Key events include the 2010 legislation in the constitution of free and compulsory education for children 5-16 years of age, the development of subnational workplans, and an increase in the budget of 27% from 2013 to 2016.[17] However, significant challenges remained to be addressed. Enrolment rates remained slow, and Pakistan did not achieve its MDG targets of universal primary education and gender parity in education. Boys continued to outnumber girls at every level within the education system and significant disparities were found to exist between urban and rural areas and between provinces. Education infrastructure continued to have significant gaps and an estimated 22.6 million children between the ages 5-16 were out of school – Pakistan ranked as the country with the second-highest number of OOSC at the primary level. Key

[9] Trading Economics, 2021. *Pakistan Current Account.* Available at:
https://tradingeconomics.com/pakistan/current-account [Accessed 21 August 2021].
[10] The World Bank, 2019. The World Bank in Pakistan. [Webpage] Available at:
https://www.worldbank.org/en/country/pakistan/overview [Accessed 7 May 2019].
[11] Finance Division of Pakistan, 2018. Pakistan Economic Survey 2017-18. Available at:
http://www.finance.gov.pk/survey_1718.html [Accessed 21 August 2021].
[12] Sustainable Development Policy Institute (SDPI), 1999. Review of Pakistan Poverty Data. Available at:
https://sdpi.org/publications/files/Review%20of%20Pakistan%20Poverty%20Data%20(M-9).pdf
[Accessed at: 21 August 2021].
[13] United Nations Children's Fund (UNICEF), 2017. *Situation of Children in Pakistan.* Available at:
https://www.unicef.org/pakistan/media/596/file/Situation%20Analysis%20of%20Children%20in%20Pakist
an.pdf [Accessed 21 August 2021].
[14] United Nations Children's Fund (UNICEF), 2017a. *Child Protection Programme Strategy Note: Children Protected from Violence, Exploitation and Neglect.*
[15] IBID (UNICEF 2017a)
[16] IBID (UNICEF, 2017)
[17] United Nations Children's Fund (UNICEF), 2017cb. *Education Programme Strategy Note.*

systemic challenges included finance limitations, weak enforcement of policies, and challenges in delivering education in an equitable fashion.

In terms **of health**, immunization was one of the key challenges in 2017 which significantly impacted the survival of children – it was found that only 54% of children between 12-23 months were fully immunized.[18][19] In particular, Polio was and remains an ongoing concern, with 8 cases reported in 2017 and millions of children remaining unvaccinated.[20] The availability, quality, and utilization of neonatal care were also low, with skilled birth attendants being present only at 52% of births and the neonatal mortality rate was 55 per 1000 live births according to the 2012-2013 PDHS. There were and remain significant disparities in access to healthcare in general and neonatal and immunization services in particular between urban and rural areas; the wealthy and the poor; levels of education and between provinces. Other key factors impacting the health of children were poor breastfeeding practices, sanitation and hygiene issues, and insufficient awareness among the public of issues relevant to child health. All of the above contributes to low birth weights, premature births, and high infant (74/1000) and under-5 (89/1000) mortality rates. Immunization gaps exist across multiple dimensions, including for marginalized children, remote areas, poorer provinces, and other access barriers. This can be seen, for example, in the fact that in 2017, the immunization coverage of Punjab stood at 65.6% compared to just 16.4% for Balochistan.

In 2017, **nutrition-related indicators** were generally showing signs of improvement in response to significant investment by the GOP.[21][22] Child stunting rates in Punjab dropped to 34% in 2014, from 38% in a previous survey. Nevertheless, stunting remained a significant problem. According to 2011 National Nutrition Survey Data, 43.7% of children under the age of five across the country were found to be stunted while 31.5% were underweight and 15.1% were wasted. Stunting was higher in rural (46.3%) areas compared to urban (36.9%) areas.[23] Significant disparities also exist between the provinces in terms of the intensity of stunting, with Sindh (56.7%) having the highest rate compared to a rate of just (39.8%) in Punjab. Meanwhile, in many areas wasting was and remains high, even reaching emergency levels (over 10%) with there being a significant urban-rural divide in this indicator as well. Poor diet quality was a key challenge, either due to awareness or lack of access to a variety of foods. In particular, children under five and pregnant mothers were found to have serious micronutrient deficiencies. By 2017, progress had been made in the development of multi-sectoral nutrition plans, with Punjab and Sindh in the early stages of implementing their respective plans, but the other provinces were less advanced on this front.

In terms of **WASH**, according to the WHO/UNICEF JMP[24], by 2015, at the national level, 89% of the population had access to at least a basic water supply with 37% of the population having a safely

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[18] United Nations Children's Fund (UNICEF), 2017c. *Health Programme Strategy Note – Neonatal and Child Survival.*

[19] National Institute of Population Studies (NIPS), 2012. *Pakistan Demographic and Health Survey 2012-2013.* Available at: https://dhsprogram.com/pubs/pdf/fr290/fr290.pdf [Accessed 22 August 2021]

[20] Pakistan Polio Eradication Programme, 2017. *Pakistan Polio Update November 2017.* Available at: https://polioeradication.org/news-post/pakistan-polio-update-november-2017/ [Accessed 22 August 2021].

[21] United Nations Children's Fund (UNICEF), 2017d. *Nutrition Programme Strategy Note: Nutritional Status of Girls and Boys.*

[22] United Nations Children's Fund (UNICEF), 2014. *Multiple Indicator Cluster Survey.* Available at: https://mics.unicef.org/surveys [Accessed 22 August 2021].

[23] Pakistan medical Research Council (PMRC), 2011. *Pakistan – National Nutrition Survey 2011.* Available at: https://www.mhinnovation.net/sites/default/files/downloads/innovation/research/Pakistan%20National%20Nutrition%20Survey%202011.pdf [Accessed 22 August 2021].

[24] World Health Organization (WHO) and United Nations Children's Fund (UNICEF), 2017. *Joint Monitoring Programme Progress on Water and Sanitation.* Available at: https://washdata.org/report/jmp-2017-annual-report#:~:text=During%202017%20the%20JMP%20received,subsequent%20years%20(Table%202) [Accessed 22 August 2021].

managed water supply. At least basic hygiene facilities (handwashing) were available to 60% of the public, and 58% of people had access to sanitation facilities (with 20% having access to safely managed sanitation facilities). By 2019, According to the recent PSLM (2019-20), 10% of people in Pakistan are still without any toilet, with 9 % each in Punjab and Sindh, 11% in KP, and 17% in Balochistan. In terms of indicators, inter-provincial disparities are not extreme although Balochistan continues to face the greatest challenges in this regard. However, there remained a notable degree of disparity between urban and rural areas in terms of access to sanitation facilities.

Three other broad contextual factors impacted the design and implementation of the 2018-2022 PCP. First, the continued impact of the **18th amendment,** promulgated in 2008, which devolved many powers and responsibilities down to the provincial level, continues to shape UNICEF's role. Each provincial government has faced the challenge of developing its ministries, policies, and strategies. Much has been accomplished since 2008, but even in 2017, numerous departments in different provinces were still in the process of launching and gaps remained in the policy environment. Second, the **merger of the ex-FATA region into KP** has had a significant effect on the priorities of the KP government – upon integration, this region lacked a great deal of government infrastructure and systems for service delivery.

Finally, the advent of the **COVID-19 Pandemic** in late 2019/early 2020 greatly shaped the global and national contexts. All of UNICEF's activities, including social mobilization, were disrupted by the pandemic. The **education sector** had to cope with the closure of schools while exploring alternative ways of providing continuing education using technologies such as the internet, television, and radio. However, access to these technologies has been limited, especially among poor households, and many of these children were deprived of learning opportunities in schools. It is beginning to be assessed that COVID-19 has caused learning losses. In the **health and nutrition sector**, the provision of and access to health services at the federal and provincial levels has been disrupted. Public health budgets were also depleted, and household finances and out-of-pocket health care expenditures were strained. The pandemic led to a significant drop in immunization coverage; Mother and Child Health Weeks were suspended as well as polio campaigns, and community vaccinators were unable to go door-to-door or hold group discussion sessions with adequate security measures. On **nutrition,** there has been an increase in food insecurity and vulnerability of food systems, with an urgent need to put more emphasis on strengthening food security and health, reducing inequalities in access to health services, and also focusing more on preparedness. In **WASH** Covid-pandemic, at least, initially dealt a major setback to WASH programme, particularly putting community outreach activities on hold and constraining ODF interventions. Staff were unable to attend their offices and because of restrictions on movement, the UNICEF community engagement network was virtually immobilized. Contacts with government officials were also halted and UNICEF and partners staff were unable to monitor field operations as if everything had come to a standstill. In **child protection**, birth registrations during and after COVID-19 declined as systems were unavailable and all offices closed, including the Child Protection Unit.

3. Object of the Evaluation

The object of this evaluation is the UNICEF **Pakistan Country Programme 2018-2022**[25] which is aligned with UNICEF's Strategic Plan 2018-2021. The Pakistan CP was developed in 2017 after a consultative review process that took inputs from a variety of stakeholders and also drew upon context analysis and the lessons learned from the previous (2013-2017) CP. The CP was presented to the UNICEF executive board in September 2017 with a **budget totaling USD 600 million** (USD 156,270,000 from regular resources and USD 443,730,000 from other resources).[26] The stated goal of the CP is "to enable girls and boys, including adolescents to benefit from effective child-focused policies, services, and clear

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[25] United Nations Children's Fund (UNICEF), 2017. *Pakistan Country Office – Country Programme Management Plan 2018-2022.*

[26] United Nations Children's Fund (UNICEF), 2017a. *Country Programme Document Pakistan – Executive Board Regular Session 2017.*

accountabilities". UNICEF interventions cover the **whole Pakistan country, including its four provinces – Punjab, Sindh, Balochistan and KP (including MD).** In addition, to smaller extent, it also covers AJK, Gilgit-Baltistan and Islamabad.

UNICEF Pakistan developed the country programme by analyzing the current country situation with regard to child deprivations in UNICEF programme areas; using available evidence and strategic priority filters to determine major outcome areas; and by consulting sectoral and provincial partners to identify major strategies and outputs for focused work toward mutually agreed outcomes. It was clearly aligned with the **government's priorities as outlined in Vision 2025 and provincial growth strategies, as well as with the SDGs 1-6 and 16,** the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of Persons with Disabilities (CRPD), and the UNICEF Strategic Plan 2018-22. Since Pakistan implemented the One Programme (OP) and it was entering into OP III I at the moment of designing this CP, UNICEF's country programme was also fully aligned with **7 of the 10 proposed outcomes of UNDAF/One Programme III (2018-2022)**[27]. The CP also identified strong links between federal and provincial governments to ensure the sustainability of policy initiatives and to remove missing links with respect to accountability to create a stronger alliance for child rights within Pakistan.[28]

The CP was based on **lessons learned from the previous Country Programme** that highlighted the need for a greater focus on effectiveness and sustainability. Key lessons learned included a) pilots and projects need to be properly assessed to determine the feasibility of upscaling, leveraging and introducing upstream work to address inequities; b) sectorial interventions have helped to achieve results, however more multi-sectoral work proved to be more effective, and c) behavioral change initiatives take time, but have proven necessary for real change to take place. **Based on these lessons learned, the CP emphasized different priorities;** adopting more evidence-based advocacy; shifting from a project to a programme approach; a balance between development and humanitarian work; and a focus on strengthening partnerships with the government and the private sector. The CP also aims to take a multi-sectoral approach to key cross-cutting challenges, including Early Childhood Development (ECD). The mainstreaming of equity, social policy, gender, Communication for Development (C4D), and Disaster Risk Reduction (DRR) are other focus areas.

The CP design **addressed a number of implementation risks** and considered the ongoing impact of the devolution of powers and responsibilities to the provincial level under the 18th Amendment. It reflected **the differences between provinces**, notably the fact that Punjab and, to a lesser extent, Sindh had been more successful than the other provinces at developing the capacity of their provincial governments. In contrast, the provincial authorities in Baluchistan and Khyber Pakhtunkhwa, as well as governance structures in FATA relied more on direct service delivery. The CP also emphasized the **ongoing shift of UNICEF Pakistan towards upstream activities**, given the uneven level of institutional maturity and capacity of the governance structures in the provinces. The CP also took into account that Pakistan's national and provincial capacity to **reduce the risk of and to mitigate the effects of, both natural and manmade disasters** had improved considerably, although it recognized that stronger coordination between the humanitarian and development interventions of international development partners could also be further improved. It envisaged that **UNICEF's activities in emergency response would have to be reduced** in the new programming period without previewing of course the sudden emerge of the Covid Pandemic

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[27] "This United Nations Sustainable Development Framework for Pakistan (UNSDF), also known as the Pakistan One United Nations Programme III (OP III) 2018-2022, is a medium-term strategic planning document that articulates the collective vision and response of the UN system to Pakistan's national development priorities. It highlights activities to be implemented in partnership with the Government of Pakistan, as well as in close cooperation with international and national partners and civil society." (**Source**: United Nations (UN), 2018. *ONE UNITED NATIONS PROGRAMME III 2018-2022*. Available at: https://pakistan.un.org/sites/default/files/2020-05/UNDAF-OPIII-v9.pdf. [Accessed 15 December 2021])

[28] United Nations Children's Fund (UNICEF), 2017. *Country Programme 2018-2022 Development* Briefing Note.

Given the thematic and geographic scope of the CP, encompassing a wide array of development and humanitarian issues across the country a **variety of stakeholders were engaged at various levels.** The CP highlighted the fact that UNICEF CP was moving toward upstream activities, given the uneven level of maturity and capacity strengthening of the governance structures in the provinces. therefore, it envisaged differentiated modes of engagement with partners and stakeholders[29] . The CP emphasized engagement with:

- **Government stakeholders**. This included working with government entities at the federal, provincial, and local levels. At the federal and provincial levels, UNICEF engaged with departments such as the MONHSR&C, MoPDR, PHED and the education ministries in order to advocate for and support the development of national and provincial sectoral plans and to provide technical support and conduct capacity building activities. As an example, each FO sought to engage with the provincial PHED in order to support the development of drinking water and sanitation policies.
- **NGOs/CSOs:** UNICEF also continued to engage with some NGOs/CSOs, e.g., by working with the Indus Resource Centre in Sindh to support ALP activities or by engaging BRSP, DANESH in Balochistan in relation to WASH and VAC.
- **Private sector:** there was also a limited degree of involvement of private sector stakeholders. For example, UNICEF worked to connect Telenor, a telecommunications company together with NADRA and provincial governments to support the upscaling of digital birth registration systems. In addition, the private sector was contracted for some downstream activities such as the direct construction of handwashing stations and water supply schemes.
- **Beneficiary communities and community-based development stakeholders** were involved in the in the CP, they were engaged in consultations, they participated in information sharing sessions and they also received UNICEF support.

3.1 Country Programme Theory of Change

Using the standard RAM indicators, each programme section developed its r**esults frameworks for each of the outcome areas.** They were accompanied by the development of **Strategy Notes and Theories of Change for each section** outlining the rationalization for the choice of outcome area based on evidence and prioritization. The strategy note of the overall CP also included TOC statements, but they only existed in a narrative form, and they were not represented graphically. Considering this, the evaluation consultants **reconstructed the TOC and designed a visual representation of the CP Theory of Change** based on their understanding of the narrative provided in the CP but also based on the more nuanced understanding of the programme developed during the evaluation process. The ToC aimed to understand the overall goal and the intended results of the CP, the logical connections between the various levels of these results, the preconditions or assumptions on which these connections were based, and any inherent risks that could affect those assumptions and the achievement of results. The following figure shows the Theory of Change conceptual framework that has been used to evaluate the CP.

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[29] United Nations Children's Fund (UNICEF), 2017. *Pakistan Country Office – Country Programme Management Plan – 2018-2022.*

Figure 2: Reconstruction of the UNICEF CP Pakistan Theory of Change
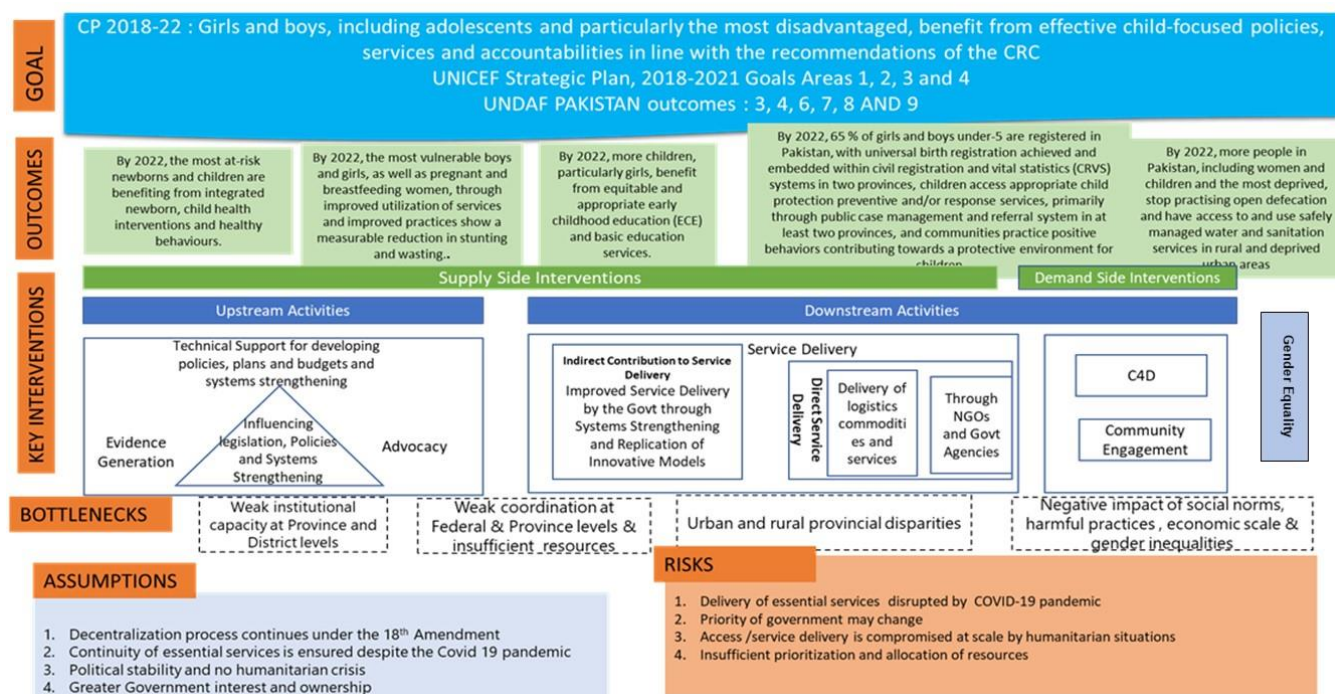
The overall goal of UNICEF CP 2018-22 was that girls and boys, including adolescents and particularly the most disadvantaged, benefit from effective child-focused policies, services, and accountabilities in line with the recommendations of the CRC. To contribute to this overall goal the CP identified **5 major outcomes** for UNICEF in 2018-22 related to each of the sections:

1. **HEALTH**: Neonatal and Child Health Outcome: By 2022, the most disadvantaged newborns and children benefit from integrated newborn and child health interventions and healthy behaviours.
2. **NUTRITION**: Nutritional Status of Girls and Boys Outcome: By 2022, the most vulnerable boys and girls, as well as pregnant and breastfeeding women through improved utilization of services and improved practices show a measurable reduction in stunting and wasting.
3. **EDUCATION**: Children in School and Learning Outcome: By 2022, more children, particularly girls and the most disadvantaged, benefit from equitable and appropriate early learning and basic education.
4. **CHILD PROTECTION**: Children are protected from violence, neglect, and exploitation.
   a. Outcome (VAC): By 2022, girls and boys access child protection preventive and/or response services, as appropriate, primarily through public case management and referral system, in at least two provinces and one territory of Pakistan, and communities practice positive behaviours contributing towards a protective environment for children.
   b. Outcome (BR): By 2022, 65% of girls and boys under-5 are registered in Pakistan, with universal birth registration achieved and embedded within the Civil Registration and Vital Statistics (CRVS) system, in at least two provinces of Pakistan.
5. **WASH**: Safely Managed Water and Sanitation Services Outcome: By 2022, more people in Pakistan including women and children and the most deprived stop practicing open defecation, and have access and use safely managed water and sanitation services in rural and deprived urban areas.

In terms of accountability, the CP established direct links between Programme outcomes and Programme staffing structures both in the PCO and the FOs. The structure was broadly uniform across programmes, **comprising two streams**:

a)   Supply-side with responsibilities for strengthening governmental delivery systems and facilitating and enabling the legal and regulatory environment. UNICEF aimed to train, assist and support duty bearers to effectively reach disadvantaged children/families, particularly those in urban areas, through the proposed support in improving policies, financing, and implementation strategies for services benefitting children's rights.

> Supply-side interventions include **upstream and downstream interventions**. Upstream interventions include **technical support for developing policies, plans and budgets, and systems strengthening** through evidence generation and advocacy work. They also include downstream interventions by indirect and direct contribution to Service Delivery. Indirect contribution is made by **strengthening the capacity of the government to deliver services more effectively and the replication of innovative models in partnership with governments**. Direct service delivery is through the delivery of logistics commodities and services through NGOs and government agencies.

b)   Demand-side with responsibilities for increasing awareness through behavioral change and via non-governmental and other partnership building and engagement. It also entailed embedding C4D and community engagement in a cross-thematic manner. UNICEF aimed to support communities, families, and parents to adopt positive attitudes and behaviours for improved childcare at home, and for more timely and effective use of social services when required.

The TOC included some **bottlenecks** that might have made the implementation of the different interventions and the achievement of results more difficult. The CP identified as a bottleneck **the weak institutional capacity at Province and District levels** and the **difficult coordination** between the Federal & Province levels. Insufficient resources of the government were also considered a bottleneck, especially at the province level. **Disparities between rural and urban populations**, urban slums were also identified as a challenge. The ne**gative impact of social norms, harmful practices, economic scale, and gender inequalities** also represented a major challenge for the country program.

The assumptions included in the ToC included the assumption that the decentralization process continued under the 18th Amendment and that the continuity of essential services would be guaranteed despite the COVID-19 pandemic. It also assumed that there would be political stability in the provincial and national governments, that the government would continue to maintain its priority on the mandate represented by UNICEF as well as assuming ownership. The greatest **risks** identified were that the delivery of essential services could be disrupted by the COVID-19 pandemic or that national and provincial government priorities could have changed. Access/service delivery could also be compromised at scale by humanitarian situations and there could be insufficient prioritization and allocation of resources at the province and national level.

4. CP Evaluation Purpose

As per the Revised UNICEF Evaluation Policy[30] the PCO is required to undertake a country programme evaluation at least once every two programme cycles. According to the revised policy, a UNICEF evaluation, "serves interrelated purposes in support of the organization's mandate. It supports learning and decision-making, which in turn contributes to better results for children." The TOR for this CPE listed the following areas that are to be assessed:

1. **Inform programme design and support managerial decision-taking at country office level in preparation for the next the country programme**. Recommendations are to be provided which must be specific enough that necessary actions can be determined in response.

2. F**oster organizational learning about what works and does not work,** especially in areas where the country programme components have not achieved the results.

3. UNICEF has an accountability to design and implement programmes at a standard of excellence. The evaluation **will support accountability** by providing an independent assessment of how selected results were achieved (or not) and the factors that contributed to the achievement or lack thereof.

It should be noted that due to time constraints, this CPE was not intended to measure the full results framework. This evaluation needed to be able to generate findings in time to support the development of the next country programme (2022-2026). This CPE was particularly significant to UNICEF not only because it was the final one before the next country programme, but because no CPE was undertaken in the past two programme cycles, only a mid-term review and some thematic evaluations.

The TOR built on the purpose statements and defined the following specific objectives for the evaluation.

1. The CPE should provide an **independent assessment of the relevance of the country programme** – focusing on specific programmatic areas – to local needs and context. The focus in this question will be on areas that have not fully achieved results based on [the] results in the UNICEF RAM for 2020 i.e., ECE, polio elimination, stunting and wasting.

2. The CPE should provide an independent **assessment of results achieved** – focusing on specific programmatic areas – and explanatory factors for their achievement.

3. The CPE should provide an independent assessment of **the internal and external coherence** of the programmatic focus areas and whether UNICEF is well-positioned to play a strategic role to advance the goals in the country.

As stated in the TOR, by looking at the completion of Pakistan CP while at the same time focusing on issues of strategic positioning and relevance, the CPE had a forward-looking lens that enabled PCO to learn from its implementation as a new Pakistan CP was planned and developed. The CPE complimented findings from the Situation Analysis, the Mid Term Review (MTR), and other assessments in providing information that was used in planning the next Pakistan CP. The intended results of the evaluation remain available for the development and fine-tuning of the objectives, components, and strategies for the new Country Programme 2022-2026. UNICEF and the Government of Pakistan as well as UNICEF implementing partners are the main users of this evaluation.

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[30] United Nations Children's Fund (UNICEF), 2018. *Revised Evaluation Policy of UNICEF.* Available at: https://www.unicef.org/evaluation/media/1411/file/Revised%20Policy%202018%20(Interactive).pdf [Accessed 22 August 2021].

5. Evaluation Scope

The table 1, describes the, list of items that supported the overall scope of the evaluation. The generic themes of the items of the list below were taken from the TOR.

Table 1: Summarized Scope of Work

Theory of Change for the CP	The CPE focused on the theory of change for the areas that were explored for a deeper dive under relevance and strategic positioning. Changes in the TOC across the cycle, including the extent to which these changes were implemented and the extent to which the implemented TOC remained relevant to meet the needs of children were explored.
Results levels:	The CPE was not meant to be an assessment of the full results framework. It therefore did not look at all results achieved (or not) from all components of the Pakistan CP. Specific sections were selected considering those which were the largest budget consumers as well as those sections that had not fully achieved the results according to the UNICEF RAM. Within each section, PCO decided to provide a narrowed down focus on specific themes: • Education: upstream education and Alternative Learning Programme (ALP) • Health: Maternal Neo-natal and Child Health (MNCH) and Expanded Programme on Immunization (EPI)[31] • Nutrition • WASH: Open Defecation Free (ODF) and Handwashing with Soap (HWWS) • Child Protection: Birth Registration (BR) and Violence Against Children (VAC) Baluchistan, Child Protection – Case Management and Referral System (CP-CMRS)
Sectors Plus	Programming sectors were an important but not the only analytic frame. Depending on the topic the frame were programmes and sectors, or the linkages within the overall country programme. The sectors and areas of focus noted above were at the core of this CPE.
Geographical and Territorial Scope	This evaluation covered all four provinces (Balochistan, Khyber Pakhtunkhwa, Punjab and Sindh) as well as the territories of GB and AJK. In each of the four provinces, the focus was on evaluating the activities of the UNICEF FOs. In addition, the PCO, located in the capital remains at the centre of the evaluation. It covered the formal start of the programme in 2018 through the current moment (2021, when the evaluation is being conducted) and looks forward to what is expected to be achieved by the formal end of the programme in 2022.
DAC Criteria	In terms of criteria this evaluation focused on 3 of the 6 current DAC criteria (based on the revised set issued in December 2019[32]), specifically relevance, coherence and effectiveness. Efficiency, impact, and sustainability are not criteria of focus in this evaluation.
Participants	Because a critical purpose of the evaluation was to inform UNICEF's next country programme, UNICEF stakeholders at the country and regional levels were primarily involved in the design and governance of the evaluation. However, given that the evaluation had a focus on the positioning of UNICEF and its Country Programme, the consultation of external stakeholders is critical to addressing the evaluation questions.

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[31] Polio has been integrated into the Health analysis

[32] Organization for Economic Cooperation and Development-Development Assistance Committee (OECD-DAC), 2019. *Better Criteria for Better Evaluation – Revised Evaluation Criteria – Definitions and Principles for Use.* Available at: https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf [Accessed 22 August 2021].

The table below provides the official DAC definitions for each of the three criteria as well as the related to the Evaluation Questions (EQs).[33] While developing the evaluation matrix the EQs included In the ToRs were synthesized into 3 key questions. The full evaluation matrix is available in Annex 4.

Table 2: Evaluation Criteria and Questions

Criteria	Definition	Evaluation Question
Relevance	**Is the intervention doing the right thing?** The extent to which the intervention objectives and design respond to beneficiaries' global, country and partner/institution needs, policies and priorities, and continue to do so if circumstances change	**EQ1:** To what extent UNICEF's Country Programme objectives and design respond to beneficiaries' (children, adolescents, young people, especially marginalized segments), global, country and partner/institution needs, policies and priorities, and continue to do so if circumstances change?
Coherence	**How well does the intervention fit?** The compatibility of the intervention with other interventions in a country, sector or institution	**EQ2:** To what extent is UNICEF's Country Programme consistent with national priorities and has played a complementary role to government and other development actors in addressing gender equity and equality challenges?
Effectiveness	**Is the intervention achieving its objectives?** The extent to which the intervention achieved, or is expected to achieve, its objectives and its results including any differential results across groups.	**EQ3:** To what extent UNICEF Country Programme intervention achieved, or is expected to achieve, its objectives and its results, including any differential results with respect to health, child protection, nutrition, WASH and education?
x	x	x

6. Methodology

According to the two-fold purpose of the evaluation assignment, the evaluation is summative, aiming to both evaluate the outgoing Pakistan CP and inform future programming covering the period from 2023 to 2027. In addition, the evaluation is formative, the findings will be used to formulate forward-looking lessons learned, conclusions and recommendations to inform the next UNICEF Country Programme.

The overall methodological approach of this evaluation was based on a theory of change approach that seeks to assess the extent to which UNICEF's activities have contributed to the achievement of outputs, which in turn have contributed to the achievement of expected results. In this sense, the evaluation analysed the processes and strategies implemented during the programme cycle, intending to understand their relevance, **the internal and external coherence** of the programmatic focus areas, and the extent to which the results have or have not been achieved and the role played by the programme. The evaluation will also explore the internal or external factors that have enabled or prevented the achievement of the results.

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[33] While developing the evaluation matrix the evaluation questions included In the ToR were synthesized them into 3 key question questions. .

The evaluation began in May 2021 and is planned to end in December 2021. The process of conducting the evaluation spanned four main phases:

Table 3: Evaluation Phases

Evaluation phases	Content
Inception and Planning phase:	The evaluation began with a series of meetings between the evaluators and the evaluation managers on the TOR for the evaluation. The team then conducted an initial document review, finalized a workplan, and conducted preliminary interviews. In the interests of time, the team also developed and delivered an inception presentation to the UNICEF evaluation managers.
Data Collection Phase;	This phage covered the process of conducting the bulk of the planned group and key informant interviews. The survey tool was finalized, and the survey was carried out through online tools. A number of tracking and organization tools were developed and implemented internally to record and manage data collection events.
Analysis Phase:	Data collected through the interviews, surveys and document review was processed, analyzed, and triangulated. The team held a number of internal discussions as part of the process to generate findings and recommendations. During this stage, a small number of additional interviews were conducted where possible to fill gaps and the process of document review continued in parallel. At the end of this phase, a set of preliminary findings were presented to the PCO.
Reporting Phase:	The final phase of which this finalized version of the Final Evaluation Report is the main output. The report finalization process consisted of the development of drafts and feedback from the evaluation reference group. A final presentation on the findings and recommendations was also made to ROSA staff and other relevant stakeholders.
X	X

The analysis framework of this evaluation includes different evaluation themes that were integrated as the following figure shows. All of them were assessed using three important OECD/DAC criteria i.e. **relevance, coherence and effectiveness**. In addition, human rights and gender mainstreaming aspects were also assessed. The evaluation specifically assessed how **gender equality, human rights, and disability issues** have been addressed and integrated into the country programme. Lessons learned, conclusions and recommendations have also been made for the next country programme, based on the evaluation findings.

Figure 3: Evaluation Analysis Framework
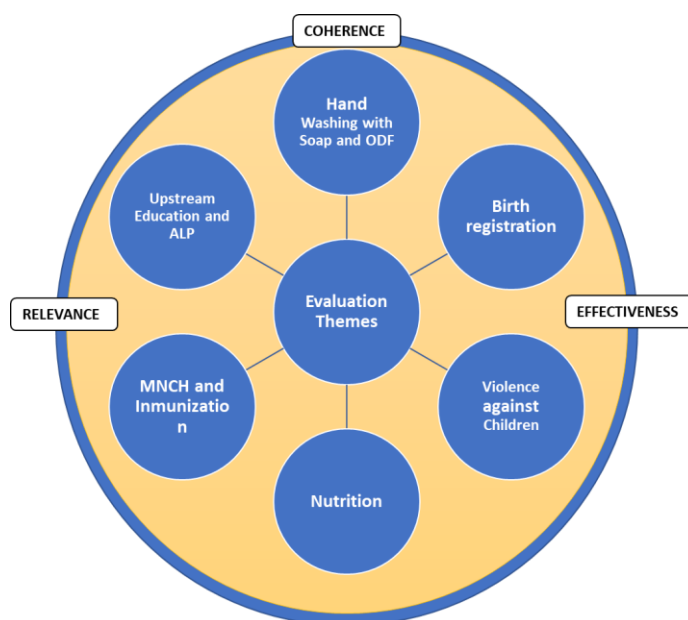
Under each criterion, specific evaluation questions and indicators have been developed to guide the evaluation exercise[34]. Criteria, questions, indicators, and related data sources have been compiled into an **evaluation matrix** that served as the key guiding instrument throughout the evaluation[35]. The evaluation is **aligned with the UNEG norms and standards**[36] and the UNICEF Evaluation Guidelines, including the UNICEF Evaluation Handbook[37] and UNEG Guidance on Integrating Human Rights and Gender in Evaluations[38].

6.1   Data Collection Methods

The evaluation applied a mixed-methods approach, making use of desk review documents, key informant interviews, group interviews, and surveys. In total, **256 respondents** participated in the evaluations, including **191 who were interviewed** (53 via key informant interviews and 138 in group interviews) and **65 who responded to an online survey**.

Figure 4: Distribution of Respondents by Data Collection Method (n=256)
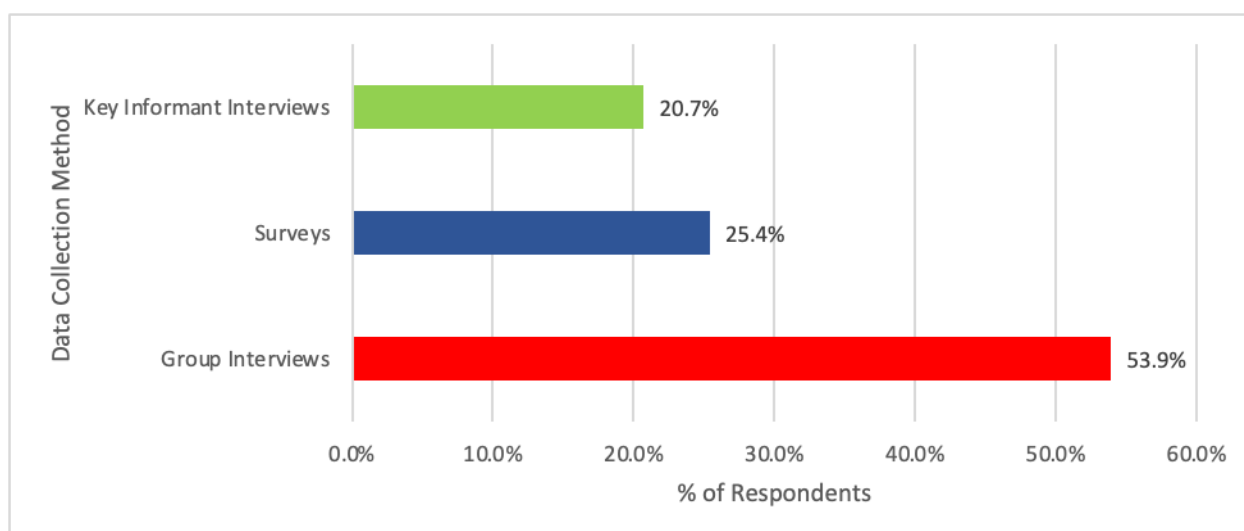
The consultants consulted a wide range of different stakeholders by maintaining a gender balance in the sampling of interviewees. In addition, the evaluation includes specific criteria and questions on human rights and gender equality in the context of the Pakistan CP.

Sampling Strategy

The sampling strategy was based on a thorough stakeholder analysis conducted together with UNICEF involving document review and inception interviews (UNICEF PCO and FOs). This process produced a list of all relevant internal and external stakeholders and their categorization, according to their type of relationship with the UNICEF and their importance to the data collection process. The table below summarizes the resulting stakeholder classification system.

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[34] While developing the evaluation matrix the evaluation questions included In the ToR were synthesized them into 3 key question questions. .

[35] See Evaluation Matrix in Annex 4

[36] United Nations Evaluation Group (UNEG), 2017. *Norms and Standards for Evaluation*. Available at: http://www.unevaluation.org/document/detail/1914 [Accessed 16 August 2021].

[37] United Nations Children's Fund (UNICEF), 2017. *UNICEF-Adapted UNEG Evaluation Reports Standards.* Available at: https://www.unicef.org/evaluation/documents/unicef-adapted-uneg-evaluation-reports-standards [Accessed 16 August 2021].

[38] United Nations Evaluation Group [UNEG], 2014. *Integrating Human Rights and Gender Equality in Evaluations.* Available at: https://www.unicef.org/media/54811/file [Accessed 16 August 2021].

Table 4: Stakeholder Classification

Category of stakeholder	Type of stakeholder	Level
Primary (internal)	UNICEF PCO	National
Primary (Internal)	UNICEF FO's	Provincial
Primary (internal)	UNICEF ROSA	Regional
Primary (external)	UN Agencies	National
Secondary	Implementing Partners- Governments at the federal and provincial level	National/Provincial
	Implementing Partners- NGOs	National/Provincial

The evaluation took a **participatory, inclusive, gender and human rights-based sensitive approach** by ensuring that the views of a wide range of stakeholders, including those whose voices are usually not heard, are included. As a result, the evaluation team included all stakeholder types identified, including the most important partners of UNICEF Pakistan.

The sample selection was carried out through **purposeful sampling** processes for each data collection method. At each stage, the targeting of particular data collection methods was carried out in coordination with UNICEF. The following table provides an overview on data collection methods, means of implementation and the targeted stakeholder groups.

Table 5: Data Collection Methods and Target Groups

Data Collection Tools	Description	Implementation	Sampling Method	Target Group
Online Surveys	Online surveys are an efficient tool to collect quantitative as well as qualitative data from different target groups.	Online	Purposeful (surveys were be sent out to all available contacts on the stakeholder list generated in conjunction with UNICEF)	Government at the federal and provincial level Implementing partners - NGO, Associations UN agencies
Semi-Structured Interviews (Individual and Group Interviews)	Online semi-structured interviews allow for qualitative data collection.	Phone or online interviews	Purposeful (interviewees were selected to represent the whole range of implementing partners, according to their level of engagement with	Government at the federal and provincial level Implementing partners-NGO, Associations UN Agencies Selected UNICEF Pakistan staff at PCO and FOs

			UNICEF Pakistan)	

Desk Review of Relevant Documents

The consultants reviewed **306 documents,** some provided by UNICEF and others obtained through own research. Different UNICEF documents related to the CP 2018-22 were read and analysed, including MTR assessments, RAM information 2018, 19 and 2020, annual provincial reports, strategy documents, previous evaluation reports and evaluation summaries among others. The consultants also reviewed Government and public documents related to policy, strategy and planning processes as well as publications relevant to the topics covered in the evaluation. They also reviewed different sections of the UNICEF Pakistan's public website as well as social media content. In addition, UNICEF manuals and guidance notes were also reviewed, for example on human rights and gender mainstreaming or on UNICEF and the SDGs (Sustainable Development Goals). A list of documents reviewed by the team is provided in Annex 1.

Online Survey of UNICEF's External Stakeholders

The online survey was conducted targeting UNICEF's external stakeholders, including government officials (at the federal and provincial levels), NGOs, associations, and the private sector.

- This survey was developed using Google Forms; a mailing list of **253 external stakeholders** provided by UNICEF was used to share a link to the survey. In addition, the survey was distributed by UNICEF staff at several levels among their networks. Due to this, we cannot confirm how many people received the survey.
- The survey comprised **7 thematic sections** on each of the themes covered in the evaluation: MHNCH, Immunization, Nutrition, Birth Registration, Violence against Children, WASH, and Education.
- Each of these sub-sections had between **15 and 20 questions**. Most of the questions were sector-specific, while some were the same for each survey.
- They were prepared and distributed on **11 July 2021 by email** to all external stakeholders including the mail list provided by UNICEF. Additionally, the survey was also disseminated by UNICEF staff to their networks.
- The survey was open **for 3 weeks and closed on 9th August**. 4 reminders (11 July, 15 July, 4 August, 23 July 2021) were sent during the time it was open to encourage responses.

The survey respondents belonged to various types of organizations such as Government agencies, semi-government agencies, NGOs, think-tanks, private entities.

The survey was **responded to by 65 people (19 women, 45 men and one person who selected both categories), 25.7% of the total email list**[39]. The sections that have more participation were Education (21), WASH (15) and MNCH (13) while Nutrition (7), VAC (5) Immunization (2), and BR (2), received a lower number of responses.

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[39] This percentage is approximated and determined by the total number of people that we sent the survey. However, UNICEF also disseminated it between their networks so the number of people that received the survey may be higher

Figure 5: Percentage of Survey Responses by Section (n=65)
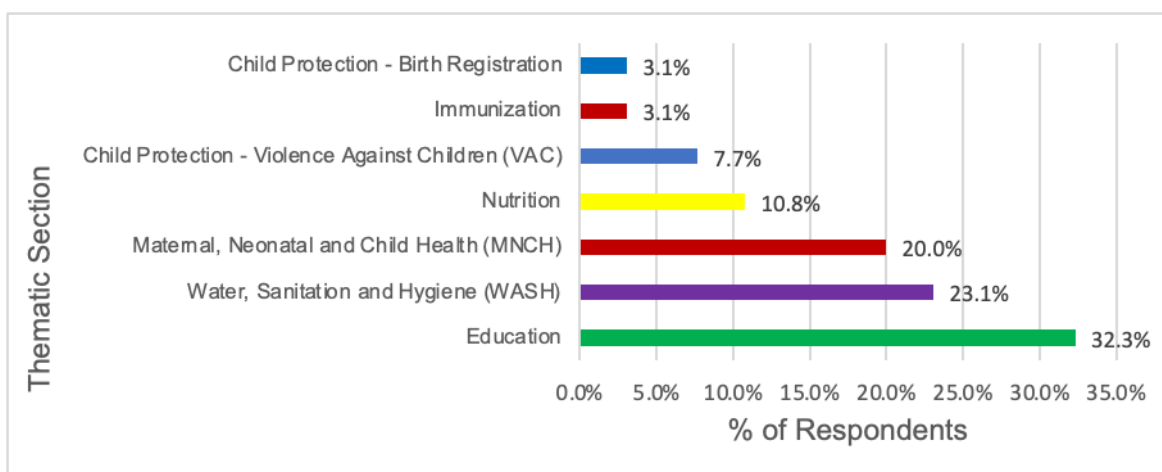
Table 6: Gender Disaggregation of Survey Respondents (n=65)
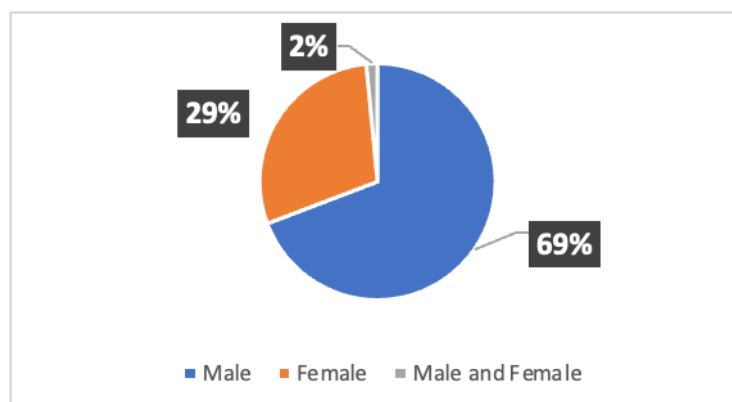
Due to the limited number of stakeholders available for the survey, and the segregation of responses by thematic areas, **most thematic questions had low response rates**. In response to these circumstances, the evaluation team **combined the responses to some questions that were similar in each thematic section where possible**. The responses to other questions, particularly those with open-ended responses, were used in combination with other data sources for triangulation purposes. The quantitative and qualitative data collected through the surveys was extracted from **Google Forms in an Excel** file for further processing and analysis. The respective data were organized according to the evaluation criteria and the questions included in the evaluation matrix.

Semi-Structured Interviews

In total, **86 semi-structured interviews were conducted with 191 interviewees (52 women and 139 men)** representing a range of organizations, including UNICEF PCO and FOs, ROSA staff, government officials, UN agencies, NGOs, associations, and the private sector organizations (as listed in Annex 2). **72.3% of the interviews were individual interviews, while 27.7% were group interviews**. All interviews were conducted virtually, mainly through Zoom calls but occasionally using other methods such as WhatsApp and phone calls when the call quality through zoom was insufficient.

Figure 6:Types of Interviews   **Table 7: Gender Disaggregation of Semi-Structured Interview Respondents (n=191)**
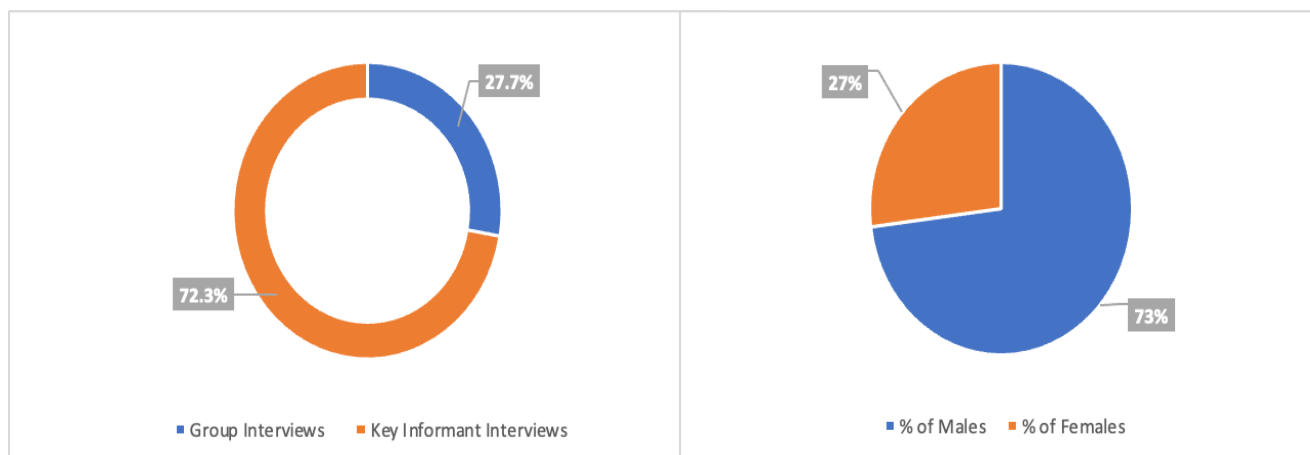
a) UNICEF Staff Interviews

Of the 86 interviews, a total of **29 interviews were conducted with UNICEF staff involving 103 respondents.** This included interviews with the officials representing ROSA, PCO, and four field offices. All sections and provinces were represented in the interviews

Figure 7: UNICEF Staff Interviews by Province/Territory (n=29)
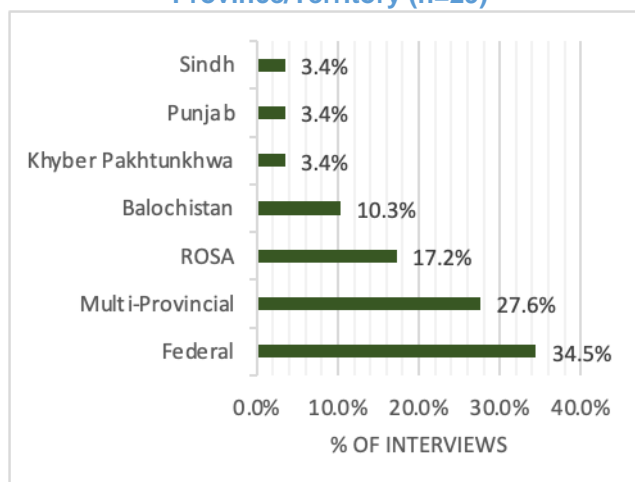
Figure 8: UNICEF Staff Interviews by Section (n=29)
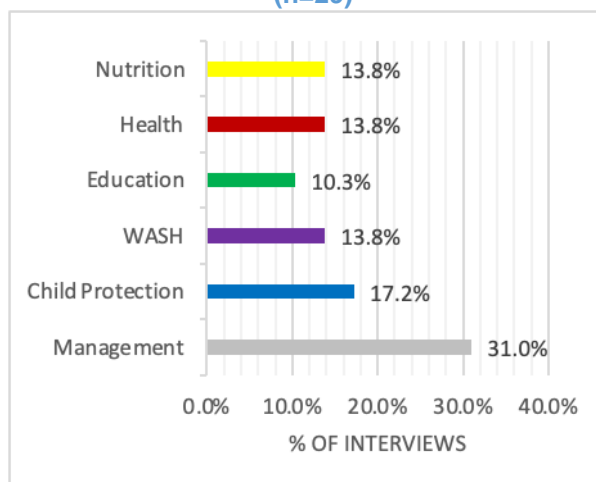
b) External Stakeholders Interviews

A total of **57 interviews were conducted with external stakeholders with the participation of 88 interviewees.** A large majority of interviews (77%) were held with individuals representing government organizations. NGOs, associations, and the private sector represented 17%, and UN agencies, the remaining 6%. Of those who represented government agencies, the majority came from the provinces.

Figure 9: External Interviews by Stakeholder Organization Type (%)
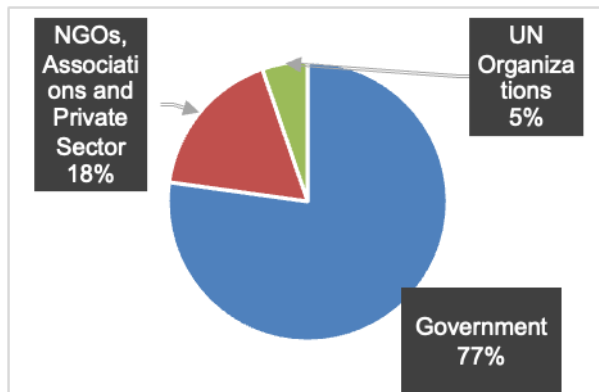
Figure 10: External Interviews by Stakeholder Organization Type (%, Government - Disaggregated)
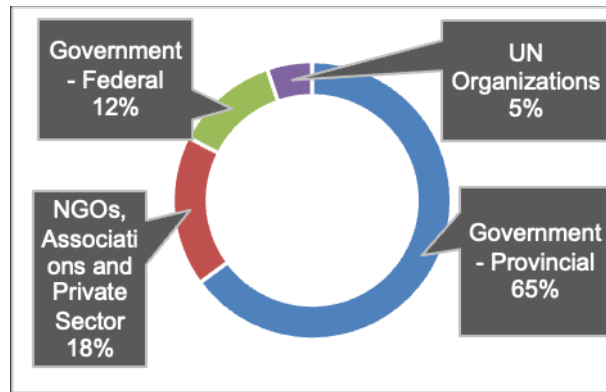
Sindh, Balochistan and the Federal Level (Islamabad) are the provinces/regions with the highest number of interviews while KP and AJK are the least represented. The number of interviews conducted per sector is quite similar in all sections.

Figure 11: External Interview Events by Province/Territory (n=57)
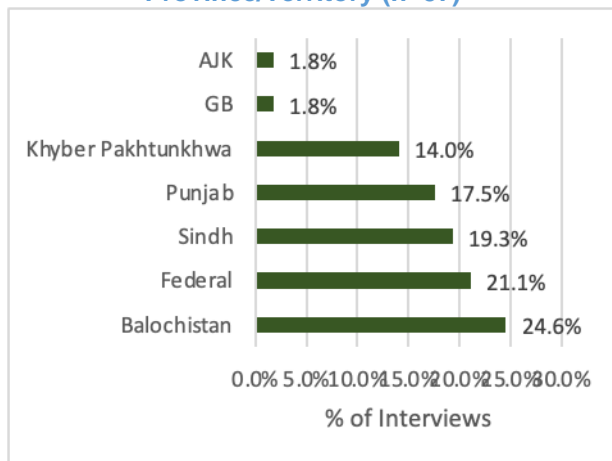
Figure 12: External Interview Events by Section (n=57)
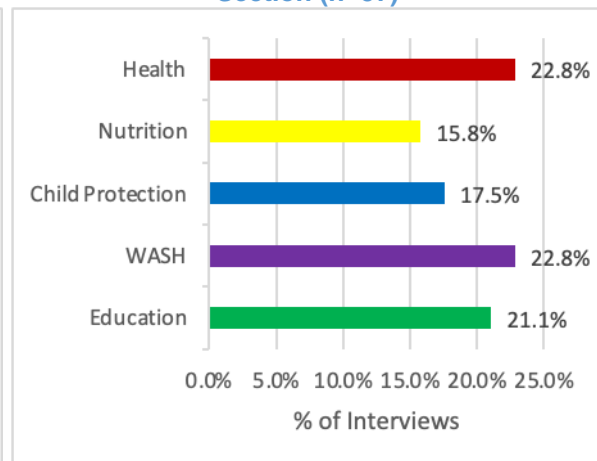
6.2   Data analysis

The analysis of the qualitative data began as soon as the data collection started with the team discussing the patterns and themes emerging from the data collection. As the data collection progressed, the consultants looked for alternative explanations to validate the different themes and patterns. Formal analysis took place at the end of the data collection process where the answers to the different questions were entered into an Excel sheet. In this process, the responses to each question were carefully reviewed and coded. The responses given by different respondents were read to identify variations between them. Interview transcripts were also read in their entirety to ensure that the context of specific responses was preserved. Similar themes were grouped and assigned into categories. In this case, the categories were determined by the evaluation questions and the OECD. Throughout the process, gender and equity were used as cross-cutting themes. The analysis identified commonalities and variations in individuals' responses to common questions. The analysis also involved the development of interpretations, which in turn involved explaining the results and answering "why" questions, attributing significance to particular outcomes, and embedding patterns in an analytical framework.

The information obtained through desk review, surveys, and interviews was then triangulated to confirm and validate information across different information sources. This process led to the formulation of findings under each evaluation criterion, answering the respective evaluation questions. The findings were used to draw a set of conclusions. Based on the conclusions a set of recommendations were drawn and presented in the report. Some early findings and recommendations were shared with UNICEF country office staff and ROSA. An early draft of the report was also shared with ROSA and UNICEF Country Office Pakistan for comments and feedback. Their feedback is incorporated in this report. Some recommendations which emerged during preliminary analysis were validated by sharing those with other stakeholders.

RAM analysis
Consultants also conducted RAM analysis by reviewing the RAM **reports of 2018, 2019 and 2020**. Information on RAM was compiled in an excel template to facilitate the comparative assessment of **quantitative and qualitative information.** They also took into account the **changes introduced during the MTR process** where some outputs and indicators were added or deleted.

Although the RAM monitoring system and the information provided has improved over the years (the RAM 2020 system is more comprehensive than in previous years), it still has some limitations which are listed below:

- Some of the outcome **indicators have national level targets. The achievements reported against these targets do not reflect the relative contribution** of UNICEF.
- Some sectoral outputs and indicators **did not capture all the streams of activities** undertaken by UNICEF.
- RAM reports **did not consistently provide geographically disaggregated data**, particularly for AJK, GB. There was no easy way from the documents provided to build a cohesive picture of the activities done and the progress made in each province. For example, urban vs rural and provincial breakdowns were not consistently available.
- At times, **third party field monitoring has been identified as a source (means of verification), even for indicators** which would require a representative survey.
- The **scale used to rate the progress does not accurately reflect actual progress (**e.g., any progress between 10% or 90% was rated as partially achieved).
- **Disaggregation of targets, status and results was inconsistent, often missing**. Some targets were defined on a yearly basis, while others were long term targets for the end of the Country Program (in 2022). This made it difficult to assess them since the evaluation period is focused on the years from 2018-2021.
- The **figures/percentages/descriptions provided in the baseline were not always aligned with the targets** and the status statements, nor is it always clear from the RAM structure what was the source of each baseline.

6.3 Gender, Equity, and Human Rights
The design and implementation of the evaluation took into account the UN and UNICEF's **commitment to a human rights-based approach to gender equality and equity**. Throughout the evaluation phases, the evaluation sought to be participatory and inclusive, integrating gender, equity, and human rights aspects. The consultants ensured that the evaluation design, including methodology, data collection, methods of analysis, and the development of different deliverables integrated gender, equity, and human rights, including children's rights. The evaluation **included quantitative and qualitative (mixed) data collection methods** that aimed to collect sex and gender disregarded data. Within the scope of the evaluation, it was not possible to speak to the most vulnerable directly, but data collection tools included many questions on human rights and the inclusion of the most vulnerable. Indicators included in the evaluation matrix were gender and HR-sensitive and evaluation KIs and survey were designed in a way that let the consultants capture the gender roles, attitudes, behaviors, and roles and included the most vulnerable.

The consultants applied a **participatory approach** by including a wide range of different stakeholders through interviews and surveys, and by maintaining a gender balance in the sampling of interviewees. To address power bias, senior officials were interviewed separately from junior officials. The evaluation of geographical equity (distance bias) was addressed by including stakeholders from all four provinces of Pakistan.

Of the 256 respondents who participated in the assessment, **only 30.9% were women while 69.1% were men.** One respondent identified as both male and female (an 'other' option was also available to respondents). This **gap is primarily due to the gender distribution inherent to the pool of potential interviewees**, not due to any bias in selection processes. To the extent possible, the evaluation team sought to collect data from as gender-balanced a group as possible while also targeting all key stakeholders.

Figure 13: Gender Distribution of Semi-Structured Interview Respondents
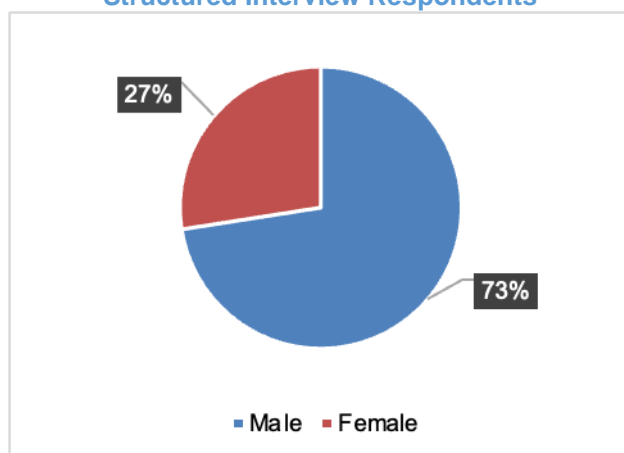
Figure 14: Gender Distribution of Survey Respondents
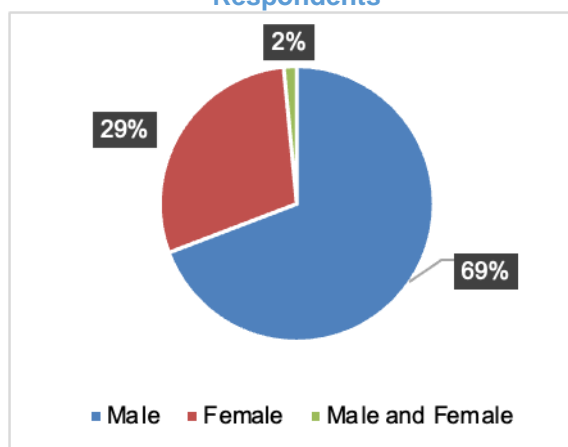
The human rights-based approach, gender equality, and equity were also taken into account during the document review where gender and human rights aspects and gaps were identified. In order to do that, the evaluation team looked for information on a) analysis of HR&GE issues, b) evidence of vulnerable groups being consulted and their concerns being taken on board at the design stage and c) how HR&GE issues were addressed by UNICEF.

The analysis provided in the evaluation document also assesses the extent to which the implementation of the intervention addresses gender, equity, and children's rights. The main findings of last year's gender review have been considered in the different evaluation criteria. The evaluation document includes an explicit analysis of right holders, duty bearers, and socially marginalized groups, and the differential benefits received by different groups of beneficiaries, particularly children. Analysis through the gender and human rights approach lenses is included in the evaluation findings, conclusions and recommendations.

Ethical Considerations,
Throughout the evaluation process, consultants strictly adhered to applicable UNICEF and UNEG guidelines for evaluations, including the **UNEG Code of Conduct for Evaluation in the UN system[40]; the UNEG norms and standards for Evaluation**[41]; the UNICEF Procedure on Ethical Standards in

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[40] United Nations Evaluation Group (UNEG), 2008. *UNEG Code of Conduct for Evaluation in the UN System.* Available at: http://www.unevaluation.org/document/detail/100 [Accessed 18 August 2021].
[41] IBID (UNEG, 2017)

Research, Evaluation, Data Collection, and Analysis [42] ; and 'Response of the UNICEF Evaluation Function to the COVID-19 Crisis[43]'. The evaluation exercise adhered to the core UNICEF evaluation ethical principles of respect, beneficence, justice, integrity, and accountability.

a) Respect

The consultants ensured that the evaluation was **sensitive to the beliefs, manners, and customs of the social and cultural environment**. The evaluation did not discriminate on the basis of gender, race, religion or any other factor.

Consultants **respected the rights of institutions and individuals to provide information in confidence and ensured that sensitive data is protected such that it cannot be traced to its source**. Where appropriate, findings/statements were validated with those who provided the relevant information. All information was obtained with written or verbal consent. Participants were clearly informed that their participation was voluntary, that information shared would be anonymous and that the information they provide would be used outside of the evaluation without their consent.

b) Beneficience

As a high-level country programme evaluation, direct data collection with children was not required, removing one potential dimension of harm from the process. The evaluation's purpose is both clear and vital – the outputs of the process will be used directly to improve the design of the next country programme in Pakistan which will bring benefits at many levels, both within the country and globally.

In accordance with the UNEG criteria, one of the important components of this evaluation was to understand the mechanism used by PCO to address issues of equity, inclusion, and human rights, and gender equality within the programme. Thus, **the analysis was triangulated from the perspectives of gender and the needs of vulnerable groups.** The evaluation has been conducted under the principle of 'do not harm' by conducting ongoing risk assessments to clarify and mitigate potential and actual harms that may arise and that go beyond what participants have consented to.

Ethical considerations were applied at two stages:

(i) Prior to initiation of the evaluation:
- An innovative approach was taken to data collection in light of COVID-19. Methods like online **surveys and group interviews for in-depth interviews**.
- The participation of **4 national experts in the evaluation team** contributed to the perspective on the national context for framing a holistic and ethical evaluation design.

(ii) During data collection and reporting:
- The consultants managed **the list of stakeholders with a view towards confidentiality**. The list was exclusively used for the evaluation and individually identifiable information was removed during reporting. Data were stored and analyzed in secure, encrypted cloud storage services.
- **No personal identifiers were collected during the perception survey**. This ensured limited access to respondents' personal information and also provided anonymity to participants.
- The evaluators **respected the right of institutions and individuals to provide information confidentially** and ensured that sensitive data were protected and could not be traced.

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[42] United Nations Children's Fund (UNICEF), 2021. *UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis.* Available at: https://www.unicef.org/evaluation/documents/unicef-procedure-ethical-standards-research-evaluation-data-collection-and-analysis [Accessed 18 August 2021].

[43] United Nations Children's Fund (UNICEF), 2020. *Response of the UNICEF Evaluation Function to the COVID-19 Crisis.* Available At: http://www.unevaluation.org/document/detail/2804 [Accessed 18 August 2021].

- Since the evaluation was virtual, the **evaluation team requested permission in writing and orally to record the conversation of some respondents**. If permission was granted, the team recorded the conversation for internal documentation purposes only. Only in exceptional cases, where due to technical glitches or time constraints was not possible to obtain prior written consent, consent was obtained verbally, but still on record. Written consent[44] was obtained using an online Google Form.

c) Integrity:

Consultants ensured that the evaluation exercise was **guided by and aligned with ethical principles and professional standards.** Consultants communicated truthfully and openly with different stakeholders that participated in the evaluation concerning aspects of the evaluation, such as findings, procedures, limitations, or changes that may have occurred. The evaluators took steps to **preserve the independence** of the evaluation from external pressures and conversely sought to avoid leading/influencing the responses of the respondents. Evaluators also were proven to be **transparent and honest** about methodological or technical knowledge on the areas of expertise. There were **no conflicts of interest** identified during the evaluation process.

d) Accountability

Evaluators have demonstrated through the inception and evaluation reports that the evaluation was conducted in **a rigorous, fair, and balanced manner and all judgments made were based on solid, verifiable evidence.** The consultants communicated transparently with the UNICEF PCO and ROSA, addressed any concerns raised, and openly identified and devised mitigation measures for limitations.

a) Independence

Members of evaluation teams were independent and did not have any role in designing or implementing the programme they were evaluating nor do not expect to have any such role in the near future. The evaluation team had the freedom to conduct an evaluation and present the findings based on the analysis of available data.

e) Impartiality

The evaluation team conducted the evaluation in an impartial manner and analysis is done based on the available evidence. They have taken into account the views of stakeholders and appropriately reflected these in the report.

6.4 Quality Assurance Procedures

The ROSA Regional Evaluation Advisor, with the support from the Multi-Country Evaluation Specialist, were in charge of providing the **quality assurance** of the whole evaluation process, **supervising the assignment, and reviewing the different deliverables including data collection tools, sampling strategy, inception, preliminary findings, and final presentations**. A **Reference Group** (RG) was also created to support the consultants with the participation of some UNICEF Pakistan Staff. The roles of the RG were facilitating access to documentation and persons that had to be involved and reacting to draft deliverables and other issues as required.

6.5 Limitations of the Evaluation

Overall, the evaluation process went well. UNICEF staff were very cooperative and provided all relevant information and responded to any doubts or questions, and all stakeholders that were contacted for interviews agreed to participate. The following limitations were encountered in the evaluation process. Where possible mitigation measures were taken to reduce the negative impact:

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[44] Consent form is included in Annex 5

Table 8: Evaluation Limitations and Mitigation Measures

Limitations	Mitigation Measures
Data collection with beneficiaries was not included so the beneficiary perspective was missing.	The evaluation team interviewed **organizations that could represent beneficiaries.**
Most key informants were directly associated with UNICEF interventions, which risks creating an echo-chamber effect. For example, in the case of evaluation of upstream activities, it limited the evaluator's ability to determine the diffusion of ideas within government systems.	**Document review of external sources and triangulation** of information was provided to mitigate this limitation. Consultants also **tried to bring interviewees out of their comfort zone** by asking challenging questions and asking them to play devil's advocate.
Due to time considerations, especially the accelerated timeline of the evaluation in most cases **consultants were unable to hold separate, individual provincial interviews with UNICEF FO staff or with individuals** who were not directly associated with the programmes.	Consultants **accelerated the inception stage** including preliminary interviews and focused on maximizing data collection from the full range of stakeholder types in the time available. After the preliminary findings, PPT consultants also conducted additional interviews with targeted stakeholders to support the Evaluation Report.
Consultants faced challenges in securing participation in interviews due to the COVID-19 pandemic and due to public holidays (Eid) at the time when data collection was taking place	Consultants worked **closely with UNICEF CO and ROSA** to engage participants. They conducted interviews at an accelerated rate before Eid and reached out directly to interviewees rather than relying on intermediaries where necessary.
There were some challenges in securing sufficient responses to the survey given time, motivation constraints, and the design of the survey (separated into thematic sections and respondents must pick one). The culture of the sub-continent is an oral culture which makes it more challenging to get someone to fill a form that would take 10 minutes. Foreign language perhaps complicates this further.	Consultants s**ent multiple reminders to the survey mailing l**ist at key points and secured the support of UNICEF CO in encouraging participation. They analyzed most of the questions of the survey as an 'indicative' rather than a 'representative' data collection tool. They also pooled responses from similar questions.
In some cases, claims of achievements were based on self-reports with no room for verification. Some of the perspectives that consultants gathered from the field by talking to external stakeholders were not verified/crosschecked.	**Document review of external sources and triangulation** of information was provided to mitigate this limitation. The Preliminary findings and the final presentation and the Presentation to ROSA were a way to crosscheck some of these preliminary findings, factual errors. In addition, consultants contacted specific UNICEF staff to crosscheck some of the information and findings.
The level of engagement online tends to be lower compared to in-person interviews. It also made it difficult to read body language.	Besides, online formal interviews were not in vogue until COVID-19: consultants organized online group discussions and tried to promote interaction among participants with the chat box

7. Findings

Findings were divided into two sections: cross sector and sector analysis. To avoid the duplication of information, some evaluation questions were directly addressed in the Cross-sector analysis and some others in the sector analysis.

1.   **CROSS SECTORAL ANALYSIS:** It integrated the **cross-sectoral findings** based on the analysis of relevance and coherence criteria.
2.   **SECTORAL ANALYSIS: it** presented findings for each of the selected themes separately, covering the three criteria for the evaluation, relevance, coherence and effectiveness.[45].

Both sections provided an overall analysis of the **upstream and downstream work, where relevant,** and answered the evaluation questions in a comprehensive manner:

• **Upstream work:** included assessing UNICEF's **capacity to advocate for and influence legislation, policy and systems strengthening**, as well as its ability to **generate evidence for advocacy purposes**. It also analysed **UNICEF's strategic positioning** and **coordination role** maintained in different areas of work at the federal and provincial levels. It also integrated the extent to which UNICEF took into account the **needs of children, adolescents and young people, especially the most marginalized**.

• **Downstream work:** covered assessment of **technical assistance, C4D and service delivery**. The analysis included a table of key findings that was integrated at the beginning of each section

• **COVID19 Response**: UNICEF's capacity to respond and adapt to the COVID-19 situation was also analysed in the cross-cutting section, as all sectors were affected. However, some sectoral analysis also included information in this regard.

The analysis was based on information drawn from **the both primary and secondary source**. The desk review included a **review of UNICEF documents** and a **wide list of external documents**, including Government documents such as policy documents and strategies and relevant publications on the themes that have been analyzed[46].. Primary data collected for the evaluation is detailed above in the methodology section.

8. Cross-Sectoral Analysis

The cross sectoral findings aimed to provide an intersectoral analysis in order to identify those factors that were common across the sectors and that reflected the most characteristic features of UNICEF Pakistan CP under review, including its strengths and areas for improvement. The main findings of the cross-sectoral analysis responded to some evaluation questions detailed in the evaluation matrix (Annex 4) and are summarized in the following table:

Findings according to each criterion	Evaluation Question[47]
Relevance	

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[45] See Evaluation Matrix in Annex 4

[46] All the internal and external documents reviewed are included in Annex 1. The internal documents include, but not limited to, UNICEF strategic notes, policy papers, RAM analysis, MTR, previous evaluations, provincial annual reports and other reference materials developed under the UNICEF CP 2018-2022

[47] Evaluation questions are included in the Evaluation matrix- Annex 4

Findings according to each criterion	Evaluation Question[47]
• **Finding CS1:** UNICEF **strategic positioning** was reinforced by a trust-based, close relationships with the national and provincial governments. UNICEF gained even **greater recognition for policy work, advocacy, evidence generation, and technical support** to enhance technical capacities in sectors UNICEF worked and beyond. It was also recognized as a **lead agency for coordination** and convening and is valued for its capacity to mobilize and promote strategic dialogue among different key stakeholders at federal and provincial levels. • **Finding CS2:** UNICEF progressively **reinforced its strategic positioning in the province** by supporting the national and provincial governments in formulation of policies, plans, strategies and by contributing to systems strengthening through provision of technical, financial and material support • **Finding CS3:** UNICEF was widely recognized for its capacity to **position its agenda at the highest governmental level** influencing, legislation, policies and strengthening systems. It was also seen as a **reliable partner for piloting innovative interventions that can be replicated at scale.**	Responds to the evaluation question number 4
• **Finding CS4:** UNICEF has successfully **addressed the needs of some of the most marginalized communities** by selecting geographic areas based-on evidence gleaned from key national level surveys, sometimes balanced by other considerations, including justified political considerations and security concerns. This level of specificity, if data-driven, brought a great deal of objectivity and specificity to the selection process, but occasionally restricted partners from making use of their knowledge of the context as it occurred in as it was the case in some WASH downstream interventions. It is important to have some **flexibility to capture the contextual realities** of each territory, which is often not captured by big data systems. • **Finding CS5:** The **silo approach**, which was also reflected in the lack of an integrated needs assessment, **limited the integration/convergence of different programmes (with few exceptions).** Multi sectoral response was recognized to be a challenge in part because UNICEF's counterparts, especially Government agencies, are also structured around sectors • **Finding CS6:** UNICEF CP's interventions were spread across Pakistan, including the four provinces, Islamabad, AJK and GB. However, there were **some geographic areas or districts which despite being extremely vulnerable remain excluded due to concerns related to poor security and remoteness. Another factor appears the phenomena of anti-urban bias** (e.g., densely populated urban slums and in case of health remote areas without LHW workers)	Responds to the evaluation question number 2
• **Finding CS7:** UNICEF's **COVID**-19 response and capacity to adapt to the new context was positively valued by external stakeholders. This view was also supported by the findings of the desk review, which described **UNICEF was an important player supporting the Government and participating in different National Covid response plans**. It provided a rapid and innovative response which was aligned with government priorities, contributed to ensure continuity of social services for the most vulnerable population and to **disseminate messages** in response to COVID-19.	Responds to the evaluation question number 3

Findings according to each criterion	Evaluation Question[47]
• **Finding CS8:** UNICEF has **demonstrated a strong capacity to partner with different organizations** which were recognized for knowledge and strong technical capacities. However, some stakeholders perceived a level of **inertia and believe that UNICEF did not have enough new partners to work with. There was no shared understanding regarding partnerships among the programs and among the FOs.** UNICEF **did not leverage its strategic positioning to partner with the private sector** during this CP • **Finding CS9:** Stakeholders recognized UNICEF's capacity to mobilize the communities and communicate for social behavior change. However, **C4D, when implemented through government agencies, was only occasionally successful because** it was **limited by technical capacity on C4D and motivation to position certain UNICEF priorities.** C4D was also affected by verticality of programmes and the way PCO and FOs were structured although nowadays is making efforts to better mainstream C4D in the provinces.	No specific questions were asked about partnerships and C4D although relevant findings came out from the analysis
Coherence	
• **Finding CS10: UNICEF made significant efforts to mainstream gender as a cross-cutting theme although they were still seen as insufficient.**, Without a sharp focus, the gender agenda get diluted. • **Finding CS11:** The CP **did not adequately address the root causes of gender inequalities in different contexts** and possible ways to achieve gender equality. It was recognized that the country programme needed to move from being gender sensitive to being gender transformative.	Responds to the evaluation question number 7
• **Finding CS12:** UNICEF complemented the Government and other development actors **to address the challenges of gender equity and gender equality** and provided technical support to reinforce the gender agenda and **advance gender equality commitments at the federal and provincial levels.** However, in some areas the level of influence of UNICEF in Government practices needed to be reinforced.	Responds to the evaluation question number 8

8.1 Influencing Legislation, Policies and Strengthening Systems

UNICEF took **advantage of the opportunities offered by the 18th amendment** to strengthen systems through policy development, advocacy and ongoing technical support. Building on the opportunities offered by the devolution, UNICEF had begun to focus more on **upstream work** under the previous country programme, but during the current country programme **focus was sharpened and intensity increased.** This shift was justified because the devolution had given rise to an unprecedent needs related to systems strengthening and reform. The approach was also informed by growing realization that UNICEF needs to move away from a piecemeal approach to capacity building and service delivery to **focus on systems strengthening.** UNICEF CP tried to address upstream work through **analysis of sectoral needs, formulation of sector plans, evidence generation for advocacy, advocacy for implementation of sector plans and equity-based allocations and strengthening technical capacities.**

Many stakeholders interviewed for the evaluation confirmed that UNICEF **was widely recognized for its capacity to position its agenda at the highest governmental level,** influencing legislation, policies and strengthening systems. **Government counterparts highlighted a clear alignment of UNICEF's priorities with those of the country**, and greatly appreciated UNICEF's contribution. In addition, a **large proportion of survey respondents (62%) confirmed that UNICEF was very or significantly successful in** influencing legislation, policies and strengthening systems. Only a small percentage, 33%, thought that UNICEF was moderately or mildly successful. Those who thought UNICEF was not successful on this count were only 5%.

Figure 15: Stakeholder perception on UNICEF's capacity for influencing Legislation, Policies and Strengthening Systems
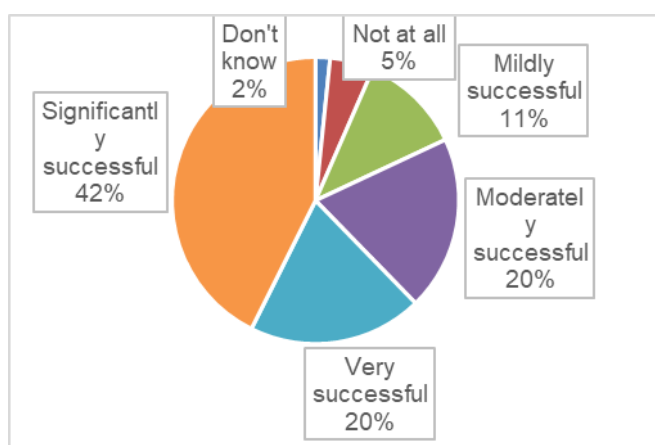
Source: UNICEF CPE Survey 2021

UNICEF contributed to **promoting a culture of evidence-based policy making** among in the governments agencies it worked with. Government stakeholders recognized the **great contribution of UNICEF in providing evidence-based information** that facilitated advocacy and awareness-raising on issues or problems related to its mandate. The best examples of UNICEF's contribution to evidence generation were MICs and National Nutrition Survey (NNS), two influential national surveys to which UNICEF contributed. **Both acquired a great deal of significance in informing government policy** (such as the Pakistan's Reproductive Maternal Newborn Child Adolescent Health and Nutrition (IRMNCAH) Strategy, which was influenced by the findings of NNS. MICs also cited as an important source by the government officials as **a source of identification of needs**. UNICEF also conducted and supported specialised studies and surveys to inform policy, including for example support to census of out of school children in KP. The efforts to promote a culture of evidence-base policy also included **technical support UNICEF provides for strengthening M&E systems**. Examples include Real Time School Monitoring Systems (RTMS) in Balochistan and Sindh. In Balochistan UNICEF further strengthened RTMS and in Sindh it revamped an RTSM which had become dysfunctional, because of lack of internal capacities. As part of the revamping RTSM in Sindh province, UNICEF also developed internal capacities to ensure sustainability.

UNICEF was notably **successful in leveraging resources and policies**. It was seen as a **reliable partner in terms of piloting innovative interventions** which could be scaled up to bring about significant change. It piloted promising models, with its own or donor funding, and if successful, it advocated for replication these initiatives, policy development and reform at the federal and provincial levels. Progressively, it moved towards a programmatic approach by supporting federal and provincial governments for **long-term policy reform and institutional strengthening, promoting institutional change and progressive ownershi**p by the government and its budgets. The following table show some examples that provide evidence of this[48]:

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[48] This table shows some of the examples that are further analysed in each of the sections that are analysed in section number 10

Table 9: UNICEF Contribution to Leverage Resources and Policies by Evaluation Themes

Evaluation Themes	UNICEF contribution to leverage resources and policies
WASH	• UNICEF successfully piloted the **Clean and Green Pakistan and Green Champions programs** which resulted in approval USD 800 million of the federal funding to scale-up these programmers.
Education	• **ALP models piloted across the four provinces** with some contextual variations. It is being considered for replication in Sindh, Balochistan and KP. In Sindh plans are at the advance stage for setting up 3000 NFE centers in five districts through civil society organizations. Government would pay PKR 1000/child for up to 30 children per center.
Nutrition	• Based on the findings of the NNS, Pakistan NNCC **facilitated allocation of U\$3.2 billion nutrition-specific development budget**. Public finance tracking support to the SUN units resulted in provincial public allocations for nutrition: US\$3 million in Punjab and US\$8.4 million in KP.
Health	• UNICEF supported the **UHC investment case** which was owned by the government. With COVID-19, routine immunization shifted from development to recurrent budget. • UNICEF support to UHC investment was instrumental in developing **Pakistan's IRMNCAH Strategy** at the national level, in the four provinces and two regions**.**
VAC Balochistan:	• Government allocated budget to implement **CP CMRS in Quetta and approved rolling out of the model** in additional districts of Balochistan.
Birth Registration (BR)	• UNICEF moved from the partnership with Telenor to increase BR in 2 provinces in very few districts on **really modelling the digital BR in the 4 provinces. The BR program was** taken over by government with budget allocations and scaling up. • UNICEF **also facilitated and greatly contributed to the CRVS National Policy reform in the country**

However, there were important initiatives, such as the ALP programme, which had the potential to be replicated and managed by the government, **but which still had important questions around the capacity of provincial governments to do so**, and the extent to which the model was capable of being replicated.

There were some challenges that compromised sustainable organizational change in the government agencies and government ownership, which were partly related to the **high turnover of government staff and little technical expertise of government counterparts in the government**. Some interviewees confirmed that engaging with some lower-ranking civil servants, who tended to be more permanent, served to mitigate these challenges. It was also acknowledged that there were some **high-level officials with little technical expertise**, **especially at the provincial level**, which made it difficult to advocate and position certain issues on the government agenda. At the provincial level, UNICEF Field Offices sometimes needed to provide support to the government to fill unexpected human resource gaps. UNICEF's support was often much faster than the rigid and slow government processes. Not engaging directly with the political leadership (as high as Chief Minister) was also identified as a gap which implications for stronger political will.

What UNICEF learnt over the years as to **how change occurs in government institutions at federal and provincial level is not well documented**. No doubt perceptions about what worked and what and did not were abound, but well researched nuanced understanding of how change happened in the public sector organisations in Pakistan and in different provinces did not exist. **This meant there was little institutional memory to help position the various issues according to the context and need in areas or agencies where change was required. As a result,** ToC's for different sectors were not well informed by a distillation of lessons learnt regarding how change happened in the government agencies. As a result, some of the underlying assumptions were rather simplistic. They did not address how, for example, ESPs or WASH policies has to be implemented.

One of UNICEF staff agreed and said, change management is about changing minds, but "*how will we actually change the minds of people we work with… is not actually referred to in any of the UNICEF documents.*" Interestingly, UNICEF's own experience shows that developing planning documents is easier, getting them endorsed sometimes is challenging, but implementing them is the most difficult part.

"Change is centrally driven, but even cases where there is political will, often technical guidance is needed to structure ideas and how what works" –
-UNICEF staff-

8.2 UNICEF strategic positioning

UNICEF in Pakistan is only one year younger than the country itself. It has been working in Pakistan since 1948, which is, perhaps, why it demonstrates an **in-depth knowledge of the challenges facing children in the country**, and a high level of awareness of its mandate and activities on the part of governmental partners. UNICEF is perceived **by most of the external stakeholders interviewed for the evaluation as a long-standing, trusted partner.** The long term presence of UNICEF in the country , the extensive participation of UNICEF staff in different working groups and task forces, as well as the significant demand for UNICEF advice on policies and strategies also demonstrate the **healthy state of the relationship of UNICEF with the government**: A **trusted partnership with the Government** has reinforcedUNICEF's strategic positioning in the country, allowing UNICEF to play an important role along with other UN agencies and other development actors, including international and national ones. In addition, UNICEF is the UN coordination lead in WASH, Child Protection and Education.

UNICEF has **gained recognition for its technical expertise and its strong capacity for evidence generation**. It is also valued for its ability to **mobilize external resources** and its strong collaboration with donors and other international organizations. It is seen as a **lead agency for coordination**. Most of the stakeholders consulted acknowledged that UNICEF's contribution in promoting strategic dialogue among different key stakeholders, including, for example, Federal Government, provincial governments and civil society organisations. These dialogues promote exchange of ideas and knowledge, develop shared understanding, reduce conflict and prejudice and foster cooperation. Some examples of UNICEF's coordination role are provided in the following table:

Table 10: UNICEF Coordination Role by Evaluation Themes

Evaluation Themes	UNICEF coordination role
Education	UNICEF coordinates **National Education Partners Group at** federal level and within provinces it coordinates **Local Education Groups**. Engages intensive in coordination as grant agent for GPE in two provinces.
Nutrition	Functional **SUN Units in the federal Planning Commission**, and provincial/ area P&DDs, with UNICEF support, remained the main driving force for multisector coordination and advocacy for nutrition investment
VAC Balochistan:	UNICEF **coordination efforts, involvement and capacity building of multiple stakeholders** (multiple public departments of Baluchistan, civil society and private

Evaluation Themes	UNICEF coordination role
	sector) were also key to roll out the model
BR	UNICEF BR programme has also integrated **different federal and provincial committees** that enhanced cooperation and dialogue between different institutions including government at the federal and provincial level, private sector, other UN agencies
WASH	UNICEF as the **Co-Chair of the WASH Sector Working Group** coordinated with 70 members and contributed to drafting the National WASH/IPC COVID-19 Preparedness and Response Plan

UNICEF has **progressively strengthened its strategic positioning in the provinces** and its ability to provide targeted support according to context and needs. Most of external stakeholders **value their presence in the provinces** and recognize UNICEFs support in the development of independent provincial policies, and strategies.

UNICEF has demonstrated a **strong capacity to partner with different organizations** which are recognized for their knowledge and strong technical capacities. UNICEF has been able to develop **long-term partnerships** with various organisations which understand UNICEF systems, ethos and expectations better. Examples of organisations with whom UNICEF frequently partners with include WHO, WFP, Government institutions such as PHED, LGD, MONHSR&C, MoPDR, MFEPT, health and education departments at the provincial level. They also include a large number of civil society organisations, including some NGOs known for effective service delivery. Having long term partnerships also **reduces transaction cost and makes it possible to move seamlessly from one project to another,** even when there is a time lapse between two projects. Long term partnership means both UNICEF and partners understand each other's strengths and weaknesses and know very well how to complement each other.

However, there are **contrarian views** as well. **Some attribute this to a certain level of inertia on UNICEF's part, that it does not explore new partners as frequently as it should**. Not changing partners can breed complacency and can discourage other enterprising organizations who may wish to partner with UNICEF but unable to do so because of reliance on its long-term, trusted partners. **The partnerships with NGOs are influenced by a context of shrinking spaces for Civil Society in Pakistan** [49] which has direct bearing on downstream activities. Different stakeholders have also highlighted that **NGOs have more difficulties to operate in the country**. For example, it was shared by one of UNICEF programme teams that they had taken a conscious decision "not to work with NGOs, because it takes a long time for NGOs to obtain NOCs, which has become a key requirement to implement a project". Impact on upstream activities has not been direct and pronounced. In fact, more pragmatic NGOs, are benefiting from increased awareness in the government about importance of participatory processes to inform policy formulation processes because it gives them space to engage with the government. Although some partnerships with UN organizations **are very strong,** as the partnership with WHO**, some stakeholders believe that each UN agency is working on their own domain and coordination among UN agencies need to be strengthened.** As one of the stakeholders stated, "*If there is more synergy in their work it will be more beneficial for us".*

UNICEF **has not been successful in leveraging its strategic position with the private sector** during this country programme **despite a strong desire to do so**. The Pakistan CP recognized that UNICEF had a positive -- although still limited – experience in partnering with the private sector to deliver services for children. It emphasized the need of **establishing more innovative partnerships** with the private

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49 Zulfiqar Shah (2016). Shrinking Civil Society Spaces, 13 September, Henriech Boll Stiftung, https://www.boell.de/en/2016/09/13/shrinking-civic-space-pakistan.
https://www.boell.de/en/2016/09/13/shrinking-civic-space-pakistan

sector[50]. However, UNICEF has not established many partnerships with private sector beyond those already established i.e., with Telenor and the IKEA Foundation[51]. In COVID-19 response, the WASH programme established a **partnership with Unilever** to distribute cleaning and disinfection products to targeted HCFs in Sindh and Punjab. **Procter and Gamble Pakistan** also participated in supporting access to MHM products. This limitation is already recognized by senor UNICEF staff and argued that that **lack of relevant expertise is the main reason for this weakness.** Apparently, **relevant technical expertise has been recently added to the pool**. This person might help to promote a cultural shift in UNICEF, but involving private sector would also require sustained commitment as well as a critical mass of people to take the initiative of engagement with the private sector forward.

8.3 Addressing the needs of children, adolescents and young people, and marginalized sections

UNICEF recognizes that the most disadvantaged children are not only those who are poor. It also includes a**) girls, experiencing serious discrimination and gender disparity; b) religious and ethnic minorities; c) those in rural and remote areas or urban slums; d) those who are out of school; e) temporarily displaced; and f) living in disaster-prone areas, among others[52].** The UNICEF Pakistan largely focused on girls, including those out of school and rural vs urban, temporally displaced children and those in disaster-prone areas. No evidence focuses on children belonging to religious and ethnic minorities was found.

Selection of interventions
UNICEF identified the most marginalized communities in coordination and consultation with the relevant government agencies for each sector and based on the evidence gleaned key national surveys such as PSLM, NNS and MICS. UNICEF drew on information from these and other surveys to identified most deserving areas and populations. The information was sometime balanced by other considerations **including some justified political considerations** (e.g., balance between South and rest of Punjab and urban-rural balance) and security clearance. One senior UNICEF staff acknowledged this, saying that "*if UNICEF were only guided by development indicators, most of their programmes in Punjab might go to South Punjab, but they must maintain some balance*". Besides, it is not like needs do not exist in central or northern parts of Punjab. This example reflects the complexity of planning processes, which require careful balancing of multiple factors. The increased sophistication of information systems and the availability of more nuanced information with the government departments, for which UNICEF can claim some credit, has **made it easier to identify very specific geographic units within districts**, such as a UC, or even specific villages within UCs. This level of specificity, if data-driven, brought a great deal of objectivity and specificity to the selection process, but occasionally restricted partners from making use of their knowledge of the context as it was the case in downstream WASH interventions. In this regard, it is **also important to have some flexibility to capture the contextual realities of each territory,** which is often not captured by big data systems.

Planning and implementation have been affected by **the silo approach** since selection of districts are done according to the population needs defined by sector-specific indicators. A UNICEF staff member admitted that with few exceptions, most notably the Integrated Service Delivery model implemented in polio high-burden districts, and some examples here and there (MHM and WINS), **UNICEF's programmes have not b**een able come out of silos, in part because the programmes are not informed by an integrated

"I can give my opinion only in terms of what I experienced. I think that the work they [UNICEF] are doing is generally good, but they should integrate their efforts (sectoral) better"

-        Government   provincial

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[50] Country Programme Document (CPD) 2018-2022
[51] UNICEF Pakistan country programme Management Plan 2018-22
[52] Country Programme Document (CPD) 2018-2022

or systemic analysis.

In fact, this verticality extends beyond UNICEF to its implementing partners. UNICEF recognizes that integrated or even convergent programming on key issues requiring a multi sectoral response (such as the reduction of malnutrition) is still a challenge, especially since counterparts are often structured along sectoral lines and very much work in their own silos.[53] There is some evidence to suggest that the **siloed approach is also reflected in how UNICEF interacts with the government counterparts**. Each UNICEF programme is strongly wired with most relevant government counterpart department. Some government departments found it difficult to draw on the support of other UNICEF sections that are not directly linked to them. According to ROSA official, there were two main factors that prevent UNICEF programmes from breaking out of silos: 1**) internal reporting requirements, which require sector-wise report and 2) the way UNICEF is structured.**

The lack of coordination across sectors also has **impact on the way the needs of the most vulnerable are addressed** (e.g., the adolescent girls' needs). In this regard, the **adolescent nutrition strategy supported by UNICEF emphasizes the need of coordination across sectors** to integrate nutrition for adolescents into strategies and programmes for health, education, livelihood development, social protection, economy, life skills and gender[54]. In nutrition, malnutrition is still a challenge, especially since counterparts are often structured and working in a very sectoral way[55].

- **Geographical coverage**

UNICEF's programmes are spread across Pakistan -- mostly **in four provinces, but also in** AJK, and GB. Further down the line, at district level, there are some districts, despite being deserving remain excluded due to factors such as poor security and remoteness. The phenomenon of an unconscious bias for rural areas or anti-urban bias is also discernable.

UNICEF experiences **difficulties to operate in MD for security reasons**. Challenges include requirement applying three months in advance NOC. Even then there is not guarantee that NOC will be provided. To overcome this challenge, UNICEF supported different initiatives through government agencies and some NGOs. **UNICEF reached the MD to increase BR** (it has established BR cells in 7 districts and has conducted C4D activities). It also provided support on health and nutrition by supporting DoH in functionalizing newly built hospitals **in MD, with the Integrated Nutrition Project** (INP) MNCH Programme EX-FATA, among others. It has also **Developed Community Engagement Strategies** for the UNICEF supported interventions. However, the challenge is that malnutrition status, stunting, wasting level are higher in the MD, IYCF practices are at alarming situation and stakeholders express the **need for a lot of work in these districts**.

Baluchistan is a province that is extremely vulnerable and where it is more difficult to work due to higher costs of operations, security issues and weak government structures. In few cases, selection of districts is also influenced by security concerns. For example, there are some districts, e.g., Dera Buttig, Musa Khail, which despite being extremely poor with huge **WASH related needs, have not been targeted by WASH programme because UNICEF cannot obtain security clearance.** UNICEF has tried to combine upstream with downstream work in this province. Direct support and humanitarian response is required because of the poor indicators and the emergency situation that most of these territories have. As one UNICEF staff commented, based on its work in the field, and considering that many government officials do not know what happens in the field, "*UNICEF is better positioned to provide technical advice and inform policy making because of its presence in these territories*".

Urban slum areas have not been generally covered during this CP, which is partly a reflection and continuation of a phenomena in international development which some scholars term as "**anti-urban**

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[53] Joint RWP of UNICEF and Government of KP, 2020
[54] Pakistan Adolescent Nutrition Strategy,
[55] Annual review 2020

bias"[56] which stems from the misplaced belief that urban areas are more developed than rural areas. UNICEF is already present in some of these urban slums, but it has come around to accept that limited presence in urban slums is a missing link that it needs to address. More recently, UNICEF has completed a **mapping of urban slums to develop an urban health strategy to work with communities in urban slums** on more systematic basis. This opportunity could well be utilized to address the issue of working in silos.

- **Gender equality and the inclusion of girls**

Equity and gender equality remain at the forefront of UNICEF's work. UNICEF has complemented the efforts of government and other development actors (e.g., UNWOMEN, UNFPA, DFID, the World Bank, DFID, WHO) and has contributed to bringing gender equality and equity issues to the forefront.

UNICEF has supported the government in the development of sector plans that are gender-responsive and equity-focused. The sectoral plans provide a blueprint for equity-focused and gender-sensitive allocations. UNICEF's strategic positioning and relationship with the government has also presented an op**portunity to advance gender equality commitments at the federal and provincial levels**. As an example, UNICEF supported the administration of MICS in the four provinces and GB[57] which provides gender disaggregated information. For example, MICS in Sindh highlighted discrimination and harassment against men and women with regards to ethnicity, gender, age, education, religion and disability. This evidence helped the National and provincial governments to include in the IRMNCAH strategy the aspect of equity and gender in-equality.

However, many stakeholders interviewed for the evaluation **recognize that much more –in fact, a lot more–still needs to be done to promote gender equality.** UN agencies in Pakistan are discussing the possibility of including a gender outcome. It is recognized that **efforts to mainstream gender as a cross-cutting theme are not sufficient**, as it **tends dilute the focus on gender, with the result that gender does not clearly manifest in programming**. The Gender Review also recommended placing gender equality as a central pillar of the new Pakistan CP and argued that Gender "deserves its own outcome-level indicator" to enhance gender-transformative programming, in line with UNICEF's Gender Action Plans.[58]

> "If we don't address the root causes of gender inequality, we will not get the desired results"
>
> - UNICEF staff-

Both desk review and data collected from the field suggests that that CP **Toc's do not adequately reflect the root causes of gender inequalities in different provinces and possible pathways to achieve gender equality**. A working group organized in 2017 to strengthen cross-sectoral coordination of CP identified that UNICEF and its partners needed to do more to develop the knowledge and capacity of stakeholders for in-depth assessment and analysis of harmful social norms and behaviors and to improve the volume and quality of demand and/or use of services among women, men, girls and boys. The 2020 gender review also stated that the c**urrent Pakistan CP could go further to examine the socio-cultural and socio-religious barriers that limit the opportunities for Pakistani girls, adolescents and women to access their full rights and opportunitie**s.[59]

UNICEF tried adapt its interventions to different contextual realities and cultural sensitivities, which also meant adopting different approaches in address to gender issues. However, these different approaches

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[56] Finn, Brandon (2017). Anti-Urban Bias Fuels Informal Settlements and Poverty. Emerge 85 August. https://emerge85.io/Insights/how-anti-urban-bias-fuels-informal-settlements-and-poverty/
[57] Multiple Indicator Cluster Survey, Sindh 2018-2019. Monitoring the Situation of Women and Children. Survey Finding Report. Bureau of Statistics, Planning & Development Board, Government of Sindh.

[58] UNICEF Pakistan Gender Review, 2020
[59] UNICEF Pakistan Gender Review, 2020

are not part of an **integrated gender strategy**. Instead, they represent practical steps taken, keeping in view contextual realities, to address gender concerns. As the Gender Review mentions, there is a need to have a gender strategy bringing together a set of gender results; a gender-sensitive outcome or output; and a set of fully gender-sensitive indicators. This will ensure that **gender-responsive programming** is analyzed and reported adequately and will also help programmes to move **from being gender-sensitive to gender-transformative.**

The **silo approach is also a constraint** to prioritizing the most vulnerable adolescent girls. UNICEF staff also recognize that sectors must work together to address social norms that affect girls. As one UNICEF interviewee mentioned, "*you can't just work with non-formal education without addressing some of the social norms, issues like child marriage or adolescent pregnancy, that prevent girls from going to school*".

8.4   Downstream work

UNICEF's downstream work cut across all the sectors. It **includes both "hard" and "soft" components**. The support provided as "**hard component**" in WASH include the construction and rehabilitation of water supply schemes and support for construction of toilets and the, installation of handwashing stations, particularly under COVID-19 pandemic response. In the health, this involved supporting logistics systems like creating and maintaining cold chain for vaccine distribution, providing procurement and distribution of nutrition supplies. Provision of some supplies, including IT equipment also falls under the "hard component". [60] The **soft component of downstream activities falls under C4D**, which includes community engagement, social mobilization, and social behavior change communication activities.

C4D continues to be a central component of the country programme and is embedded within programme sections at the federal and provincial levels. Consulted stakeholders recognize UNICEF capacity to mobilize the community and communicate messages for positive change. It helps to create demand for services, promote service uptake and influence behavior and social change and social norms in benefit of children. According to the C4D framework[61], C4D approaches should include a mix of: a) advocacy, b) institutional capacity building, c) community engagement, d) social mobilization, and e) individual behaviour and social change communication to influence all levels of the model described below. **UNICEF Community Engagement Strategy foresees CE as one of the pillars of C4D strategy, although this strategy also recognizes that it's not always the strongest area of UNICEF work**[62]

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[60] UNICEF, COVID-19 Response and WASH Lessons Learned Pakistan

[61] Management & Development Consulting, Inc*, C4D Strategic Framework, UNICEF Pakistan Country Programme (2018 – 2022*0

[62] UNICEF, Community Engagement Strategy for UNICEF Pakistan Supported Programmes, 2020
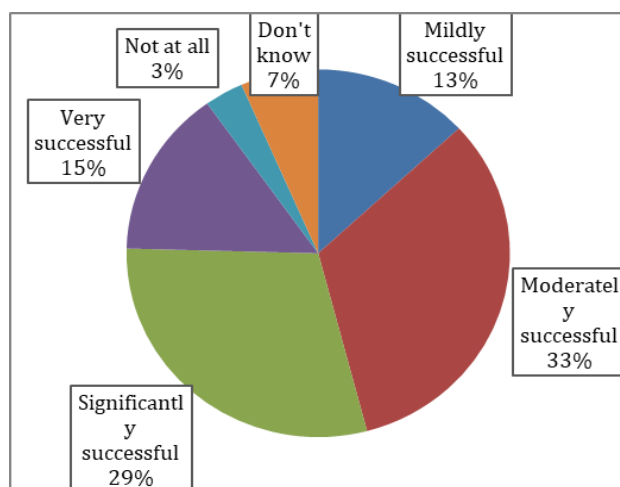
Source: UNICEF CPE Survey 2021

The surveyed stakeholders had comparatively a **less positive view about UNICEF's capacity for communicating for positive change**, than they did about UNICEF capacity for influencing legislation, policies and strengthening systems. 44% think UNICEF is very or significantly successful in communicating for positive change, while 46% think that UNICEF has been moderately or mildly successful and 3% think that it was not at all successful.

Various documents as well as consulted stakeholders confirm that conducting **C4D through the government is limited by their lack of systems and/or human resources, and adequate technical capacities.** As the C4D Framework states, **not enough support is given to building government systems' capacity to manage strategic communication and social mobilization in a sustainable manner**[63].

Some of the consulted stakeholders confirm that **C4D when implemented through government, is occasionally successful since it is limited by capacity and motivation to position certain UNICEF priorities**.

The **institutional set up to engage government around C4D activities is also a challenge**. Although all ministries have a designated person for institutional communication, among other functions, **they do not have a dedicated person with C4D training**. This implies that UNICEF has no formal government counterpart for **C4D in those ministries, except for the Ministry of Health** that is used as an entry point. As the lead among all UN agencies for RCCE, UNICEF provided direct support to the Ministry of Health's federal communications team formed to respond to the COVID-19 pandemic. Stakeholders confirm that this support remains nowadays directly linked to COVID-19. Because of that, UNICEF's **C4D team is focusing directly on DG Health to create a permanent SBC team at the MoH level** to address issues beyond COVID-19, including other emergencies and routine development challenges. Similar efforts also need to be made for other sectors.

In addition, UNICEF has made efforts to tailor the design and implementation of **C4D strategies to the context of each province** and to the needs of the target populations. While the need for a provincial C4D/RCCE framework is recognised, these have not yet been created. UNICEF **initiated direct discussions at the provincial level to create permanent C4D structures**. Two of the four provinces have accepted this new concept and have **created a permanent government section** focusing mainly on integrated social and behavioural change communications.

C4D **strategies have also been affected by verticality of UNICEF programmes** and **the way PCO and FOs are structured**. Although the field offices have strengthened C4D capacities by adding a C4D officer, their work has been more focused on responding to the needs of the COVID-19 pandemic. **C4D**

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[63] Management & Development Consulting, Inc, C4D Strategic Framework, UNICEF Pakistan Country Programme (2018 – 2022)

officers in the field seem to be less involved in C4D activities that are coordinated by each section from the federal level. Considering the lack of capacity of government counterparts in C4D issues, UNICEF has made efforts to better integrate C4D field staff in the Nutrition, Health, WASH, CP and Education programmes. In addition, their new PERs include a strong focus on C4D training and understanding of roles beyond COVID-19. C4D team of the federal level are working on this with the programme sections and C4D field officers. However, as mentioned, **expectations must be realistic, as one person (newly recruited) cannot meet all the needs of the CBS for all sections.**

The C4D Strategic Framework also includes **some challenges regarding the funding allocated for C4D**. As it states, although the bulk of programme work in Outcome 3 is C4D, separate budgets are rarely allocated. C4D specialists/officials only manage project-based funding, such as campaigning or product development. Therefore, the Strategic Framework **recommends to PCO's developing a programme wide fundraising strategy for C4D while strengthening the integration of communication activities in sector proposals and development plans, identifying resource gaps and resource mobilisation to secure sufficient funding for communication priorities**[64].

UNICEF staff also expresses challenges to **measure to what extent efforts in behaviour change** leads to specific results. As the C4D Framework states, behavioral indicators are too often limited to measuring knowledge and rarely include other key C4D indicators such as interest, attitude, engagement, self-efficiency, agency, empowerment, etc. Therefore, the Strategic Framework also **emphasized the need to provide more clarity around C4D results** because poorly defined C4D-related results may undervalue C4D and make the task of convincing donors to invest in C4D more challenging[65].

8.5   COVID-19 Response

UNICEF strategic positioning to respond to COVID-19
Different stakeholders consulted and relevant documentation demonstrates **that UNICEF was an important actor when responding to the Covid Pandemic.** UNICEF **quickly adapted to the change context to develop a UNICEF's response to the COVID-19** pandemic that was tailored to Pakistan's needs and to specific government requests, in coordination with other UN agencies. UNICEF strategy focused on supporting the government to ensure the **continuity of essential services and facilitation of essential supplies**. UNICEF's response aimed to ensure that the design of programmes remained women- and child-centric to mitigate the negative impacts of the pandemic on women and children.

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[64] Management & Development Consulting, Inc*, C4D Strategic Framework, UNICEF Pakistan Country Programme (2018 – 2022)*
[65] Management & Development Consulting, Inc*, C4D Strategic Framework, UNICEF Pakistan Country Programme (2018 – 2022)*

In general, consulted stakeholders acknowledge that **UNICEF's response to the pandemic was adequate and have a good perception of its capacity to adapt to the new circumstances**. UNICEF support to the government in overcoming the COVID-19 crises has been widely appreciated by stakeholders consulted. Almost **60% of the survey respondents also consider that UNICEF was successful in adapting to changes in the operating context due to COVID-19**. According to consulted stakeholders, relevance of different UNICEF themes/sectors has assumed a greater importance in the context of COVID-19.

Figure 17: Extent to Which UNICEF has Been Successful in Adapting to Changes in the Operating Context Due to COVID-19
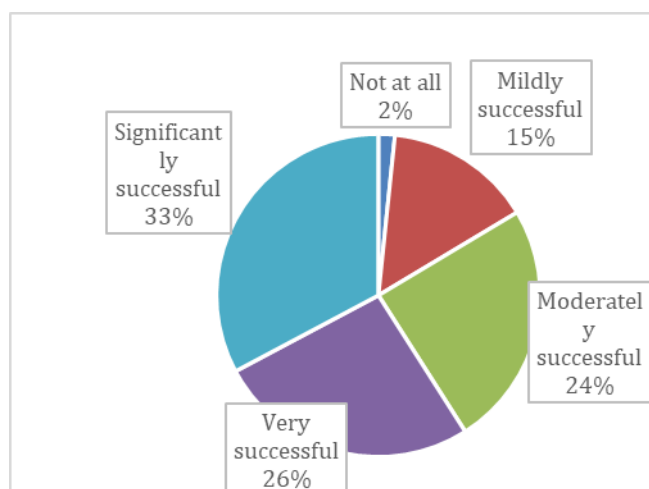
Source: CPE Survey

UNICEF capacity to respond and adapt to the COVID-19 Pandemic in the sectors of health, education and WASH is described below:

Table 11: UNICEF COVId-19 response by sector

UNICEF Sectors	UNICEF COVId-19 response
Health and Nutrition	• UNICEF response to COVID-19 in support of the government for continuation of health and nutrition activities **was widely appreciated by different stakeholders. The** COVID-19 Pakistan Preparedness and Response Plan (PPRP),[66]. provided UNICEF with different functions including the development of **communication and C4D plans as well as the promotion of community participation (RCCE)** to ensure preventive health and hygiene practices. UNICEF was included as an agent to provide sound and timely epidemiological data to continuously inform risk assessment and support decision making. It was also listed as a **supporter of access to water and sanitation for health (WASH) services in public places**, selected health and quarantine facilities and community spaces at higher risk. UNICEF was also mentioned as a guarantor of **comprehensive medical, nutritional and psychosocial care for people with COVID-19 and as an agent to review the supply chain management and control system**[67]. • **In relation to the COVID-19 vaccination strategy, UNICEF** contributed to increase the routine vaccination during Covid Pandemic and it also supported the communication strategy for increasing the acceptance of COVID- 19 vaccine**.** As a prerequisite to the introduction of the COVID-19 vaccine, the National Command and Operations Centre (NCOC) organized two committees: the Expert committee on vaccines and immunization and the National Vaccine Task Force (VTF), of which

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[66] COVID-19 Pakistan Preparedness and Response Plan (PPRP) outlines the international assistance required by the Government of Pakistan (GoP) to stop transmission and respond to the emerging public health needs

[67] COVID-19 Pakistan Preparedness and Response Plan (PPRP)

UNICEF Sectors	UNICEF COVId-19 response
	UNICEF was a member. A Development Partners Coordination Committee (DPCC), which includes UNICEF, was also formed to make timely decisions and oversee the process of preparing for vaccine deployment and to seek mobilisation of additional resources to meet operational costs. UNICEF's Risk Communication and Community Engagement (RCCE) survey on COVID-19 reported a 65 % of vaccine acceptance in the country and it also analysed the key barriers to the acceptance of the vaccine, , which had a wider implication for the government in planning and developing strategies for vaccination[68]. UNICEF's RCCE assisted in the formulation and implementation of the communication strategies and plans for COVID-19 roll-out in Pakistan[69].. In addition, UNICEF supported the incorporation of Guidelines for Sexual, Reproductive and Maternal Health Services during COVID-19[70]. ● During the COVID-19 pandemic, the federal and provincial governments **revived its nutrition emergency response, which was co-led by UNICEF and the government**. As a result, a **coordinated emergency response was established, as well as the development of the nutrition component of Pakistan's COVID-19 Preparedness and Response Plan**. UNICEF also led the development and updating of the monthly 4W matrix, provided technical support to the EHSAAS programme to develop the nutrition dashboard providing up-to-date information on nutrition policies, strategies, and programmes and supported the publication of two nutrition bulletins with UNOCHA.. . This underpinned the PNNCC decision to allocate new funding for the nutrition sector and to initiate **dialogue on moving funding for nutrition from projects to the recurrent budget**. Likewise, the nutrition emergency response dashboard facilitated a smooth nutrition response to COVID-19 with **real-time information** shared by and with all stakeholders. These were highly cost-effective measures that produced substantial long-term results. ● As part of humanitarian response for COVID-19, UNICEF supported continuation of **essential services**, facilitated essential supplies, and enabled 130,154 frontline health workers to protect themselves through provision of basic PPE. With UNICEF support, 83,744 healthcare workers were trained on COVID-19; 42,978 frontline healthcare workers on infection prevention and control, and 1,570 pediatricians on management of children. This contributed to identifying over 4 million suspected cases and managing them safely.
WASH	● UNICEF advocated and supported the Ministry of Climate Change (MoCC**) to convene WASH partner coordination meetings at the federal level with government representatives from all the provinces,** while the provinces also held regular WASH coordination meetings. **UNICEF revised its WASH/IPC strategy** and refocused its efforts towards Basic Health care facilities to ensure continuity of care to mothers and children. ● When UNICEF and WHO began the Hand Hygiene for All Global initiative, UNICEF advocated and supported the development **of Country Road Map**. This initiative required countries to develop comprehensive roadmaps "that bridge together national COVID-19 preparedness and response plans with mid- and long-term national development plans to

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[68] National Deployment and Vaccination Plan (NDVP) for COVID-19 Vaccines. Expanded Programme on Immunization, MoNHSR&C. June 2021.

[69] National Deployment and Vaccination Plan (NDVP) for COVID-19 Vaccines. Expanded Programme on Immunization, MoNHSR&C. June 2021.

[70] Guidelines for Sexual, Reproductive and Maternal Health Services during COVID-19. MoNHSC&R. July 2020.

UNICEF Sectors	UNICEF COVId-19 response
	ensure hand hygiene remains as mainstay beyond the pandemic, as part of infection prevention and control (IPC) and water, sanitation and hygiene (WASH) efforts."[71] • UNICEF also supported capacity-building manuals and videos for frontline workers and cleaners, engaged private business players like Unilever, and distributed cleaning and disinfection materials to HCFs in all provinces. They also provided capacity development for youth, frontline workers, and other health workers both in person and online. The UNICEF WASH Section supported the development **of several SOPs adopted and implemented through the government, sector partners, or internally.** • UNICEF reached 9.5 million people with handwashing (and other) messages. UNICEF used an extensive network of social mobilisers, religious leaders, Community Resource Persons (CRPs), interpersonal communication and 120,000 strong Clean and Green Champions to disseminate messages through digital and social media. Messages were displayed at 1900 handwashing stations in 27 high-burden COVID-19 districts.
Education	• COVID-19 pandemic forced UNICEF to postpone many of its system strengthening activities, but UNICEF quickly adapted its coordination, convening and planning and budgeting roles to provide **leadership to Covid response in education**. Most importantly, UNICEF worked **with MOFEPT to develop National Education Response and Resilience Plan for COVID-19** which "provided a framework for Pakistan's education system to cope with the effects of COVID19.[72] This was followed by development of contextualized national provincial level guidelines for safe reopening of schools. The National Covid Response Plan made it possible for the government to secure USD 200 million in accelerated funding from GPE for COVID-19 response. • UNICEF also reprogrammed some core funding and funding from more flexible sources to support COVID-19 response activities, including planning work, evidence generation and capacity strengthening to respond to COVID-19. European Union also allowed reprogramming of its funds for COVID. UNICEF also mobilized resources from some other donors such UK Government, Japan, Govt of Canada.

Innovations introduced during CoVID-19 Pandemic

UNICEF gradually adapted to changing context and ceased a unique opportunity presented by the pandemic to promote its own agenda. UNICEF had to **introduce innovations to ensure continuity of essential services and include new initiatives that were not incorporated into the original Pakistan CP planning**. Some UNICEF staff mentioned how some of these initiatives that were not a priority for the government were directly prioritized with the COVID-19 pandemic, such as mental health issues.

Table 12: UNICEF Innovations Introduced During COVID-19 Response by Sector

Evaluation Themes	UNICEF innovations introduced during COVID-19 Response
Education	UNICEF facilitated the creation of **remote learning opportunities** for students, using both high-tech and low-tech solutions to ensure the continuation of their studies. It also developed national level and then province specific guidelines for safe reopening of schools.

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[71]WHO, **Hand Hygiene for All Global Initiative**
 https://www.who.int/initiatives/hand-hygiene-for-all-global-initiative
[72] Pakistan National Education Response and Resilience Plan for COVID-19
http://mofept.gov.pk/SiteImage/Misc/files/0_%20NERRP%20COVID-19%20MoFEPT%204%20May%202020%20Ver%2001.pdf

Evaluation Themes	UNICEF innovations introduced during COVID-19 Response
Nutrition	UNICEF trained service providers on appropriate nutrition services to promote healthy eating using online platforms as part of efforts to continue nutrition services in the context of COVID-19. A total of 16,022 service providers were trained on simplified Community-based Management of Acute Malnutrition (CMAM) and Infant and Young Child Feeding (IYCF) guidelines. Counseling cards were provided in an online platform in order to respond to the pandemic and provide safe nutrition services. The EHSAAS programme distribution points were used for dissemination of nutrition messages for marginalized groups. UNICEF also supported an online training programme to train health care workers in primary health centers which according to some stakeholders, was more cost-efficient training modality
Health	Telemedicine was introduced in KP and Punjab through CSOs and professional organizations. This was a successful model for distance medical counselling and management of common diseases which enabled 8,185 users to access healthcare without infection risk, while 2.5 million received PHC services.
WASH	Innovative partnership with the private sector (Unilever and Procter and Gamble) was a way to reach vulnerable women and girls and distribute cleaning and disinfection products to targeted HCFs in Sindh and Punjab. UNICEF extensively used digital media, particularly WhatsApp groups, for community engagement activities.
VAC Balochistan:	During the lockdown, the CPU closed so UNICEF took the opportunity to train social service workers to respond to mental health, psychosocial support issues and stigma. Once the Child Protection Unit was reopened, **psychosocial mental health support began to be offered through the CP-CMRS in Quetta**. As some UNICEF staff commented, "the issue of mental health was not a priority before COVID-19 and the pandemic helped to bring it to the table". **Helpline was further strengthened during the COVID and was proven to be an extremely important mechanism to report cases.**
BR	UNICEF took advantage of some go**vernmental initiatives as the cash grounds provided to the vulnerable families (KP) and the mental health and psychosocial support offered, to establish birth registration desks,** which ensured continuity of services.

In addition, due to the COVID-19 restrictions, **the monitoring of field activities was delegated to implementing partners who worked with their social mobilisers, volunteers, and community resource persons**. Implementing partners provided daily updates to UNICEF provincial focal persons through phone calls and email. In Punjab, community feedback and monitoring were ensured through field testimonials and community voices in the form of short video clips by community members UNICEF supported the launch of an online 4W reporting matrix making it easy for sector partners to share their updates.

The COVID-19 pandemic was also an **opportunity to strengthen convergence among sectors.** For instance, WASH programme gradually concentrated its efforts on 20 out of the 27 high-burden districts and then also on supporting Education Programme with safe reopening of school by ensuring availability and functionality of WASH facilities.

- **C4D response**

UNICEF's expertise in communication **and C4D was widely used by the Government as it is reflected in the COVID-19 Pakistan Preparedness and Response Plan (PPRP).** During the first month of COVID-19, an ad-hoc and make-shift team was created at Federal level to report to NCOC on Social and Behaviour Change issues. UNICEF being in the lead among all UN agencies for RCCE, immediately helped in the creation and support of a COVID-19 communication unit in the MoNHSR&C to coordinate all the COVID-19 communication campaign.

UNICEF and its different sections demonstrated a strong capacity to **provide digital print and social media to disseminate messages** in response to COVID-19.and contributed to mobilize the community. Some examples in each evaluation theme are shown in the following table:

Table 13: C4D Response During the Covid Pandemic by Sector

Evaluation themes	C4D response during the Covid Pandemic
Health	UNICEF involved front like workers, professional organizations (PMA, PPA etc.) on COVID-19 response. It maintained essential services and improved healthcare quality. Digital initiatives (telemedicine, virtual meetings and partnerships with social media such as Facebook), were widely used to Inform about COVID-19.
BR	The use of social networks like WhatsApp groups and Facebook was used to raise awareness in the communities which resulted in a scale up on BR
WASH	It was able to quickly adapt its activities and strategies and turned to its extensive network of social mobilisers, religious leaders, Community Responsible Persons (CRPs) and the 120,000 Clean and Green Champions. It used digital and social media to disseminate messages in response to COVID-19, with handwashing messages at the forefront which reached 920,000 people
CP	Recorded key messages related to mental health and psychological support were circulated in local language through social media and WhatsApp group. This strategy was the first way to reach vulnerable population and respond to emergency needs during COVID pandemic.
Nutrition	During the COVID-19 pandemic, the use of social and mass media made it possible to reach several million caregivers with adequate messages on child feeding and caring practices.
Education	Education worked with teachers, school management committees to disseminate messages and increase awareness. In provinces teachers were trained on COVID-19 SOPs and awareness raising.

- **Capacity building and provision of essential services and commodities**

UNICEF **installed water purification plants in several health care facilities (HCFs) designated by government as treatment centers. It also provided IPC supplies to schools and supported vulnerable women b**y providing MHM supplies.

UNICEF facilitated the government and public water and sanitation utilities to **install 1,915 handwashing stations[73] (HWS) in health care facilities,** high-risk schools and at-risk public spaces. Mobile washing stations were made available by converting bulk water tankers, 4x4 trucks, and motorcycles/rickshaws into mobile handwashing stations. Handwashing facilities in public space were provided by converting old 200-litre drums into handwashing stations and placing them at strategic locations. These washing stations also served as COVID-19 prevention and control information dissemination centers. Key stakeholders,

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[73] UNICEF COVID-19 Response and WASH Lessons Learned Pakistan, 2021.https://www.unicef.org/rosa/media/12991/file

government officials, representatives of implementing partner interviewed for the evaluation were aware of and appreciative of UNICEF's response.

After a brief interruption due to COVID-19, UNICEF enabled **130,154 frontline health workers** to protect themselves through provision of basic Personal Protective Equipment (PPE). Stakeholders have provided positive feedback on UNICEF response with the establishment of cold chain mechanism that has enabled different provincial governments, to manage rapid expanding COVID vaccination centres and manage cold chain, including provision of the PPE, vaccine etc.

UNICEF developed training modules on COVID-19 and trained **83,744** healthcare workers on COVID-19 case management. It also provided training to **42,978** frontline healthcare workers on infection prevention and control, and 1,570 paediatricians on management of children. This contributed to identifying over 4 million suspected cases and managing them safely.

9. Sectoral Findings

This section presents findings for each of the selected themes separately, covering the three criteria for the evaluation, relevance, coherence and effectiveness. The analysis of each evaluation criterion is linked to some of the evaluation questions that these section addresses[74].

9.1 Birth Registration

Evaluation Findings by Criteria	Evaluation Questions
Relevance and Coherence	
• **Finding BR1:** UNICEF's programme **has adequately addressed the country's needs by improving the registration process, especially in the provinces, where context-specific strategies have been identified and implemented**. The programme has combined advocacy, technical assistance, capacity development and social mobilization strategies tailored to increase outreach according to the needs of each province. • **Finding BR2:** Among the federal and provincial governments, UNICEF **support is seen as a key factor in accelerating and improving CRVS reform** by supporting the development of the N**ational Policy to Revamp & Reform CVRS** and responding to national priorities. • **Finding BR3:** UNICEF's **coordination role at the federal and provincial levels, the facilitation of dialogue and the involvement of different stakeholders like the private sector (Telenor), district governments, NADRA etc. have been key steps for the implementation of the BR programme** and the digitalization of the process.	It answers evaluation questions 1 and 6
• **Finding BR4:** The BR **Programme has tried to cover the most vulnerable communities, including women and children who live in remote areas** by holding BR camps, integrating BR in health facilities, and by making use of mass and social media campaigns. Digitalization has also contributed to lowering the cost of BR. However, **inequalities persist**, and remote areas still have lower numbers of registrations.	It answers evaluation question 2

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[74] See Evaluation Matrix in Annex 4

Evaluation Findings by Criteria	Evaluation Questions
• **Finding BR5: equity concerns and gender disparities were considered in the selection and implementation of BR programmes** in the different districts. However, the differences between registration rates of men and women are not widely recognized among government institutions and more work needs to be done to provide more robust data to capture those disparities	It answers evaluation question 7
• **Finding BR6:** The BR programme is aligned with **SDG 16 which target 16.9** establishes that by 2030, provide legal identity for all, including birth registration. It is also aligned **article 7 of the 1990 (CRC),** and with Pakistan's ratification of the 2001 **UN General Assembly Resolution 'A World Fit for Children**,' Article. 44(1), which commits to developing systems to ensure the registration of every child at or shortly after birth. The need of BR was established by the government's **vital data registration system** which requires that a new-born be registered within the shortest possible time after birth. However, by the beginning of the CP the national legislation on BR was incomplete and a Uniform CRVS law was missing. During the CPD, the government has approved The National Policy to Revamp & Reform CVR	It answers evaluation question 6
Effectiveness	
• **Finding BR7:** Thanks to UNICEF's upstream work and the government's interest in accelerating BR, **UNICEF went from providing service delivery in two provinces, to supporting four provinces and one region (AJK) and achieved the expected targets**. As part of this support, it also facilitated the reform **of the CRVS National Policy**. • **Finding BR8:** The BR **component has achieved the results expected in all provinces.** In some cases, targets have been met beyond expectations. UNICEF supported registration processes in the different districts of the provinces. In total, between 20% to 37.9% of districts in each province were supported. • **Finding BR9:** UNICEF support has **contributed to the modernization of CRVS systems, making them more inclusive of vulnerable populations, including stateless and refugee children**. However, there is still a **lack of demand among the population for registration** due to a number of factors, for example people only receive a notification of an event (birth, death etc.) from the health centre, but still have to obtain and pay for the BR certificate through a separate process. • **Finding BR10:** Despite the proven effectiveness of the programme, some **challenges and limitations persist i.e., disconnects between the federal and provincial databases, the need to simplify the BR process, technological difficulties, connectivity issues and the low capacity of government officials to carry out BR processes. The main limitation identified is that the process of BR is not yet mandatory.**	It answers evaluation questions 9, 10, 11 and 12

Alignment of the BR Programme with National Priorities

The BR programme is aligned with article 7 of the **1990 Convention on the Rights of the Child (CRC), which** requires states to undertake all appropriate legislative, administrative and other measures for a child to be registered immediately after birth. It is also in line with Pakistan's ratification of the 2001 UN General Assembly Resolution '**A World Fit for Children,' Article. 44(1),** which commits to developing systems to ensure the registration of every child at or shortly after birth. CRC article 7 pertains to ensuring the registration, naming, provision of nationality, and care of every child. The government's vital data registration system requires that a newborn be registered within the shortest possible time after birth. However, by the beginning of the CP the national legislation on BR was incomplete and not consistent. Byelaws/regulations, standard procedures, clear definitions and standard formats/forms etc. were not available and data were kept in manual registers. A Uniform CRVS law was missing which posed a great hurdle to the collection of vital statistics. There was also a conflict between the mandates of the local government departments and NADRA.

Influencing legislation, Policies and Strengthening Systems

UNICEF has been able to support the federal and provincial governments at a time when they needed it most. UNICEF has been instrumental in **raising awareness among provincial governments about the importance of civil registration**, especially for the under-five population. Through UNICEF upstream work, Pakistan was able to develop a broader framework for policy reforms in the country to improve civil registration.

Given the government's willingness to undertake CRVS reform, national/provincial ministries and departments wanted to **learn from the experiences and good practices of other countries, especially to learn** how registration systems could be digitised and made interoperable. UNICEF responded to this need by organising a **CRVS exposure visit to Peru in 2019**. This visit led to the development of a CRVS infrastructure study that UNICEF supported by recruiting an international expert. The study was conducted in collaboration with MoPDSI. The Technical Support Unit, with UNICEF support, also commissioned a comprehensive **CRVS legislative mapping and gap analysis**, which was completed and disseminated throughout the country.

Government stakeholders from the federal and provincial levels **value UNICEF's technical and financial support to facilitate the reform of the CRVS** that was piloted in Islamabad in 2020 and in two districts in each province. The **The National Policy to Revamp & Reform CVRS also reflects** the Government's appreciation of UNICEF's support.[75] The reform promotes the modernization of CRVS systems, including **digitization and integration** with existing administrative and survey data, while recognizing the importance of ICT. Through this reform, the state is primarily responsible for ensuring that all persons are notified and registered. The policy provides for the integration of the health sector into the civil registration of births. Through this system, **the CRVS process becomes more inclusive and facilitates the BR of vulnerable populations, including stateless and refugee children**. However, there is still a lack of demand among the population for this registration, as people only receive a notification of an event from the health centre, but still have to obtain and pay for the BR certificate.

UNICEF's upstream work has also reached out to the provinces and has helped **generate high-level political ownership translated into public expenditure allocations** from annual provincial budgets and systems strengthening, resulting in the expansion of BR. UNICEF planned to conduct a provincial **CVRS assessment** to develop CVRS provincial strategies. However, this assessment could only be carried out in Punjab, while only a dialogue was initiated in KP and Sindh.

Table 14: Upstream Results by Province

Provinces	Results
Punjab	UNICEF provided technical support to the Rapid Assessment of Legislation for CRVS conducted in 2019, which lead to local governments drafting CRVS regulations and laws, filling gaps in existing legislation
Sindh	Local government departments established a functional CRVS unit through the recurring budget, expanding birth registration coverage across 30 districts. Government allocated additional BR desks
KP	Civil Registration and Vital Statistic (CRVS) Rules of Business placed at final stage to address weaknesses in the implementation of registration laws
Balochistan	Allocated PKR 14.7 million (US$92,500) in its public sector development programme to establish BR desks and to convert Quetta and Sibi into model CRVS districts
AJK	UNICEF was able to successfully advocate for an increased allocation of financial resources for BR in 2 districts

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[75] The National Policy to Revamp & Reform CIVIL REGISTRATION & ENSUING VITAL STATISTICS SYSTEM IN PAKISTAN specifically mentions the support from United Nations partners especially technical and financial support from UNICEF and DFID

CRVS processes are inherently **multi-sectoral** and require a variety of actors to be involved in the notification, recording, and registering of vital events (citizens, healthcare workers, doctors, police officers, clerics, and the ministries of health, justice and home affairs, for example) and the use of its institutional agents (such as health authorities, tax authorities, and policymakers).

Integrating the Most Vulnerable

- **Equity and Gender inclusion:**

UNICEF has selected specific districts to scale up BR, taking into account that BR is affected by poverty issues, distances (remote areas), and also gender disparities. **Remote areas have lower rates of birth registration due to a lack of registration points**. Gender differences are also present in birth registration. Some parents may be unwilling to register their daughters, as they do not anticipate that their daughters will participate in any form of public life in the future.

The selection of target districts was negotiated with the government, paying particular attention to districts with lower birth registration rates. **However, these differences persist** in some territories such as in Punjab where there are large BR gaps between North and South Punjab (10% of births are registered in the southern districts of the province, while the rate is 70% in the northern districts[76]).

Gender disparities have also been considered in the selection and implementation of BR programmes in those districts. In the MD, the BR system was introduced for the first time. Initially, the government did not want to include female field staff. However, as the project progressed, the government realised that there was a significant disparity in the number of girls versus boys being registered, and changed course and allowed female staff to join, which had a significant impact on improving the registration of women in these areas. In KP, they organised separate birth registration committees for women and encouraged local women to come forward to register their children. **However, some of the CRVS provincial focal points interviewed have not reported any differences between the registration rates of boys and girls**. The 2020 gender review noted that more robust monitoring is needed to capture any gender-related disparities.[77]

- **Inclusion of Children without Parental Care**

UNICEF originally included an output to ensure increased BR for children without parental care. However, in 2019 the focus of this output was expanded, to respond to UNICEF's strategic priority to emphasise family-based care. Given the weakness of the system, UNICEF advocated for the establishment of a policy framework for institutional care in the provinces and sought to conduct an initial mapping of alternative care institutions in Punjab. **Due to the problems generated by the COVID-19 Pandemic, this study could not be carried out.**

At the federal level, UNICEF technically supported the **Working Group on Orphanages** under the Government's poverty alleviation programme (EHSAAS) in the finalization of minimum standards. UNICEP also contributed to the development of a policy framework aligned to 2009 global standards on alternative care and the recommendations of the 2019 UNGA Resolution on the Rights of the Child, with a focus on children without parental care. The final draft was submitted for approval to the relevant authority. UNICEF est**ablished a partnership with the working group convener, Pakistan Bait-ul-Maal (PBM),** Pakistan's largest social protection programme, to prioritise family-based care for children

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[76] UNICEF Gender Review 2020
[77] UNICEF Gender Review 2020

over institutionalisation. However, **no results related to this partnership have been reported so far.** Given that the government did not have any standards for registration of vulnerable children, UNICEF also provided guidelines for achieving the registration of vulnerable groups, such as children in institutions, refugee children, etc.

Implementation of the programme

The BR programme has been **implemented and scaled up in all four provinces and one region (AJK**) by **deploying different mechanisms and strategies according to the specific context and needs of each location**. These strategies include establishing synergies with the health and education sectors to reach out to the population and address demand gaps. It also includes capacity building activities for BR officials, the use of social media messages and the deployment of mass communication campaigns and C4D strategies to raise awareness of the importance of registering child births.

Partnerships with the Private Sector (Telenor) in Punjab and Sindh have increased the adoption of mobile phones in Pakistan to provide a solution for increased birth registration. A qualitative survey conducted by UNICEF in 2015 showed that parents using the Digital Birth Registration (DBR) service were more satisfied with the facilitation and quality of BR than those who had experienced the traditional, paper-based process. The **online registration form** saved Pakistani families numerous (and sometimes costly) trips to the union council office to register their child and helped reduce barriers to registration. It also reduced the cost of the BR to 0.[78] The different specific downstream strategies implemented are shown in the table below:

Table 15: Downstream Strategies by Province

Province	Provincial strategy
Punjab	A **partnership with the Punjab Information Technology Board and Telenor** was created to develop the Baldia Online application system. A hybrid model was successfully implemented that combined manual data collection with digital entry. The programme provided computers to the local official's office to get online registration done. The programme also provided lady health workers smartphones to use the app.
Sindh	**Telenor also played an important role in the process of digitalizing BR**. The programme also involved EPI vaccinators and community-based vaccinators (Polio) which improved the number of birth registrations. **BR desks** were established in health facilities and BR was included as one of the integrated services for the Polio High Risk areas in 2 districts as pilot. UNICEF also **facilitated training** for officials of Union Councils, elected representatives of local bodies, health facilities and schools on BR. A **strong communication campaign,** supported by UNICEF, helped to create demand for BR, especially in rural areas by increasing awareness about the importance of registering children.
KP / Merged Districts	UNICEF **provided capacity building to maliks and government staff** in four KP districts and all seven KP Merged Districts. UNICEF supported **BR camps** and included **social mobilization strategies** addressed to men and women for sensitizing them on the importance of BR. A successful Provincial C4D campaign was launched with the support of UNICEF.
Balochistan	**Social mobilization strategies** were included, and UNICEF contributed to the scale upon by including community-based approaches. The strategy engaged Lady Health Workers (LHWs), EPI centres, school management committees and community leaders in awareness-raising, using gender-sensitive messages and by providing referrals for processing birth registration. It also included door to door visits.
AJK	UNICEF **provided technical support in terms of equipment, computers and network connections**. It helped to introduce a new digital system for BR which provides continuous updated information.

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[78] GSMA, Roadmap for Digital Birth Registration, Insights on Scale and Sustainability from Pakistan, 2018

The implementation of these strategies has contributed to the registration of **2,562,715 children in 5 years**, against a target of 1,475,000 children by 2020. As a result, 784,432 children (boys: 55%; girls: 45%) obtained recognition of their identity through birth registration. Of these, 71% were under five years of age (boys: 54%; girls: 46%)[79]. UNICEF **scaled up BR in all provinces and achieved the expected results**, while in some provinces the results exceeded expectations (Punjab, Sindh and Balochistan). The number of districts directly supported by UNICEF represents **between 20% and 37.9% of the total number of districts in each province**. However, according to some sources consulted, UNICEF support in some of the selected districts also had an impact on the rest of the districts. Support provided in terms of legislation and awareness-raising and communication campaigns also had an indirect impact in other districts. The following figures provide evidence of the results achieved by province:

Figure 18: Number of Districts with BR
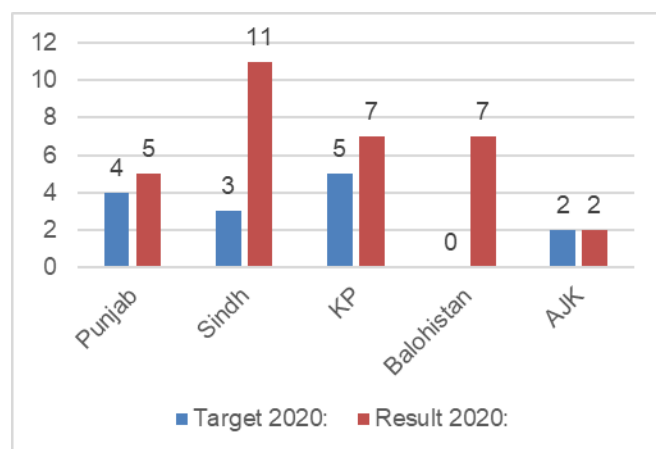
Figure 19: Percentage of Districts Covered by the UNICEF CVRS Programme by Province
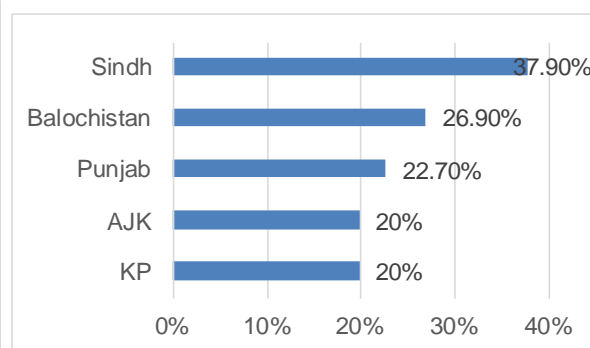
BR Programme Implementation Challenges

The BR programme presents some challenges to which UNICEF is trying to respond to:

Table 16: BR Implementation challenges

Challenge	UNICEF Response
Disconnects between the federal and provincial databases:	This constitutes a **major challenge** and requires continuous coordination and dialogue between the two levels on CRVS. There is an **overlapping of legal mandates** between the leading registration agencies (NADRA Ordinance 2010 and Local Government Acts) and local governments. In response to this need, **UNICEF has promoted different coordination mechanisms** such as the Coordination Committee for the CRVS under the chairmanship of the Minister of Planning and Development, provincial committees as well as the establishment of CRVS focal points. These committees, which meet and interact regularly, have also involved different actors, public and private, and other UN agencies (UNFPA, IOM, UNHR). Most consulted federal and provincial stakeholders confirmed that UNICEF played a major role in the development and functioning of these BR coordination mechanisms. **UNICEF facilitated dialogue between the federal and provincial levels to create some compatibility between all the databases** by encouraging all the different

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[79] RAM Analysis

Challenge	UNICEF Response
	organisations to talk to each other. It also promoted collaboration between the provinces and NADRA on the hardware and software needed to implement the CRVS reform. As a result of these efforts, the governments of Punjab, Sindh, KP and Balochistan agreed to establish at least one CRVS model in one district by 2021.
Complexity of BR forms	Although online registration has simplified the BR process, some stakeholders point to the need **for further simplification of BR forms**. The current BR process and DBR system cannot easily be implemented in all areas of the country. There are many restrictions and technical requirements that cannot be met by remote registration sites, resulting in limited or no registration of events in remote parts of the country. UNICEF is aware of this problem and is supporting the government in providing a response.
Connectivity issues:	In many areas of **Pakistan, connectivity issues also hamper BR**. Programme performance is also affected by the limited capacities of government officials to carry out BR processes. **UNICEF is trying to involve other institutions** such as digital centres and IT boards, as well as government academies where the workforce is trained to increase their skills and competencies on BR. This is especially important in a context where internet and technology access in households has become a major issue.
Need to make BR mandatory:	Many stakeholders also consider that the main constraint in scaling up the registration process is the absence of legislation which would make BR **mandatory**. Some emphasize the importance of **linking this registration to social benefits/services** despite the risk of exclusion that this would create for some sectors of the population

9.2 Violence Against Children (VAC)- Balochistan CP-CMRS

Evaluation Findings by Criteria	Evaluation Questions
Relevance and Coherence	
• **Finding VAC1:** The CP-CMRS, through its **integrated case management system and application of inter-sectoral collaboration**, is broadly appropriate for providing girls and boys with access to child protection prevention and/or response services. The system addresses both general child protection principles and needs specific to the context of Balochistan. The approaches used by UNICEF to strengthen the CP-CMRS are adequate to provide a protective environment for children: (i) promotion, (ii) prevention, and (iii) response. However, the **prevention component** of the programme, including communication activities, is **advancing at a slow pace**, which results in a lack of awareness in communities about the existence of the system.	It answers evaluation question 1 and 6
• **Finding VAC3:** District child protection committees aim to respond to the needs of the most vulnerable. However, so far, **no cases of abuse reported by community leaders have been identified**, indicating that the most vulnerable children are those who tend to be left unprotected (children without parental care, children living on the street).	It answers evaluation question 2
• **Finding VAC4:** There are gaps in the model. There is a need to strengthen linkages with strategic partners engaged in providing gender-based violence referral prevention and response services (i.e., Govt. Women Development Department, UNFPA) are not sufficiently strengthen to provide an adequate and integral response It also **does not clear embed the humanitarian development nexus** within the referral model (e.g.: SPOs that address emergency settings). The Monitoring and Reporting **does not sufficiently document what works**, **the appropriateness of**	It answers evaluation question 5

Evaluation Findings by Criteria	Evaluation Questions
interventions, critical barriers to achieving goals, and missing areas for monitoring progress towards outcomes.	
• **Finding VAC5:** The model has identified **gender barriers and integrated measures to address related concerns in the implementation of the programme.** Key measures include introducing more female child protection officers and female clinical psychologists; ensuring data is gender disaggregated; community-based approaches focusing on gender; and working with female frontline health workers. However, reporting on girls continue to be lower than men. Technical documents and guidelines and the communication strategy guiding the implementation of the model **do not always identify the gender related dimensions of vulnerability as well as other factors such as power, social stigma, the rural/urban divide, and age.**	It answers evaluation question 7
Finding VAC 6: The CP-CMRS model falls under the CRC, Art 19, the Constitution of Pakistan (Art. 25, 35) and the Balochistan Child Protection Act of 2016 (BCPA), that states that every child has a right to protection from abuse, neglect, violence, and exploitation (collectively 'child abuse'). The law is fully aligned with the Committee on the Rights of the Child Recommendations for Pakistan in 2016, incorporating a comprehensive case management and referral framework	
Effectiveness	
• **Finding VAC7:** The CP-CMRM supported by UNICEF in Balochistan has generated Government ownership and scale-up through an allocation of resources. The government of Balochistan has demonstrated its commitment through the establishment of the first District Child Protection Unit in Quetta, and the approval of further roll out of the CP-CMRM in ten additional districts. Remaining challenges are linked to **inadequate budgetary allocations** and limited technical human resources for children. • **Finding VAC8:** The CP-CMRS has been able to **mobilize multiple local government departments engaged in the public case management and referral system**. Technical and operational working groups on child protection have facilitated enhanced coordination among different government departments and with civil society partners engaged at the community level. However, **further engagement is needed from some of these stakeholders like police, prosecution and the Home and Tribal Affairs Department** • **Finding VAC9:** The model is also **advancing efforts to strengthen the evidence-based policy formulation,** using data driven approaches and supporting the set up and roll out of a Child Protection Information Management System (CP-IMS). This information is very valuable given the lack of data on VAC in the country.	It answers evaluation questions 9, 10, 11 and 12

Alignment with National Priorities and With Government and Other Actors

The CP-CMRS model falls under the United Nations Convention on the Rights of the Child (CRC, Art 19), the Constitution of Pakistan (Art. 25, 35) and the Balochistan Child Protection Act of 2016 (BCPA), that states that every child has a right to protection from abuse, neglect, violence, and exploitation (collectively 'child abuse'). The CP-CMRS is designed to identify, register, assess reports of cases of child abuse, refer, monitor, and follow-up on all types of abuse, including violence, exploitation, and neglect. The overall outcome is that girls and boys access child protection preventive and/response services, as appropriate, primarily through the CPCMRM. Referred to as 'integrated case management´ utilizing inter-sectoral collaboration, the CP-CMRM entails a ¨whole-of government¨ approach. Implementation of the model is guided by the Balochistan Child Protection Act (BCPA) 2016, and it engages multiple public departments, in partnership with civil society and the private sector. The law is fully aligned with the Committee on the Rights of the Child Recommendations for Pakistan in 2016, incorporating a comprehensive case management and referral framework. The CP-CMRS mobilizes multiple local

government departments involved with the public case management and referral system through the District Child Protection Unit (DCPU). The success of the model depends upon the demand for the services offered.

Building an Enabling environment for the Creation, Implementation and Coordination of the Model

UNICEF actively advocated for the establishment of **mechanisms for comprehensive CP policies which contributed to the enactment of the first Balochistan Child Protection Act (BCPA) in 2016**. Overall, UNICEF was a key actor in the design and implementation of the CP-CMRM to respond to VAC in Balochistan. It promoted **inter-sectoral dialogue and helped create linkages between the Social Welfare Department (SWD) and various government departments** through the Child Protection Commission which has an oversight function, chaired by Minister of the SWD, with engagement of other key government entities, including the Health Department, Social Labor Department, Home Department, Local Government Department, Prosecution Department and Religious Affairs among others. It also involved other institutions such as the Institute of Psychiatry, civil society, UN agencies (i.e., UNFPA and UNHCR) and a representative of a local member of parliament at the committee level. In addition, UNICEF facilitated **greater collaboration between government and civil society**, supporting the creation of **technical working groups and consultation processes**. Members of the thematic technical working group have played an important role in reviewing technical packages, manuals, and advocacy materials, as well as in reviewing monitoring reports and taking corrective actions. Similarly, at the district level, **District Child Protection Committees** were established and have played an important role. These committees include focal points directly involved in case management and response as well as in service delivery. Despite this collaboration among different institutions, stakeholders recognized that the model **needs more robust partnership strategies for gender responsive programming** in order to properly address linkages with strategic partners engaged in **gender-based violence referral prevention and response services**. (i.e., developing/strengthening partnerships with the government, the Women Development Department, UNFPA; developing/enhancing CP and GBV SOPs for emergency settings etc.).

UNICEF, through its engagement with various government departments and civil society partners, has established a good and trusting relationship with the Government of Balochistan which, in turn, has **helped to mobilize relevant stakeholders in all phases of planning and implementation** for the roll-out of the CP-CMRS and the establishment of the DCPU. UNICEF supported a stakeholder mapping and capacity assessment of service providers. Given that the CP-CMRS was new, some external stakeholders noted that overall accountability within government was a key challenge in terms of coordination between different departments, especially in a context where government departments were used to working in silos.

In this regard, a **Coordination Agreement** was developed with UNICEF support, among other technical documents and manuals, to he**lp clarify the working relationship between the DCPU and other departments/agencies involved**. This coordination agreement constituted a way to formalize these understandings in a document that can be used as a guide to maintain coherence.

"Without UNICEF technical support, [the] government [would] not have been able to implement the law and the design and implementation of the CP-CMRS"

-External Stakeholder-

External stakeholders **positively acknowledge UNICEF's technical and financial support**, having supported consultations with relevant stakeholders and partners, the development of technical documents and continued participation in technical working groups.

Addressing the Needs of Children, Adolescents and Young People, and Marginalized Groups, Especially Girls

The model aims to help any child in need of protection. It includes a strong focus on identifying and addressing the needs of children, adolescents, and youth, especially the most marginalized, regardless of gender or age. To this end, the model places **special emphasis on the response but also includes prevention strategies and community participation to identify and address the needs of the most marginalized children,** especially those who live in the streets or children without parental care.

- **Response strategies to VAC:**

UNICEF supported the **creation of the DCPU**, which for the first time can provide an institutional and comprehensive response to cases of VAC in collaboration with other departments that are part of the CPC. As shared by a stakeholder interviewed, when the Child Protection Unit became operational, and mental health and psychosocial support was integrated, psychologists found it very difficult to reach out to girls and their mothers. To address this problem, the model integrated a **community-based structure** to **hold separate sessions for women** and focus on frontline health workers, who were trained to identify VAC and offer personalized services to girls and mothers. The model also established the inclusion of a **female Child protection officer (CPO** to staff the District CPU and increase the demand for child protection services among women and girls. **The district child protection committees** were established by the model to respond to the needs of the most vulnerable, including girls. It serves as a one stop centre to make available specialized services under one roof for victims of child abuse, provide case management and assist in the referral for psychosocial support and counselling and other services. However, no **cases of abuse reported by community leaders have been identified** and there is a **recognized need to build** community support structures, strengthening the CP-CMRM and addressing child protection issues.

The Case Management Reference Manual, one of the key technical documents guiding the CP-CMRM, notes that although the Balochistan Child Protection Act, 2016 **does not mention a response to a province-wide emergency, t**he child protection system will need to create a method **to rapidly deploy and operationalize child protection services in areas impacted by emergencies**. Further, it clearly states that it will be essential to **formulate SOPs** to fulfill such a mandate. In fact, noting that the country and region is prone to emergencies and that displaced populations and refugees may be at increased risk, one of the key stakeholders interviewed also suggested that key stakeholders and service providers should be trained on child protection and case management and should build the capacity to immediately respond to the emergency needs of children.

- **Prevention Strategies for VAC:**

The model also includes s**ocial and behavioral communication strategies to increase the demand for services and to promote greater public awareness** of children's rights to protection. The rolling out of C4D strategies responds to several socio-cultural barriers such as the tribal culture manifested in the local justice system, the patriarchal make-up of society, strong madrassah networks and culture and poor access to information. These barriers are in addition to the deeper constraints of poverty, illiteracy and conflict. There are also **greater gender disparities and social norms** that generate accepted inequalities such as child marriages. As noted in the Pakistan Gender Programmatic Review of 2020, many women must rely on the agreement of male family members to seek health care for their children and themselves, due to women's economic dependence and restricted mobility. Moreover, poorer families are willing to spend more to take a son to a formal health facility than they are willing to pay for a daughter, who can instead be taken to a traditional doctor (hakim).

All of the factors described above contribute to the **of non-reporting of child abuse cases, especially those involving girls**, which comes from the stigma attached to child abuse, especially in the case of sexual abuse. One key stakeholder interviewed emphasized the importance **of linking the prevention component with the response efforts**. Explaining further, it was emphasized that while there are some civil society organizations working on prevention at the community level, it is ultimately the responsibility of the government and there is a **need to increase advocacy activities which also engage community leaders and media professionals, in addition to key government departments and service providers**. Despite the goal of the model to reach the most vulnerable, the technical documents, guidelines and the communication strategy guiding the implementation of the model **do not always identify the various gender-related dimensions of vulnerability as well as other factors** such as power, social stigma, the rural/urban divide, and age. This is necessary to facilitate an enabling environment for services **and address the root causes** that impede that demand.

Implementation and Challenges of the Model

The roll out of the CP-CMRM **combines capacity strengthening activities and promotion of services in all sectors to strength the response to VAC.** The model became operational in the year 2019, which indicates that it has been in place for a short time. From January to June 2021, the model has led to **709 registered children receiving services**, of which 225 were girls (32%) and 484 were boys (68%). UNICEF supported the development of a **technical package of documents**, used as a basis for the establishment of a pilot DCPU, which for the first time can provide an institutional and comprehensive response to cases of VAC in collaboration with other departments that are part of the CPC. It also **strengthened the capacities of five CPOs, including one female officer**, to functionalize the District CPU and it set up a Child Protection Toll-Free helpline (1121). Stakeholders interviewed do note **pre-existing capacity gaps linked to limited resources and weak technical capacity in some government departments and key service providers** (such as the police and the prosecutor's office). This limitation poses challenges to ongoing implementation of the CP-CMRM, affecting case management follow ups which impact negatively on case management and referral quality.

UNICEF also supported the development and implementation of a **child protection information management system** in the pilot DCPU to ensure efficient, secure and confidential handling of all case data across all government departments. The model is also advancing efforts to **strengthen the evidence-based policy formulation**, using data driven approaches and supporting the set up and roll out of a CP-IMS. The monitoring and reporting is output based, and although it is disaggregated, **it does not sufficiently document what works**, **the appropriateness of interventions, critical barriers to achieve goals, and missing areas** for monitoring progress towards outcomes. The summary analysis of the M&E system only reflects percentage of cases receiving services by type of abuse and gender but it does **not clearly include other dimensions and considerations (age, disability, economic status etc.) and does not consider gender related barriers and underlying power dynamics**. **It does not sufficiently document and support ongoing learning on the integrated model**, which entails a whole of government approach, with special attention on how all agencies, including frontline service providers, collaborate and have strengthened their ability to protect more children (linked to District CPUs or One Stop Centers).

Collaboration between government and civil society partners has been important for prevention efforts and community engagement, addressing existing barriers and gaps. The model has identified the importance of sensitizing key stakeholders and key decision-makers for prevention purposes, in addition to maintaining child protection committees at the community level and holding direct sessions with children. To date, the SWD has led some efforts through regular meetings and trainings for gate keepers, and civil society organizations are supporting with community level efforts through awareness raising, addressing stigmatization and sensitizing communities on VAC, in addition to spreading information on available services. The **recent roll out of the communication plan[80]** will be important in stepping up prevention efforts, which is reportedly lagging behind as a component of the programme in the implementation phase. Different stakeholders recognize that the **government priority is in the response system, and this implies that less priority is given to prevention efforts, including the necessary allocation of resources to such interventions**. The first quarterly monitoring report findings also indicate that the gate keepers (health care workers, police officers, teachers etc.) are underutilized **and are not playing a significant role to identify cases of abuse and/or reporting to the SWD/DCPU for registration**[81]. Despite this, external stakeholders noted the importance of **continued prevention efforts and community engagement through awareness-raising**, including the promotion of services, building a relationship of trust with the community, addressing existing gender and social norms that may pose barriers to access services, and ensuring the community has information on available services. As explained by a key stakeholder interviewed, "there is a need to fo**cus on community engagement and social mobilization to break the cycle of violenc**e and increase information on the availability of services, sensitize key stakeholders - as they are key decision makers - enhance and step-up prevention efforts, and ensure sessions [are] tailored by gender and age".

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[80] CP-CMRM Balochistan Communication Strategy
[81] CP-CMRM First Monitoring Report, Balochistan, February 2021

<u>**Replicability of the Model**</u>

The **endorsement of the roll-out in other districts indicates overall government commitment** and ownership, despite acknowledging challenges related to inadequate budget allocations by some government departments and limited technical human resources for children in need of protection.

Key stakeholders interviewed and recent findings from the first quarterly report emphasize the importance of ensuring an enabling environment, and demand respectively, in order to reach those most marginalized. **Community engagement, including prompt implementation of communication action plan, are emphasized as critical**. Likewise, ensuring a careful balance between prevention and response efforts is also noted as important. The collaboration **between government and civil society partners** has been important for prevention and community engagement efforts, addressing barriers and existent gaps. One key example is the formation of community child protection committees.

An effective case management and referral system needs **to bring together relevant government agencies, civil society and the private sector for comprehensive implementation of the mandate. The system should incorporate, inter alia, regulation and monitoring of child protection standards at all levels,** (including in residential care/child foster care settings). It also needs to bring the provision of child protection-related services supported by a **committed workforce**, particularly in the social/legal and health/educational sectors, with relevant/appropriate competencies and mandates. Families, who are central to the care and protection of their children, need **access to appropriate support/reparative mechanisms** in a child-friendly context where confidentiality is guaranteed, regulated by **quality standards** and provided by the government or relevant social agencies.

9.3   Education

9.3.1   Upstream Activities

Evaluation findings by criteria	Evaluation questions
Relevance and Coherence	
• **Finding Edu-UPS1:** UNICEF's upstream activities in Education **were by and large adequate to address the needs related to policy formulation,** planning, system strengthening and reform at the national and provincial levels. The education programme addressed the needs through formulation of ESPs, evidence generation for advocacy, advocacy for implementation of sector plans and equity-based allocations, and strengthening capacities related to information systems, curriculum development and assessment**.** • **Finding Edu-UPS2:** The planning documents, particularly ESPs, **were prepared after extensive consultations with a wide range of stakeholders, including men women, girls and boys.** Apart from direct consultations with communities, views of communities were also taken on board indirectly through participation of civil society representatives in consultative fora. • **Finding Edu-UPS3: Upstream activities focused on gradually unfolding needs in the context 18th Amendment, which had given rise to an unprecedented need for systems strengthening and reform**. • **Finding Edu-UPS 4:** Faced with challenges of COVID-19 pandemic, UNICEF quickly **adapted its coordination, convening and planning and budgeting roles to provide leadership to Covid response in education**. Most importantly, UNICEF worked with MOFEPT to develop National Education Response and Resilience Plan for COVID-19, followed by provincial guidelines for safe reopening of schools.	1,2,3,4
Coherence	

Evaluation findings by criteria	Evaluation questions
• **Finding Edu-UPS 5: Education Programme is closely aligned with national and provincial priorities, frameworks, strategies, and laws, including Constitution of Pakistan's Article 25-A,** which makes education compulsory for children from ages 5-16 years, and with Pakistan Vision 2025 [82], SDG4, CEDAW, to name a few Upstream activities in Education through reform, advocacy and system strengthening elements also contribute to create better alignment with national and international priorities. • **Finding Edu-UPS 6:** More than ever UNICEF is directly complemented governments' efforts by closely working with the national and provincial governments. Through the upstream activities in Education UNICEF has provided **thought leadership, served as source of technical support for developing policies, strategies, and plans. It also contributed to strengthening capacities in key areas such as assessment, curriculum and information systems through** provision expert technical support, trainings, and where required, through financial and material support. • **Finding Edu-UPS 7:** Equity and gender equality always remain in the foreground in UNICEF's work. **The upstream activities in education have contributed to this by making education sector plans gender-responsive and equity-focused**. This is complemented by advocacy for the implementation of these plans. In the process, the upstream activities can make downstream activities more sensitive to the needs of most disadvantaged sections of the communities, including communities living in underserved districts, women and children.	Questions 6, 7
Effectiveness	
• **Finding Edu-UPS 8:** Upstream activities by their nature do not directly reach marginalized communities. But gender-responsive and equity-focused provincial Education Sector Plans that UNICEF helped develop, if implemented properly, have to **potential benefit the most disadvantaged sections** of the communities, including children and women, and disadvantaged areas within Pakistan. • **Finding Edu-UPS 9:** Of the three indicators associated with the upstream activities (availability of cost-effective innovations to improve access and learning, development and endorsement of education sector plans, existence of an effective early learning policy with clear budget allocation in place) **only one indicator related to development and endorsement of education sector plans has been achieved. No significant progress was reported regarding other two indicators.** • **Finding Edu-UPS 10:** Through its upstream work, particularly through formulation of education sector plans, UNICEF has contributed to define national priorities. It makes intuitive sense to assume that worked performed by UNICEF related to systems strengthening, reform, services delivery and community engagement for demand generation contributes to national level targets, but making definitive determination of relative contribution of UNICEF is very challenging. • **Finding Edu-UPS 11:** Positive outcomes unintended (rather unstated outcomes) broad ownership of Education Sector Plans, at least among those who took part in the consultative process. • **Finding Edu-UPS 12:** The most important factor that influenced upstream activities was COVID-19 which caused delays because both UNICEF staff and	Questions 8,9,10,11, 12

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[82]Government of Pakistan, Ministry of Planning, Development and Reform (MOPDR), Planning Commission, 2014. *Pakistan 2025: One nation - one vision*. Available at: https://www.pc.gov.pk/uploads/vision2025/Pakistan-Vision-2025.pdf [Accessed 29 March 2021].

Evaluation findings by criteria	Evaluation questions
government officials had to pay more attention to COVID-19 response.	

Adequacy to Address the Needs and Achieve the Intended Goals

UNICEF's upstream activities in Education were by and large adequate to address the needs related to system development and reform at the national and provincial levels. However, UNICEF has been unable to influence planning and budgeting processes in district education offices. Upstream activities in education were highly relevant in the context of the 18th Amendment which created the need for significant systems strengthening and reform.

Some of these needs were highlighted by an Education Sector Bottleneck Analysis carried out by UNICEF. It identified limited capacity at the federal level to take up a coordination role, poor implementation of policies, poor allocation and inefficient utilization of education sector budgets and weak capacities to implement legislation and policies. The UNICEF Education Programme tried to address these needs through the formulation of Education Sector Plans, evidence generation for advocacy, advocacy for implementation of sector plans and equity-based allocations and by strengthening capacities related to information systems, curriculum development and assessment.

UNICEF proposals and work plans tend to be need-based and with proper justifications. They develop their work plan after need analysis. Therefore, it does not take time to seek approval for those. They look into all the aspects before they develop the proposals [to work with the Government]."

- An official of the provincial Education Department

The programme activities were adequate to meet the objectives of the programme, but two issues need to be highlighted regarding the documented theory of change for upstream activities: First, the **underlying logic is somewhat linear and does not sufficiently recognize/reflect the complexity of processes needed to achieve the desired change.** Secondly, it **does not sufficiently capture the diversity of contexts among the four provinces**. This is also recognized by education team. According to a senior member of Education team, "it was quite a struggle to have a theory of change that would work for all four provinces… there is this tension between having an education program that fits each provincial context, and then having still a strategy, that applies across the four provinces." For example, Education Department in Punjab is most resourceful and has stronger capacities compared to other provinces; in KP security consideration had remained an overriding concern, particularly in merged districts. In Balochistan capacities are relatively weak and political interreference in the decision-making was cited to be more pronounced. In Sindh, where UNICEF is implementing a large EU-funded, systems strengthening project, absence of focal points for different initiatives was identified as a big challenge. These variations and others have significant consequences which are not captured in the theory of change and other documentation. It also appears that theories of change for education **are not well informed by a distillation of lessons learnt regarding how change happens in government agencies**. Some of the underlying assumptions are rather simplistic.

Addressing the Needs of Children, Adolescents and Young People, and Marginalized Groups

The planning documents, particularly ESPs, were prepared after extensive consultative processes with a range of stakeholders, including male and female community members, girls and boys. For example, in case of the ESP in Balochistan, it was reported that an estimated 3000 people participated in different consultative events leading to the preparation of the ESP. The consultations with community members, including men, women, girls and boys were held in 12 sample districts. Apart from direct consultations with communities, the views of communities were also taken on board indirectly through the participation of NGOs, including local NGOs, in different consultative fora.

The needs of children, adolescents and young people are indirectly reflected in the results of various surveys, MICS. Other national level surveys, like **PSLM, PDHS, NNS and ASER** also highlight the needs of children (both girls and boys) and other marginalized communities. UNICEF Education programme was also informed by Education Management Information Systems (EMIS) and Real Time School Monitoring Systems that are being improved and used in different provinces. Sometimes surveys

are also conducted on specific topics to inform the planning process. For example, the Government of KP with the technical assistance of UNICEF conducted a census of out of school children to determine the exact number of out of school children in KP. The project also made use of used specific analyses (KAP Surveys, third party monitoring and evaluations) as good sources of information about the needs of marginalized children and groups.

Covid Pandemic- the Most Influential External Factor and Leveraging Policies and Resources

The COVID-19 pandemic forced UNICEF to postpone many of its system strengthening activities, but UNICEF quickly adapted its coordination, convening and planning and budgeting roles to provide leadership for Covid response in education. Most importantly, UNICEF worked with MOFEPT to develop the National Education Response and Resilience Plan for COVID-19 which "provided a framework for Pakistan's education system to cope with the effects of COVID19."[83] This was followed by development of contextualized national and provincial level guidelines for safe reopening of schools. The National Covid Response Plan made it possible for the government to secure USD 200 million in accelerated funding from GPE for COVID-19 response. UNICEF also reprogrammed part of its core funding and funding from more flexible donors to support COVID-19 response activities, including planning work, evidence generation and capacity strengthening to respond to COVID-19. European Union also allowed reprograming of its funds for COVID. UNICEF also mobilized resources from some other donors such the governments of the UK, Japan and Canada.

Missing Elements

One of the key weaknesses which the Education Programme shares with the other se**ctors is a siloed approach**. It is widely acknowledged with the UNICEF education team that the education programme could have done better in terms of integrated programming. This weakness is recognized by both internal and external stakeholders. According to a senior official of UNICEF, 'every time we develop a new country programme or regional office management plan, we talk about those silos and how to collaborate better", but with the notable exception of the Integrated Service Delivery model implemented in polio high-burden districts, UNICEF's programmes have not been able to come out of their silos. According to UNICEF the two main factors that prevent UNICEF programmes from adopting a more integrated approach are: 1) internal reporting requirements which require sector-wise reporting, and 2) how UNICEF is structured. UNICEF programmes from Country Office down to the provinces are verticality organized. In fact, this extends beyond UNICEF to its implementing partners, many of whom are sector specific.

There is some evidence to suggest that the siloed approach is also reflected in how UNICEF interacts with government counterparts. According to an official of the Education Department in one of the provinces, even though the Education Sector Plan has clearly identified the responsibilities of other departments of UNICEF (departments other than Education), she found it challenging to communicate with them, so much so that even her emails were not answered, and the requested support was not provided. Another official recounted a similar experience, the only difference was that in the latter case support was provided after a year-long delay.

The evidence cited above also indicates that the sector plans have created space for integrated or cross-sectoral interventions, but both government departments and UNICEF's own systems need to evolve to deliver integrated services. Many implementing partners of UNICEF, particularly government agencies, also work in their own silos, which serves as a disincentive for UNICEF to break down its own silos.

Alignment with National Priorities and Equity and Gender Equality Principles in Relation to Government and Other Actors

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[83] Ministry of Federal Education and Professional Training (MOFET), 2020. *Pakistan National Education Response and Resilience Plan (K-12) for COVID-19.* Available at: http://mofept.gov.pk/SiteImage/Misc/files/0_%20NERRP%20COVID-19%20MoFEPT%204%20May%202020%20Ver%2001.pdf [Accessed 23 August 2021]

The Education Programme is aligned **with international, national and provincial priorities, frameworks, strategies and laws.** It is aligned with the Constitution of Pakistan's Article 25-A, which makes education compulsory for children from ages 5-16 years, and with Pakistan Vision 2025[84]. Of the seven priority areas or pillars identified in the Vision 2025, the education programme is aligned with three priority areas: 1) development of social and human capital and empowering gender (priority one), 2) modernization of the public sector (priority three) and development of a competitive knowledge economy through value addition (priority 6).

Upstream activities in Education through reform, advocacy and system strengthening elements also contribute to creating better alignment with national and international priorities. **Upstream activities in education are also aligned** with SDG 4 which is concerned with quality education. The education programme addresses multiple indicators for SDG 4 (i.e., 4.1, 4.2 and 4.5 and to a small extent 4A which deals with making education facilities gender sensitive), CRC and UNICEF's new strategic plan. Upstream activities in Education because of their emphasis on gender equality are also aligned with the CEDAW, which discourages discrimination based on gender.

More than ever UNICEF is directly complementing the government's efforts. In fact, under the country programme UNICEF focused more on strengthening government systems for effective social service delivery. Through its upstream activities in Education UNICEF has provided thought leadership by serving as a source of technical support for developing policies, strategies, and plans. It also strengthened capacities in key areas such as assessment, curriculum and information systems through the provision of expert technical support, trainings, and when required, through financial and in-kind material support.

The UNICEF education **programme is aligned with the priorities and policies of bilateral and multilateral donor agencies and funding mechanisms as evidenced** by UNICEF's role as a grant agent for GPE and as an implementer of EU grants in two provinces. UNICEF also seamlessly built on the work done by JICA on non-formal education. UNICEF's role as the lead international agency for coordination through the National Educational Partners Group and Local Education Groups in the provinces indicates that UNICEF is not only aligned with the priorities of national and international development actors in Pakistan, but also serves as a catalyst for creating greater alignment between other stakeholders involved in education.

Equity and gender equality always remain in the foreground in UNICEF's work. Not only did the country programme complement the efforts of the government and other development actors (e.g., UNWOMEN, UNFPA. DFID, the World Bank, DFID, WHO), it has contributed to bringing issues of gender equality and equity to the forefront.

There are a number of ways in which UNICEF's upstream activities in education complement the efforts of the government and other development actors to address issues of inequity and gender imbalance in education. Probably the most significant effort in this regard is making education sector plans gender-responsive and equity-focused. **Education Sector Plans provide a blueprint for equity-focused and gender responsive allocations in education**. Even though the implementation of plans remains a major challenge because of a complex array of factors—ranging from system-wide factors to factors specific to departments and even individuals—at least some challenges, such as those related to technical capacities are being addressed through elements of UNICEF's upstream work in Education. For example, improving information systems contributed to better decision-making. Advocacy efforts also contribute to more efficient and effective allocation of budgets. In the process, upstream activities contribute to making downstream activities more sensitive to the needs of most disadvantaged sections of the communities, including communities living in underserved districts, women and children.

Achievement of Outcomes

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[84]Government of Pakistan, Ministry of Planning, Development and Reform (MOPDR), Planning Commission, 2014. *Pakistan 2025: One nation - one vision*. Available at: https://www.pc.gov.pk/uploads/vision2025/Pakistan-Vision-2025.pdf [Accessed 29 March 2021].

The main outcome for the education programme is expressed in terms of increased access to ECE and basic education for children, particularly for girls. The results framework identifies high level national targets for the outcome. It does make intuitive sense to assume that worked performed by UNICEF related to systems strengthening, reform, services delivery through its implementing partners and community engagement for demand generation would contribute to national level targets but making a meaningful determination of relative contribution of UNICEF at this level is very challenging at best. But UNICEF Education programme is cognizant of these limitations and hope not to choose such high-level outcome indicators for the next country programme.

There are three indicators associated with the upstream activities: 1) availability of cost-effective innovations to improve access and learning, 2) development and endorsement of education sector plans, 3) existence of an effective early learning policy with clear budget allocation in place. **Of the three stated indicators, only one indicator related to development and endorsement of education sector plans has been achieved. No significant progress was reported regarding other two indicators.**

The key plans UNICEF helped develop include four provincial Education Sector plans and the National Education Response Resilience Plan for COVID-19. As a precursor to development of ESPs, UNICEF also facilitated Education Departments in the four provinces to undertake education sector analysis.

UNICEF built on the lessons it had learnt during the previous country programme about the importance of provincial sector planning in providing direction and focus to the provincial governments and all the development partners. These plans were developed through a participatory consultative process. For example, it was reported that in Balochistan more than 3000 people were consulted leading to preparation of ESP. ESPs provide a detailed road map to education departments and other stakeholders, including international development partners interested in making investments in education. An added value of UNICEF involvement in developing ESPs and other policy documents is that these documents directly address the issue of social exclusion and discrimination within education system and make provisions for equity-based investments to address the needs of most disadvantaged girls and boys.

UNICEF has **also tried to address the disconnect between ESP and budget allocations experienced during the previous ESP to make the plans more realistic**. UNICEF has tried to address this issue by more closely looking into the political economy angle, which was missing when previous education sector plans were developed.

But the **stated indicators do not capture the full gamut of upstream activities. In fact, indicators miss many broad areas** that according to UNICEF emerged "in response to a changed and fluid programme environment, new opportunities, and new international and national priorities and agendas." No indicators address system strengthening activities related to assessment, curriculum, and information systems. In addition, the coordination and convening roles, are also missed in the results matrix. Also missed are UNICEF's GPE role as a grant agent and the implementer of EU grants.

Discussions held with key stakeholders in the provinces point to very robust and effective support provided by UNICEF to strengthen information systems, improve capacities related to assessment and curriculum. Key instruments used for system strengthening included provision of expert technical support, trainings, exposure visits, financial support, and material support. In terms of support to strengthening information systems, in Sindh, UNICEF helped to revamp the existing RTSM which had become dysfunctional. The revamping process also included expanding the scope to the monitoring of quality aspects. In Balochistan RTSM established with the support of UNICEF a few years ago has been successfully mainstreamed in the government system. As a next step, RTSM's are being linked with the mainstream EMIS through a joint cell. A proposal to integrate non-formal education MIS with EMIS are also under serious consideration.

Examples of strengthening assessment systems include developing an item bank and instruments for diagnostic assessments for the Punjab Examination Board, the development of the Student Learning Assessment Framework (SLAF) for the Sindh DCAR and developing pools of teachers trained in assessment methods. The Staff of the Sindh DCAR were trained on assessment and curriculum through

exposure visits to Balochistan and Punjab. The support provided to strengthening the assessment system also included the provision of ITC equipment to the Punjab Examination Board.

Similarly, UNI**CEF also contributed to strengthening the capacities for curriculum development through training, expert technical support and exposure visits**. For example, a team of the Sindh DCAR was taken on an exposure visit to Punjab to experience the curriculum review process. According to an official who was part of the exposure visit to Punjab, he learnt new things about the scheme of studies. UNICEF also facilitated the development of a curriculum and ECE syllabus in Sindh.

There was another stream of activities which did not figure in rolling work plans, but these activities were formed in response to unanticipated requests from the counterpart government agencies. **Education Departments remain particularly appreciative of UNICEF's flexibility to address unanticipated needs, though not all requests were honored.** This support is particularly important because it either takes a long time to address these needs through regular government channels or some of the needs for various reasons cannot be addressed in the government system.

"I can give my opinion based on my experience. I think that the work they are doing is good, but they need to integrate their efforts."

- A representative of an implementing partner

This can range from basic as support for provision of water coolers for ALP Centers to as complex as financial and technical support for undertaking research studies. According to one of the senior officials in Government of Punjab, **since there is limited support for evidence generation and research in the government, UNICEF support his highly critical**. Because some of needs emerge from almost nowhere, flexibility shown by UNICEF is seen as a great asset. An example of this was support for developing Rules of Business for Corporal Punishment in Sindh, responsibility of which was handed to Education Department without necessary budget allocations. Subsequently these rules were developed with the support of UNICEF.

One of the positive outcomes of upstream work in education, but not identified in the results matrix, is **increased budget allocations**. This outcome is recognized not only within UNICEF but also by some external stakeholders. This finding does seem to make an intuitive sense, but the claim merits more rigorous analysis to identify other confounding factors which might have contributed to an increase in sectoral allocations.

9.3.2 Alternative Learning Pathways

Evaluation findings by Criteria	Evaluation Questions Addressed
Relevance and Coherence	
• **Finding ALP1:** ALP is a highly relevant initiative which addresses a very important need of educating out-of-school children. It addresses the needs of some of the most disadvantaged boys and girls who otherwise would not have access to education. • **Finding ALP2: There is evidence to suggest that ALP is helping to leverage government resources to benefit out of school children**. In Sindh, KP and Balochistan, the Education Departments are planning to replicate the ALP model. In Sindh, where plans are reportedly at a more advanced stage, the Government is planning to sponsor 3000 Centers in five districts over a period of three years. • **Finding ALP3:** The model is not **quite inventive and ambitious enough to address the issue of out of 20 million out of school children**. It does not build on significant volunteer potential and does not connect with and support any existing initiatives.	1,2, 4,5

Coherence	
• **Finding ALP4:** The intervention is closely aligned with Article 25-A of the Constitution of Pakistan which makes education compulsory for children from ages 5-16 years and Pakistan and Vision 2025. Because ALP directly addresses the Article 25 of the Constitution of Pakistan, by default, it is also aligned with Free and Compulsory Education Acts passed by the four provincial assemblies of Pakistan. It also aligned with key international frameworks, including SDGs (indicators i.e., 4.1, 4.2 and 4.5), CEDAW, Convention on Child Rights (CRC), and Education for All Framework. • **Finding ALP5: Gender equality and equity are at the heart of ALP**. ALP model tries to ensure at least 50% students are girls. Female teachers are also preferred over male teachers. the more obvious element of equity is providing education to those who otherwise would remain out of school. ALP also addresses equity not only in terms of rural-urban divide, but also the disparities between urban centers and peri-urban settlements.	Questions 6, 7
Effectiveness	
• **Finding ALP 6:** ALP provided access to education for some of the most disadvantaged boys and girls who otherwise would not have access to education. The centers also provided opportunities to married girls to get an education and children who were engaged in income generating activities to support their families • **Finding ALP 7:** Through ALP centers UNICEF has been able to enroll an estimated 35,460 children, there being 30 students in 1182 centers across the four provinces of Pakistan. This is well below the target of 2016, ALP centres on their own are not adequate to address the overall need that exist in Pakistan. ALP Centres address the needs of 0.18% of the total population of out-of-school children in Pakistan. • **Finding ALP 8:** Increased awareness about the issue of out-of-school children, specifically owing to ALP model is an unintended positive outcome. Punjab Literacy Department, which is running 13000 NFE centres in 11 districts of Punjab, faced challenges in attracting overage children. To make up for this they enrolled smaller children, including pre-school age children. But having seen the ALP Centers successfully attracting older age children, they have become more conscious about the needs of overage children.	Questions 8,9,10,11

The Needs of Children and the Most Marginalized

ALP is a **highly relevant initiative in that it addresses a very important need of providing education to out-of-school children**, including children who dropped out of school or those who never went to school. With 20 million out-of-school children in Pakistan, the need to educate out of school children is huge. ALP provides access to education for some of most disadvantaged boys and girls who otherwise would not have access to education.

Those who attend ALP Centers also include children who cannot afford to go to school during regular school hours, because they are engaged in income generating activities to support their families or those who cannot go to school because schools are not easily accessible. There are also children who in the morning attend madrassahs and go to ALP centers in the evening.

"Over the last 70 years only 14000 schools have been built in Balochistan. Even if we double the efficiency, it would take another 35 years to build another 14000 schools. "

- Official of Govt Department

The centers even provide opportunities to married girls to get an education. According to the head of an implementing partner, in one of the centers she visited she found that out of 30 students, 14 were married girls, and 11 had children. She also said that ALF and other NFE models address an "unexpressed demand or a pent-up desire for education among the poor and marginalized communities". According to her, addressing immediate needs consume so much of poor people's time that they do not get to engage in a concerted effort to pressurize the government to provide education for their children,

but the desire to educate both girls and boys exists. According to a government official associated with ALP initiative in Balochistan, the demand for ALP/NFE clearly outstrips the supply.

Alignment with Government Priorities and Global Frameworks

Because of its focus on providing education to children who otherwise were not getting an education, the ALP **is closely aligned with the Article 25-A of the Constitution of Pakistan** which makes education compulsory for children from ages 5-16 years, Pakistan Vision 2025, particularly with the priority 1: development of social and human capital and empowering gender, but also with priority 6, development of competitive knowledge economy through value addition. Because ALP directly addresses Article 25 of the Constitution of Pakistan, by default, it is also aligned with the Free and Compulsory Education Acts passed by the four provincial assemblies of Pakistan.

ALP is not only consistent with national priorities and policy frameworks, it also reflects key Global Frameworks, including SDG 4 (indicators i.e., 4.1, 4.2 and 4.5), CEDAW, which addresses discrimination based on gender, the Convention on the Rights of the Child (CRC), and Education for All Framework. ALP is also very much aligned with UNICEF's policy priorities and global strategy.

But ALP centres on their own are not adequate to address the overall need that exists in Pakistan. So far, through ALP centers UNICEF **has been able to enroll an estimated 35,460 children**, there being approximately 30 students center across 1182 centers in the four provinces of Pakistan. ALP centers address the needs of **0.18% of the total population of out-of-school children in Pakistan**, which is estimated to be 20 million. The total number of ALP centers established with the help of UNICEF is 56% of the total target (2106). Even if UNICEF had established all the centers, it would not meet half a percentage point of the total population of out of school children.

Then where does the significance of the ALP model lie? The model 1**) provides a more authentic and replicable approach for accelerated learning, particularly for out of school children; 2) increases awareness about the issue of out-of-school children in the government education departments by directly involving them in the implementation of the model**. This model is more authentic because the curriculum is specifically designed to address the needs of out-of-school children, particularly overage children, who are not accepted in regular schools and because there is a proper accreditation process. Besides, the model is backed up by NFE policies. **The model also has the potential of being replicated by provincial governments.** Talking about benefits of the model, an eminent educationist who has long been involved in the implementation of NFE projects said that in the past there was no formally approved curriculum and there was no accreditation. Therefore, the mainstreaming of students really depended on the cooperation of education authorities. "If the authorities were cooperative, students could be mainstreamed, otherwise it was an uphill task." Increased awareness about the issue of out-of-school children, specifically owing to the ALP model, is also highlighted as a benefit of ALP by a senior official of Literacy Department in Punjab, which is running 13000 NFE centers in the 11 districts of Punjab. The official said, because they faced challenges in attracting overage children, they enrolled smaller children, including pre-school age children. However, having seen the ALP centers successfully attracting older age children, they have become more conscious about the needs of this group.

The 1182 centers established by UNICEF is well below the target set for 2016, mostly owing to funding constraints. However, the number of ALP centers reflected in the RAM 2020 does not accurately reflect the situation on the ground, and understandably so because the ALP programme is still being implemented and scaled up. RAM does not reflect the addition of new centers in KP or that the actual number of functional centers in Balochistan is 212, much lower than the theoretical number of centers established there.

Equity and Gender Quality and Complementarity with Government and Other Actors

The ALP centers **appropriately address gender equality and equity angles**. Equity is addressed in two important ways. The more obvious element of equity is providing education to those who otherwise would remain out of school. **ALP also addresses equity not only in terms of rural-urban divide, but also the disparities within urban areas** such as the disparity between urban centers and under-served peri-urban settlements. ALP centers are established in districts where the issue of-out-school children is more

acute. Even within districts the centers are established in underserved areas and in areas where there are no schools or schools are not easily accessible. For example, Haji Gul in Balochistan was cited as an example of a far-flung area where ALP centers were established. There are also cases where schools may be available, but children are unable to attend the schools, because they engage in income generating activities to support their families. Centers located in peri-urban areas (or slums) may be an example of centers which may not be far off from schools, but they provide opportunity to children engaged in income generating activities. In KP a significant number of ALP centers are housed in Government Schools, which is a unique feature of the ALP model being implemented in KP, a feature that may be worth emulating in some cases in other provinces.

Gender equality is at the heart of ALP, the model **tries to ensure at least 50% of students are girls. Female teachers are also preferred over male teachers**. Data shared by one of the implementing partners in Sindh shows that a large majority of NFE centers are mixed centers i.e., they enroll both girls and boys. There are girls-only and boys-only centers as well. It also shows that more than 50% of the student population is of girls. In some cases, village education committees, established by the projects to setup NFE centers, insist on not having mixed centers.

Leveraging Resources
There are some indications that the ALP model is helping to leverage government resources to benefit out of school children. In Sindh, KP and Balochistan, the education departments are actively considering replicating the ALP model. In Sindh, plans are reportedly at a more advanced stage. The government of Sindh is planning to open 3000 Centers in five districts over a period of three years. According to an official associated with ALP in Balochistan, the government of Balochistan had committed to provide funding for establishing 2000 centers, but the department of education missed the opportunity by failing to submit a PC-1 in time. In KP, where the ALP model was more recently implemented, the officials intend to develop a PC-1 for replication of model. The hope is that the model will start in the project mode and will then gradually be mainstreamed. **The activity on ALP in Balochistan highlights the positive intent of the government as well as the challenges that replication efforts might face**. In Punjab, according to a Senior Official of the Literacy Department, they would carefully study the results of pilot before taking any decision to replicate the model. However, the Literacy Department does acknowledge that ALP model has helped them to sharpen their focus on overage children, something their own NFE model did not do as well.

Missing Elements
In terms of missing elements, **ALP is neither very innovative nor very ambitious.** For example, despite being a model that hopes to address the issue of 20 million out of school children it **does not factor in potential volunteer resources that might exist in the community, including, for example, retired teachers (and other retirees) and potential youth volunteers**, who if engaged creatively can enhance the scope and quality of work. This would be analogous to engaging 120,000 Clean and Green Champions by a WASH programme. Possible linkages with initiatives like Teach for Pakistan could have been explored. Teach for Pakistan engages high-caliber students from top-notch universities in Pakistan to teach in government schools with the aim to improve the quality of instructions and to showcase these student-teachers as role models to inspire children. It also serves to sensitize students and teachers to be more responsible and sensitive citizens. However, it must be acknowledged that implementing such a model with the government education departments would not be free from challenges. Nevertheless, only an ambitious approach by UNICEF could hope to address the full scope of the OOSC problem. This would also provide opportunities for inter-generational programming.

Ownership and Replication
There is considerable weight in the claim that the provincial governments own the ALP initiative. In fact, in three **provinces ALP centers are implemented through relevant government departments**. The provincial Governments also provide some logistical support such as office space and utilities in district offices. However, **closer scrutiny reveals that this is fundamentally an inside-outside model**. Project staff, including some officials of government education departments who are attached to the project, are on UNICEF's payroll. All the teachers also remain on UNICEF's payroll. The salary structures of the project are considerably different from regular government employees in that salaries paid to ALP center

teachers are significantly lower than what the regular government school teachers get. The support provided to the centers (both material and soft components) are also considerably different from what regular NFE centers receive. **Therefore, the dynamics of the project are significantly different from mainstream operations of Education Departments or NFEs centers being run by the government**. This raises a number of questions related to potential replication. For example, would the government replicate the centers in the project mode? If yes, for how long? Would the government be able to provide similar support that UNICEF provides? Why would it do so, when it does not extend the same support to regular NFE centers? Would governments be able to mainstream the model and continue to pay smaller salaries to ALP centers? Therefore, it is argued here that assumptions about government ownership and replication need to be carefully scrutinized.

It also needs to be understood that government ownership of initiatives tends to be rather fickle. It can change when the senior officials of the department, typically Secretaries, change. According to a key informant sometimes secretaries change in only a few months. As a result, "explaining and convincing new secretaries about the initiatives takes a lot [of] time."

9.4 Health

Evaluation findings by criteria	Evaluation questions
Relevance	
• **Finding H1:** UNICEF Pakistan's Neonatal and child survival programme has adequately addressed the needs of mothers, newborns and children by creating an **enabling environment and advocacy work** for promotion of neonatal, child survival and immunization. • **Finding H2:** The strategic positioning of UNICEF and its influence with MoNHSR&C and the provinces under the 18th amendment resulted in **good coordination between the federal government and the provinces** by contributing to promoting the importance of maternal health and child survival. The health programme generated data for evidence-based policy making at national and provincial levels. • **Finding H3:** Based on the evaluation of the LHW program, UNICEF has **contributed to positioning and facilitating dialogue and consensus at the federal, provincial and district level around areas of weaknesses and opportunities for further enhancement of LHW programme**. As a result, an **inter-ministerial agreement** has been put in place to implement the reform of the LHW programme.	It answers evaluation question 1
• **Finding H4:** The UNICEF CP focuses on **marginalized communities and low-income urban areas for immunization and neonatal survival through integrated services**. However, there are still **significant disparities in access to healthcare and neonatal and immunization services** for women and children in particular between urban and rural areas. There is **also a dearth of strategic partnerships, including involvement of private practitioners** for addressing the needs of the poor in urban areas • **Finding H5:** UNICEF's health programme needs to **distil the multiple gender dimensions of access to quality health.** The technical capacity of community health workers (CHWs) women remains a challenge to address the needs of women and girls.	It answers evaluation question 2
• **Finding H6: C4D in health is seen as an area for improvement**. The health programme has strongly supported immunization, polio response while comparatively little attention was given to MNCH and nutrition C4D initiatives A lack of C4D capacity within the government to enhance the sustainability of interventions was identified through different documents and feedback from people interviewed. • **Finding H7:** Despite UNICEF's efforts to improve child survival in **urban slums** that have been undertaken in several provinces, the **scope of such activities appears**	It answers evaluation question 5

Evaluation findings by criteria	Evaluation questions
limited. In addition, full integration with other sectors is not observed in urban slums, except in Sindh, where the private health sector is involved.	
Coherence	
• **Finding H8:** UNICEF CP objectives are in line with the Pakistan National Vision 2016-2025 and Sustainable Development Goals. The MNCH and immunization coverage indicators conform to the national standards. The programme is guided by the commitment to fulfil the rights of children as embedded within the Articles of the Convention on the Rights of the Child (CRC).	It answers to the evaluation question 6
Effectiveness	
• **Finding H9:** Most of the CP **outputs were successfully delivered** achieving all the stated health outcomes except reaching zero polio cases. Polio remains an ongoing concern, with 8 cases reported in 2017 and millions of children remaining unvaccinated. • **Finding H10: UNICEF contributed to moving routine immunisation from the development budget to the recurrent budget**, which helped to successfully reach the goal of fully immunizing children by 2020. • **Finding H11:** UNICEF has supported provincial governments in developing child survival **strategies, legislative work and advocating for budget allocation for specific health activities.** It has also supported the **formulation of gender responsive health related policies and plans** such as the Newborn Survival Strategies, the Health Sector Strategy for Punjab, Pakistan's Reproductive Maternal Newborn Child Adolescent Health and Nutrition (IRMNCAH) Strategy and the Universal Health Coverage (UHC) investment case. • **Finding H12:** The challenge of **quality of care** was addressed by UNICEF through partnerships with professional organizations which **contributed to maintaining essential services and improving healthcare quality** for mothers and newborns during COVID-19 resulting in positive outcomes. However, the protocols regarding integration, **particularly between paediatricians and the obstetricians for perinatal care, need to be implemented to improve neonatal survival rates.** • **Finding H13:** The **capacity of female Community Health Workers** (CHWs) **remains a challenge to addressing the health needs of women and girls.** Besides the 18th amendment, other major challenges beyond UNICEF control were the merger of FATA into KP and the COVID-19 pandemic	It answers evaluation question 3 and sub-questions 9, 10 and 12.

Influencing Legislation, Policies and Strengthening Systems

UNICEF contributed to generating evidence to inform policy development, advocacy and the implementation of equity focused MNCH and immunization. UNICEF supported the federal and provincial governments in developing policies and strategies for health, with a special focus on new-born health and child survival. Some of the major strategic shifts in the health sector are that UNICEF has been moving away from a project to programme approach; a strengthening of partnerships with the government; and enhanced policy work to achieve long-term change rather than short-term measures through the provision of commodities and services. The thorough planning carried out by UNICEF for the current country programme has been well appreciated by different stakeholders. A senior federal health official stated that, *"UNICEF has a more participatory way of planning national support strategies. They are making its task more results oriented and [are] making their assistance more and more valuable."*

Stakeholders confirm that UNICEF's coordination and constant engagement with the MoNHSRC, provincial health departments and other development partners was key for the development of a **UHC investment case**. The ministry's ownership was crucial to facilitating provincial consultations and participation. As the Pakistan RMNCAH Investment Case states, UNICEF strengthened national coordination mechanisms across sectors and between provinces and the federal ministry for delivery regulation, information collection, surveillance, and research for improved health systems.[85]

UNICEF **provided technical support to develop different publications, research documents and evaluations** that influenced federal and provincial decisions on neonatal care and implementation of the health programme at federal and provincial level. Some examples of this are the recommendations from the **Evaluation of the Lady Health Workers**, which were very important for improving the quality of their health service delivery and ensuring communities' access to maternal, child and neonatal health. It has also facilitated UNICEF's advocacy work to reform the programme. Other evaluations such as the **Evaluation of Pneumonia and Diarrhoea** (PDD) provided recommendations to address two of the most important leading causes of child mortality to be utilized by the government to improve both policy and implementation.[86]

UNICEF's partnership with WHO also contributed to the **integration of WASH and MNCH** into first-level health facilities. It supported the MoNHSRC in assessing WASH services in health facilities, leading to the development of a WASH strategy and an action plan for implementation. This has addressed the issue of infection prevention by integrating WASH and MNCH services and improving the quality of care for mothers and new-borns.

The **Polio eradication Initiative** has been a major activity in the preparation of the **National EPI Policy**. The Ministry of National Health Services, Regulations and Coordination has duly acknowledged the technical assistance of WHO and UNICEF along with other partners in preparing the National EPI Policy and strategic guidelines.[87] UNICEF has been involved with EPI/PEI to assist other teams with research on refusals for giving polio drops by parents/caregivers and to develop micro-plans for the campaign.[88]

As health is a provincial issue, **UNICEF has supported provincial governments in developing child survival strategies and legislative work, advocating for budget allocation for specific health activities**. It has tried to adapt a universal health package to the reality of each province. UNICEF is recognized by the government to be an important player in the provinces. As a federal Health official stated, *"With the support of UNICEF, the provincial government[s] are taking complete [responsibility]."*

As a part of the UHC process UNICEF started to advocate at the provincial level through the FO's to convince the provincial government of the importance of maternal health and child survival. With this upstream work, UNICEF contributed to developing and **implementing newborn survival strategies and costed action plans in the four provinces**. Balochistan included **new-born care in a PC1** project, in line with the approved provincial new-born strategy. As shown in the table below, all provinces have allocated funds from 2020[89]. Although in Balochistan and Sindh the numbers are higher, the table shows that the percentage of QoC is higher in Balochistan due to the special needs of the province. The table shows that. Balochistan needs more support to improve the quality of MNCH and overcome contextual challenges such as scarce resources and capacity.[90]

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[85]Pakistan RMNCAH Investment Case. Reproductive, Maternal, Newborn, Child, Adolescent Health. Ministry of National Health Services, Regulations and Coordination. Islamic Republic of Pakistan.
[86] Midterm Evaluation of Project for Accelerating Policy Change, Translation and Implementation for Pneumonia and Diarrhoea Commodities, 2016-2020. Contech Int.Dec. 2019.
[87]National EPI Policy and strategic guidelines. WHO, UNICEF, Expanded Programme on Immunization and MoNHSRC, 2015.
[88]Pakistan Polio Eradication Programme, 2020.
[89]RMCH Provincial Strategies
[90] Strategic Recommendation 31 (Balochistan). MTR 2020.

Table 17: Budget Allocation by Province and by MNCH, QoC and Nutrition Needs[91]

Province	Total Allocation	Nutrition (%)	MNCH (%)	QoC MNCH (%)
Balochistan	31,695,589,898	33.65	22.14	40.52
KP	32,686,114,889	43.65	39.40	12.97
Punjab	146,482,296,862	35.63	26.80	6.62
Sindh	117,564,021,358	47.22	23.66	21.4

UNICEF provided technical support for the **transition from HMIS to DHIS2 in Punjab and Sindh**. This allowed for the inclusion of additional maternal, newborn and child health indicators and monthly reports that facilitate planning and implementation processes. Consulted stakeholders confirm UNICEF's support in establishing the DHIS dashboard, which has facilitated the federal government's monitoring of various diseases using this data and planning accordingly. UNICEF promoted this initiative in other provinces and organized a learning visit on DHIS2 to Punjab. This has motivated other provinces (Balochistan and KP) to start the transition process.

Based on analysis of child indicators, **UNICEF's convergence programming in the Polio endemic focused on super high risk union councils (SHRUC)** throughout the programme cycle in KP, Sindh and Balochistan. This initiative integrates MNHCH, WASH, Nutrition, EPI services to ensure maternal health, neonatal and child survival. This convergence programming will directly impact child indicators and will result in the development of replicable models of integrated child development and child-centered evidence-based planning that can be scaled up in the future. While UNICEF and WHO have provided additional funding and technical assistance to achieve this convergence, a major challenge remains related to sustainability and government ownership. Additionally, other important upstream initiatives took place in the provinces:

- **In Sindh and Punjab:** UNICEF supported the improvement of Integrated Management of Maternal and New-born Care Initiative **(IMNCI)** guidelines. It also supported the agreement to transition from **HMIS to DHIS2**. It launched of **eLMIS** systems for logistics management, and development and rolled out a **costed urban immunization action plan**.

- **In Punjab:** UNICEF fully engaged and supported the Department of Health in the development and preparation of the Typhoid Conjugate Vaccine (TCV) Campaign through technical assistance, oversight support and a whole ACSM campaign. UNICEF also supported the establishment of a digital integrated Health Logistics Management Information System (HLMIS), deployed in HISDU of P&SHD for interfacing with existing information system (MIMS) for efficient inventory data management.

- **In KP:** UNICEF supported the roll out of both the **WASH information management system and the DHIS2,** including the integration of key nutrition indicators into HMIS. This provides regular data on WASH to address problems related with services.

Addressing the Needs of Children; Adolescents and Young People; and Marginalized Groups

- **Lady Health Workers and UHC/PHC for MNCH**

The key component of UNICEF's support to UHC should be to support provincial governments with implementing the recommendations from the Lady Health Worker (LHW) evaluation so that this 'frontline' Primary Health Care workforce can more effectively deliver the Universal Health Benefit package.[92] This is a fair approach to address maternal and new-born survival as a long-term solution. **LHWs act as a liaison between the community and the formal health system** while the LHW Programme (LHWP)

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[91] Data source: Provincial RMNCAH&N strategy documents.
[92] Final Report of the Internal Mid-Term Review of the Country Programme 2018-2022. Government of the Islamic Republic of Pakistan and UNICEF Pakistan. August 2020.

plays a key role in strengthening the PHC system and contributes to the achievement of universal health care. **Where the LHWP is operating, it does generally address the needs of marginalized and vulnerable women and children**. **However, the extent to which it does is compromised across all regions** by: (i) the lack of an explicit focus on geographical areas and socio-economic groups with the greatest need; (ii) an increasing focus on immunization relative to other health, health education, and nutrition needs; and (iii) management and resourcing problems.[93] In addition, the evaluation of the LHW program and many informal reports have revealed several areas of **weakness in their knowledge and skills** specially around standard best practices for maternal, newborn and child survival. Overall, for Pakistan, for the bottom two quintiles, **54% of women are visited by LHWs**. Primary care services are critically dependent upon the LHWs and to some extent on the recently developed community midwives' cadre. The Pakistan RMNCAH Investment Case states that around **30% to 50% of the rural population especially in the poorest and most remote areas, are not covered by LHWs**. In Balochistan, for instance, only 13% of women living in the bottom two quintiles are visited by an LHW. This is followed by KPK (33%) and AJK (40%). The regions where the bottom two quintiles have the most access to LHWs are GB (72%), followed by Sindh (68%) and Punjab (64%). There is a linear, positive correlation between the percentage of women visited by a LHW in the bottom two quintiles and the outcome indicators for MNCH and nutrition.[94]

The evaluation of the LHW program supported by UNICEF and a number of informal reports post-devolution has identified several areas of weaknesses and opportunities for further enhancement of their knowledge and skills specially around standard best practices for MNCH[95]. Currently UNICEF is providing technical and financial support and conducting consultations at the federal, provincial and district level for the **development of a strategic plan for LHWs**. As a health stakeholder stated, "*They aim to develop consensus on strategic priorities and costing, for the provision of 'community based essential health services package through Lady Health Workers.'*" An inter-ministerial agreement has been put in place to execute the reform of the Lady Health Worker programme, the backbone of primary healthcare acceleration in Pakistan.

- **Urban Slums**

UNICEF in its current Country Programme focuses on the delivery of integrated services to **marginalized communities and low-income urban areas for immunization and neonatal survival**.[96]The Evaluation of UNICEF's Work on Children in Urban Settings was conducted in 2021 and demonstrated that there are **gaps in addressing provision of health and nutritional services in marginalized communities**, especially **for adolescent girls**. The evaluation also mentions a lack of strategic partnerships to address the needs of the population, including the involvement of private practitioners for addressing the needs of poor in urban areas.[97]

UNICEF supported efforts to **profile eight megacities**, which are home to 53% of Pakistan's population. The profiles – which identified 4,287 slums and 667 high-risk areas – generated evidence to inform integrated health and immunization service delivery strategies, with a focus on missed and under-served children.[98] As an example, the data generated by the profile was incorporated into the national measles campaign micro-plans, improving targeting and enhancing coverage.

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[93]Lady Health Worker Programme, Pakistan Performance Evaluation Report. Oxford Policy Management, UNICEF, MoNHSRC. September 2019.

[94] PDHS 2017-18.

[95]National Vision for RMNCAH 2016-25.

[96]Health Programme Strategy Note: Neonatal and Child Survival. UNICEF, April 2017.

[97]Evaluation of UNICEF Work on Children in urban settings. Fabio Sabatini, Feb. 2021.

[98]Report of the Profiles of Slums/Underserved Areas from 8 Largest Cities of Pakistan. Civil Society Human and Institutional Development Programme (CHIP), UNICEF, GAVI. July 2020.

Recognizing that an increasing proportion of Pakistani children live in cities, particularly in slums, UNICEF's CP **added a strong focus on urban WASH programming.** [99] UNICEF's integrative programming in the Polio epidemic – focused on super high risk union councils (SHRUC) – Is reaching children in urban slums in Karachi (Sindh), Quetta (Balochistan) and Peshawar (KP). In Karachi, a total population of about 1.7 million was reached (5 populations of ~300,000). Other initiatives were undertaken such as in Punjab, where UNICEF supported the **Urban Immunization Strengthening Initiative** through the provision of a senior technical consultant to improve coverage in urban slums and deprived areas. All these efforts resulted in the continued delivery of immunization services throughout and the penta-3 dropout rate remained 6% only.[100]

Despite UNICEF's efforts in some provinces to improve child survival in urban slums, **the scope appears limited** and UNICEF recognizes that much more needs to be done. In addition, full integration with other sectors is not observed, except in Sindh, where the private health sector is involved to some extent to reach the urban slums population.[101]

Gender Equality and the Inclusion of Women and Girls

The CP makes particular reference to adolescent births, and the need of the programme to incorporate targeted interventions by supporting the implementation of the 'universal quality of care model' around the time of birth. Therefore, the progra**mme aims to support the provincial government to adopt and implement the 'quality of care' model and apply the relevant stipulations for the benefit of adolescent mothers**.[102]

The landscape of gender challenges is complex in a different way in each province, with one strong commonality: **vulnerabilities are higher for adolescent girls than boys**. Balochistan has the widest gender gaps and the highest levels of multi-dimensional poverty amongst provinces. Adolescent girls have lower access than male household members to media (including social media) which provides information about upcoming immunization sessions. For instance, immunization coverage in Punjab province is 80%, as compared to 29% in Balochistan. However, when it comes to gender, **robust gender analysis is missing** along with accurate and reliable sex disaggregated data of the 1.5 million under-immunized Pakistani children.[103]

The Gender Review recommended that there was a need to **distil multiple gender dimensions to accessing quality health care and many other output level indicators.** It emphasized that, "These should be captured in the next CPD and Health PSN, and in programme design in the remaining term of the current CPD." It also recommended that **further emphasis should be placed on adolescent health and nutrition, implementing adolescent-responsive services** with a focus on girls.[104] In this regard, UNICEF supported the Adolescent Strategy which considers that after the first 1,000 Days, adolescence offers the second window of opportunity to break the vicious cycle of intergenerational malnutrition, chronic disease and poverty.[105]

UNICEF's Gender Action Plan 2018 to 2021 states that most community health workers (CHWs) are women- who are often relatively **low-skilled, voluntary or temporary workers, underpaid, overworked and underrepresented** in supervisory and decision-making roles. This then **undermines the ability of the community health system to deliver quality services to children and families** and perpetuates gender-based power imbalances and professional disadvantages within the health system [106]. The

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[99]COAR 2018.

[100]UNICEF Lahore FO End-of-Year Report 2020.
[101] Karachi SHRUC Action Plan 2020.
[102]UCP Strat Note. 2018-22.
[103] UNICEF COAR 2018.
[104] UNICEF Gender Review 2020
[105] Pakistan Adolescent Strategy and Operational Plan. MNHSR&C, UNICEF, WHO.
[106]Country Programme Document 2018-2022.

situation analysis also acknowledges that a lack of female vaccinators can be a barrier in more traditional communities.[107]

Stakeholders confirm that it is difficult **to get women vaccinators in some of the provinces.** In Balochistan, it is appropriate only for older women, not younger, to work as community-based vaccinators (CBVs). If the hiring of older women is difficult, then it is acceptable to hire married women or widows. In Quetta city 'women with white hair' are acceptable in these roles. In Karachi (Sindh) it is easier. Nearly 99% of the 14,000 harees for polio are women, including some unmarried women. In the Newly Merged Districts (NMDs), of Khyber Pakhtunkwa (KP), it is hard to recruit women at all. They are simply not allowed to work and if they do, they need to be accompanied by a male.

"The reason new-born mortality has not reduced to the desired level for decades is that women are not given the honor. They are not taken care properly regarding their diet, desires and needs. The women are not empowered and not being treated as human being. When they become pregnant, they are not given due care"
-External/federal Stakeholder Health Pakistan-

To address the gap of human resources, like LHWs, female vaccinators and social mobilizers UNICEF staff highlighted the **need to continue monitoring the situation, while at the same time advocating with the government for recruitment of additional staff, particularly female staff**. It is also important to **provide logistics and equipment** to those health workers and building strong working relationships with community leaders and social mobilizers. The report 'Profiles of Slums/Underserved Areas' also highlighted the importance of conducting realistic micro planning of vaccinators, Community-Based Volunteers (CBVs) and LHWs so that adequate demand for health and EPI facilities can be generated. The holistic profiles of slums/underserved areas call for such a well-integrated delivery model so that the prevalent issues can be suitably addressed.[108]

Quality of Care
WASH in Health Care Facilities was a measure for infection prevention and improving QOC. UNICEF and Aga Khan University developed an investment plan in 40 SHRUCs to address multiple deprivations and to disrupt active poliovirus circulation. Of these, 8 SHRUs were in Karachi. These areas were selected on the basis of highest numbers of zero-dose children and low OPV-0 coverage. Nutrition, WASH, EPI, MNCH, and Polio Eradication Initiative (PEI) were jointly involved, and all donor funding sources aligned with Sindh PC-1 for EPI. Due to the multi-ethnicity of these localities, Karachi is considered to be a persistent source of Polio transmission. While there were 6 WPV1 in 2019, reportedly there was no case in 2020.[109] UNICEF technical assistance was aligned with new-born strategies in all provinces, focusing on the quality of perinatal care. With the support of UNICEF, **40,000 sick new-borns received lifesaving medical care** and 1,150 preterm babies were managed in **17 Kangaroo Mother Care (KMC) centres.** Point of Care Quality Improvement started to rollout in health facilities of 10 districts.

A partnership with Pakistan Medical Association (PMA), Public Health Association (PHA) and Pakistan Paediatric Association (PPA) contributed to maintaining essential services and improved healthcare quality for mothers and newborns during COVID-19. The programme trained several pediatricians and gynecologists and developed specialized protocols to address the problem of newborn mortality. However, a study conducted by The Aga Khan University[110] to prevent stillbirths recommends not only to train these professionals but to **establish a collaboration with the Pediatric and Obs/Gynae department at the facility level.** The Central official Pakistan Pediatric Association also states that the professional organizations, PPA, PMA must play an important role for maternal and neonatal survival. For good neonatal outcomes, **there should be integration particularly between the pediatrician and the obstetrician.** Although this integration is foreseen in an official protocol, most of the time they work

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[107] Sitan 2017

[108] Report of Profiles of Slums/Underserved Areas of 8 Largest Cities of Pakistan. July 2020.

[109] Karachi SHRU Action Plan. Polio Eradication Initiative, December 2019.

[110] A Situational Analysis on Still Births, Small and Sick Newborn Care Key Findings from Pakistan. The Aga Khan University 2019.

separately. UNICEF recognizes that the current health model of pregnancy, birth delivery and post-natal care puts all or most responsibilities on women. As stated in different documents as the MTR and the Gender Review, th**e model needs to expand to encourage responsibilities and engagement from fathers.[111]** With this alignment, good neonatal outcomes can be achieved.[112]

For improving the Quality of Care for the newborn, UNICEF in support of the MoNHSR&C, reviewed all **Newborn Training Curricula** available [113] within the country. Final recommendations were given to incorporate best practices and lessons learnt shared regarding the nine key thematic areas of newborn health care. Key recommendations regarding these trainings were given by province/areas as per their contextual needs.

These efforts on Quality of Care have limitations due to the **frequent turnover of staff** and non-technical heads within the health sector. A bottleneck analysis conducted by UNICEF in Sindh showed some of the constraints of the health programme related to frequent transfers, constant movement of District Health Officers (DHOs) and senior management officers. These constraints create problems in the implementation of health programmes in different districts. For instance, in Sindh, among 29 districts, there was only one DHO who stayed at his position for more than two years, an average stay of DHO was seven months. Similarly in Punjab, secretaries change very frequently particularly in health. During the current country program UNICEF FO Lahore has seen four secretaries of health.

Service Delivery
While the health programme is moving from service delivery to programme development, UNICEF continues to provide support to the health infrastructure through **direct support to logistical systems**. UNICEF has supported the government in establishing and maintaining the cold chain for the proper distribution and supply of vaccines. Some stakeholders feel that UNICEF has responded effectively in supplying and equipping the cold chain, and has provided a rapid and relevant response according to the needs of the country.

UNICEF support to **increase skilled birth attendance, postnatal care, routine immunization, and treatment for acute respiratory infections** contributed to reduction in new-born mortality from 54 per 1,000 live births in 2012–2013[114] to 42 per 1000 live births in 2017–2018.[115] This reduction in neonatal mortality rate has been a real breakthrough after over a decade. Estimates from 2015 indicate that the maternal mortality rate is 178 deaths per 100,000 live births[116]. Improvements in the status of maternal and neonatal health are reflective of improved access, providers' availability and competency, and stronger infrastructure, systems and policies in place.[117]

Continued support from UNICEF for targeting poor and underserved communities, including urban slums, improved quality of new-born care has resulted in **all outcomes of the CP showing positive trends**. The only setback was seen in polio eradication. In 2019 there were 128 cases compared to 12 in 2018 resulting from interruptions in polio activity. Amidst the COVID-19 pandemic, UNICEF supported, and contributed to successfully managing the polio outbreak of 2019, thus limiting cases to 83 and bringing the programme back on track towards eradication.[118]

C4D

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[111] MTR 2020 and Gender Review 2020
[112] Central official Pakistan Paediatric Association
[113] Final Report - To Review the Newborn Training Material in Use in Pakistan. MoNHSR&C, UNICEF.
[114] PDHS 2012-13
[115] PDHS 2017-18
[116] UNICEF. 2015. United Nations Maternal Mortality Estimation Inter-agency Group (WHO, UNICEF, UNFPA, United Nations Population Division and the World Bank)
[117] Sustainable Development Goals. Pakistan Report 2019.
[118] RAM 2019.

UNICEF supported the government with the establishment of an online **Knowledge Hub** to facilitate easy reference to health policies and programme document.[119] The online hub by MoNHSR&C has a Maternal, New-born, Child and Adolescent Health section.[120] Module 3 gives guidance for developing **C4D strategies** for the MNCH program.[121]

Most UNICEF social mobilization for health relates to immunization, polio campaigns and COVID-19 response with little attention given to MNCH and nutrition.[122] Communities have been engaged largely during campaigns such as Measles, PCV, MNTe and Typhoid and during Mother and Child Health Weeks. Micro-planning is done at the Union Council level during polio campaigns, where communities are engaged at the planning stage. The same is being advocated for the broader immunization program. **Social media platforms** such as WhatsApp and Facebook are being used as CE tools to reach the population, particularly in urban areas. A **chat box** on Facebook Messenger through '**RapidPro'** software is being actively used by the public as an automated helpline and additional queries on immunization are answered within 24 hours. Some of the downstream social mobilization activities successfully carried out by UNICEF are:

- Pakistan polio programme conducted 20 campaigns during 2019, targeting nearly 39 million children during national immunization days.
- Social mobilization, community engagement and crisis communication contributed to reducing immunization drop-out rates between Penta-1 and Penta-3 from 8% (2018) to 7% (2019). During the **typhoid conjugate vaccine campaign**, negative perceptions were reduced from 14% to 5% through crisis communication, contributing to reaching 99% of targeted children.
- UNICEF provided technical support to EPI to carry out a digital media campaign '**#Vaccines Work'** to re-engage the public in completing the vaccination schedule of children under two years of age during the COVID-19 emergency.

Government ownership is important when developing C4D strategies and communication products. **C4D in health is seen by different stakeholders as an area for improvement**. Some stakeholder state that C4D is not a priority and communication is not a regular phenomenon of the health department at any level, starting from the federal at the provincial level. **A lack of C4D capacity within government to ensure sustainability is identified**. The evaluation of the LHW programme also pointed out the limitations of such C4D activity, as LHWs, the most favoured and available platform for engaging communities, especially women, have issues of coverage, funding and inadequate training[123]. The Gender Review also states that access to information is one of the areas that needs further investments. It emphasizes that outreach to men at the community level can be strengthened further encouraging their involvement in all aspects of MNCH[124].

[Alignment with National Priorities and Complimentarity with Government and Other Actors]
UNICEF health work is aligned with the **National IRMNCAH&N Strategy** [125] which was developed in line with the National Health Vision 2016-2025. The Government of Pakistan remains committed to supporting the efforts being undertaken to accelerate improvement in new-born, child and maternal survival,

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[119]RAM 2019.
[120]https://phkh.nhsrc.pk/category/maternal-and-child-health?sort_by=weight&sort_order=ASC&page=1
[121]http://phkh.nhsrc.pk/sites/default/files/2019-06/Five%20Step%20C4D%20Strategic%20Planning%20Process%20for%20MNCH%20Promotion%20Programs.pdf
[122]C4D and Covid response is analysed in the Cross-cutting analysis- Covid -19 response
[123] Lady Health Worker Programme, Pakistan Performance Evaluation Report. Oxford Policy Management, UNICEF, MoNHSRC. September 2019.
[124] Gender Review 2020
[125] National IRMNCAH&N Strategy 2016-2020. Ministry of National Health Services, Coordination and Regulation. Government of Islamic Republic of Pakistan.

specially focusing on reducing morbidity and mortality linked to common preventable causes. The objectives of the National Health Vision 2016-2025 are also in line with Sustainable **Development Goal 3 and conforms to its indicators 3.2.1, 3.2.2, 3.7.1 and 3.7.2**. All the provincial/regions following up on the federal government have the same MNCAH policies and strategies.

The national vision requires a comprehensive approach that takes into account the structural and social determinants of health, addresses inequity in access to health care and promotes accountability. The national strategy[126], while consolidating individual provincial and regional action plans, ensures conformity with the national vision. Health is affected by political, social, economic, developmental, environmental and other factors. **Gender inequality has a significant potential to aggravate the health status of individuals and communities**. The IRMNCAH&N strategy foresees the adoption of a multi-sectoral approach to address the challenging issue of the social determinants of health.

9.5 Nutrition

Evaluation Findings by Criteria	Evaluation Questions
Relevance	
• **Finding N1:** UNICEF's technical support for the MoNHSRC was relevant to including **nutrition in the Universal Health Care benefit package of Pakistan** including the identification and treatment of severe wasting, promotion of breastfeeding, complementary feeding, vitamin A, iron, and folic acid supplementation. These factors contributed to the increasing and **long-term provision of essential nutrition services in primary care** and at the community level**.** • **Finding N2:** UNICEF provided **evidence** for the federal and provincial governments to develop policies and strategies to address the important issue of nutrition through its technical support, research activities, surveys and publications. A positive result, with UNICEF's technical support and advocacy, **was the increase of funding allocations for nutrition services and the mainstreaming nutrition interventions into the routine health service package**, as part of the Universal Health Care package.	It answers evaluation question 1
• **Finding N3:** UNICEF aimed to reach out to marginalized communities living in remote rural settings. **However, reaching those most vulnerable to malnutrition in remote districts and urban slums is still a challenge** in terms of integration among sectors to address malnutrition. UNICEF has piloted a **convergence programme** in remote settings which integrates MNHCH, WASH, Nutrition, EPI services, through the initiative of **Polio endemic – focused on super high risk union councils (SHRUC),** in different provinces. However, sectoral integration to address health and nutrition services needs to be further improved in poor urban slums of mega cities.	It answers evaluation question 2
Coherence	

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[126] National IRMNCAH&N Strategy 2016-2020. Ministry of National Health Services, Coordination and Regulation. Government of Islamic Republic of Pakistan.

Evaluation Findings by Criteria	Evaluation Questions
• **Finding N4:** UNICEF support for the Universal Health Coverage investment has been instrumental in developing the **National RMNCAH&N** strategy in line with Pakistan Vision 2025. All the provinces/regions adapted the strategy and have started to implement it according to their contextual needs. UNICEF complemented the role of the government in developing and **disseminating the Pakistan adolescent nutrition strategy,** which benefits 47 million adolescent girls and boys, as well as initiating the development of **maternal nutrition and dietary diversification programmes.**	It answers evaluation question 6 and 7
Effectiveness	
• **Finding N5:** Nutrition outputs **were successfully achieved,** contributing to positive outcomes, especially a significant reduction in stunting. Of the three outcome indicators, exclusive breastfeeding increased to 48.4% and a significant reduction of stunting to 40.2% was reported. Wasting further decreased to 17.7%[127] . Despite these positive trends, **targets could not be achieved under all three outcome indicators.** • **Finding N6:** UNICEF supported all provinces and regions in developing their respective **RMNCAH&N strategies**. It also supported the revision of the **national framework for stunting reduction** and provincial action plans, the development of the **IYCF strategy** to improve breastfeeding and complementary feeding, and support for legislative work for **Breast Milk Substitutes Marketing.** • **Finding N6:** In Punjab, UNICEF supported outpatient therapeutic programmes (OTP) and Stabilization Centers (SC) in the health facilities and the training of staff. However, such initiatives **are needed in other provinces and areas to train staff at primary health care centers to adequately detect child malnutrition**. • **Finding N7:** Given the increase of formula feeds, UNICEF supported the promotion of breast feeding and the development of the **IYCF strategy**, revitalizing the **Baby Friendly Hospital Initiative** and by training people in health facilities on the promotion of breast feeding. It also **helped to develop the parenting packages incorporating IYCF and hygiene information** into holistic counselling for caregivers. • **Finding N8:** Considering the high price of some supplements such as RUTF, **UNICEF has initiated actions to cooperate with producers in 2020** to investigate the development of high-quality RUTF using locally farmed chickpeas rather than imported peanuts.[128] • **Finding N9:** Major factors that affected implementation are related to the **COVID-19 Pandemic and 18th amendment.** However, UNICEF successfully managed to work with and support federal and provincial governments to continue implementation of nutrition interventions. • **Finding N10:** UNICEF's advocacy and technical support, including for the nutrition dashboard and policy brief developed with Ehsaas Programme, was also relevant to influencing **the Pakistan National Nutrition Coordination Council to commit to a costed Multisectoral National Nutrition Action Plan and scaling up nutrition-specific interventions** to reach 11 million children and 5 million women in 67 high-burden districts.	It answers the evaluation question 9, 10, 11 and 12.

Influencing Legislation, Policies and Strengthening Systems

UNICEF **supported the government and other partners with evidence-based and gender responsive data in advocacy and technical assistance** to provide adequate nutrition services to

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[127] NNS 2018.

[128] COAR-2019

children at risk of malnutrition. Advocacy for policy development led to the creation of the National Nutrition Coordination Council chaired by the Prime Minister of Pakistan. Support was given for revision of the national framework for stunting reduction and provincial action plans at the federal and provincial level. A positive result, with UNICEF's technical support and advocacy, **was increased funding allocations for nutrition services and mainstreaming nutrition interventions into the routine health service package**, as part of the Universal Health Care package[129]. Thus, integration with health and the involvement of LHWs will help promote and counsel mothers on infant and young child feeding (IYCF) practices[130]. A senior federal government official remarked *"This is a positive result backed by UNICEF that the federal government has decided to support nutrition as a project during next five years".*

UNICEF technical support for various research activities, surveys and publications brought up evidence for the federal and provincial governments to develop their policies and strategies to address the important issue of nutrition. Findings of the **National Nutrition Survey** were key for the decision to initiate the development investment in nutrition. The nationwide survey, among other nutrition indicators, provided stunting and wasting status by district so that the government could target its services and resources where they were the most needed. The **Pakistan Infant and Young Child Feeding Strategy[131]** also brought some improvements in infant and young child feeding practices and has had a positive effect on reducing stunting in Pakistan. As part of the National Complementary Feeding Assessment, qualitative formative research on **Complimentary Feeding Practices in Pakistan[132]** was carried out with UNICEF support to explore mothers' perceptions, enablers and barriers to breastfeeding and complementary feeding. Based on its findings, targeted integrated messages will help improve breast feeding and complimentary feeding practices.

UNICEF has contributed to government and other sectors' understanding that the **causes of malnutrition are multi-sectoral, for instance** stunting is not only caused by lack of food, but lack of sanitation or lack of hygiene. It has provided key information through nutrition-sensitive and nutrition-specific indicators, leading to the establishment of **Nutrition Units and Scaling Up Nutrition (SUN) coordination groups** in all provinces. The SUN units played a k**ey role in orientation and building capacity of planners and decision-makers on multi-sectoral nutrition-specific and sensitive programming.** Pakistan plays a prominent role both globally and nationally in **the Scaling Up Nutrition (SUN) Movement**, which advocates to and holds governments accountable for combating chronic malnutrition through a multi-sectoral approach. In each province, SUN Units have been established at the Planning and Development Departments (P&DD) with technical, human and secretariat support from partners to support the SUN mission.[133] **Functional SUN Units in the federal Planning Commission**, and provincial/regions P&DDs, with UNICEF support, remained the main **driving force for multisector coordination and advocacy** for nutrition investment. UNICEF provided technical support for the operation of SUN Units in Punjab, KP, PAK and GB.

In Punjab and KP, the advocacy and technical support of UNICEF to establish provincial SUN Units, resulted in public finance tracking and allocations for nutrition. This support **resulted in the allocation of US$3 million in Punjab and US$8.4 million in KP**. Balochistan reported a lack of a SUN financial account, absence of staff or any financial assistance from UNICEF or other UN agencies, so the SUN Unit was not operationalized.[134] In Balochistan and GB, some stakeholders, pointed out that **there is still a coordination challenge because of the lack of involvement of different sectors** like WASH, agriculture and fisheries. Stakeholders perceive **a lack of interest in the provincial government on the issues of nutrition** and this is evident in the lack of funding and technical capacities.

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[129] MTR 2020.
[130] National IRMNCAH&N Implementation Strategy & Action plan 2016-2020.
[131] Pakistan Infant and Young Child Feeding Strategy, 2016-2020. MNHSR&C, UNICEF, Dec. 2015.
[132] Formative Qualitative Research on Complementary Feeding Practices in Pakistan. MNHSR&C, UKAiD, UNICEF. August 2018.
[133] CPD Strat Note Nutrition.
[134] However, the chief of P&D is notified as SUN director, with no staff

Based on the UHC investment case, the **National RMNCAH&N strategy 2016-20** was developed in accordance with the National vision 2025. All provinces/regions participated in the process and developed their respective RMNCAH&N strategies in line with the federal document. The strategy particularly emphasizes the need for investing in nutrition especially for adolescent girls, mothers and children[2]. UNICEF has been supporting the provinces in their nutrition strategies[135] which have started recently to be implemented with costed plans.

The MoNHSR&C, UNICEF and other relevant stakeholders recognized the need for improving **breastfeeding and complementary feeding practices in Pakistan,** and initiated the development of the **Pakistan IYCF Strategy 2006**. The strategy was consistent with the Global Strategy for Infant and Young Child Feeding[136] and it provided a framework of action to protect, promote and support optimal infant and young child feeding practices across the country. The National IYCF Practices Strategy[137] and related guidelines have been formulated and are bolstered by the formation of a National IYCF Technical Advisory Group with representation from all provinces and administrative areas [138]. **Punjab** and **Balochistan** have adopted the national strategy and a province-specific breastfeeding promotion, and action plan has been developed. **KP** adopted the National IYCF strategy and the KP Infant and Young Child Nutrition/ Breastfeeding law (2015) was amended. The revision was initiated in 2020, after completion of provincial consultations will be submitted for cabinet approval in 2021. The **Sindh** IYCF strategy is being finalized.

The Thirty-third World Health Assembly, in May 1980, endorsed in their entirety the statement and recommendations agreed by the joint WHO/UNICEF consensus. It made a particular mention of the recommendation that "There should be an international code of marketing of infant formula and other products used as breast-milk substitutes,"[139] and that it should be in, "close consultation with member states and with all other parties concerned."The federal and all four **provincial governments have revised ACT** so that it can be tabled by provincial and National Assemblies. Both regions (AJK & GB) have their drafts available for final review. **UNICEF was instrumental in ensuring that the legislation on breast-milk substitutes and its recommendations, developed at the federal level with its support, was also adopted in the province.**[140] Some stakeholders pointed out that while the legislation is in place, implementation of the code is questionable and breast milk substitute manufacturers have found loopholes to push their products. As the PPA officer said, "*The 1000-day approach is a golden concept, however [it] was stolen by the milk/formula companies. They started promoting their formula feeds and [the] concept was misused. PPA intervened and asked its members not to participate in any such activity sponsored by the pharma company. So, in practice, this 1000-day scale concept is not particularly utilized in a positive way, as far as I know.*"

While the MTR considers the provincial update of the Punjab and Sindh Breastmilk Substitute Act (in NETCODE, and development of ECD policies and NETCODE) an achievement, ensuring strict compliance with the code is seen as a challenge. The MTR expressed concern that monitoring of the code is being overused through a third party as substitute for staff monitoring, and also expresses doubts about the technical capacity of UNICEF staff. On the other hand, it is very likely to be cost effective compared to cost of staff time.[141] To overcome the issue of monitoring, UNICEF and WHO jointly conducted training on revised Breast milk Substitute (BMS) NETCODE for 35 participants from all over the country, including Food Authorities and District Health Officers. In provinces, a total of 3,563 health practitioners (Punjab: 2,491; KP: 447; Sindh**:** 625) were trained on the Breast milk Substitutes (BMS) code to promote breastfeeding in health facilities.

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[135] Check Results by province in Table XXX
[136] UNICEF, WHO, 2002.
[137] Pakistan Infant and Young Child Feeding Strategy, 2016- 2020.
[138] National Nutrition Survey 2018.
[139] WHO International Code of Marketing of Breast Milk Substitutes.

[141] MTR 2020.

UNICEF reinitiated the Baby Friendly Hospital Initiative along with regulation of breast milk substitutes, which is a major strategy to support breastfeeding promotion. [142] UNICEF supported MNHSR&C to revitalize the Baby Friendly Hospital Initiative (BFHI) in Pakistan with 25 master trainers trained on revised guidelines, equipping provinces with know-how to scale up BFHI in all districts.

UNICEF and the Early Childhood Development (ECD) Alliance **developed parenting packages incorporating IYCF and hygiene information** into holistic counselling for caregivers that was delivered in multiple platforms throughout the country. **UNICEF- supported mixed media messaging on infant and young child feeding (IYCF) practices** may have reached 75 million caregivers. **The parenting package is a stellar success produced by multiple sections in UNICEF working together**. It represents an integration of lessons and advice on good health, adequate nutrition, early stimulation, WASH, child and social protection, and early learning opportunities all from a communication for development (C4D) and life cycle approach. With this initiative Training of Trainers (**TOT) was conducted across Pakistan, and frontline workers, including polio workers. ECD messages were also disseminated** to families, parents/caregivers, youth representatives, community leaders. Parenting package is proposed to be an integral part of facility-based service delivery as well as community-based interventions. However, large scale implementation requires allocation of more resources within governmental budgets. UNICEF prepares to move forward the ECD parenting package provincial policy frameworks and related developments. The Programme is working with the SUN coordination unit to develop a PC-4 budget for the ECD-parenting package.[143]

Addressing the Needs of Children, Adolescents and Young People, and Marginalized Groups
The TOC prioritizes integrated pathways in support of stunting and wasting particularly in collaboration with WASH to address the nutritional needs of mothers, boys and girls, and adolescents. UNICEF proposed to reach out to marginalized communities living in remote rural settings, of which Polio Tier 1 districts were also their target. In the cities, however, they planned to target the urban slums of major cities in Pakistan. An estimated 12 million people are living in these slums in 10 megacities of Pakistan with no civic amenities and poor WASH conditions. **However, except for a particular province, where a few such localities could be reached most of the slums remain un-addressed, and access to women, adolescent girls and newborns could not be achieved in significant numbers**. Women, adolescent girls, and newborns are at risk of being from the lowest Socioeconomic Status (SES) with no WASH facilities are prone to repeated infections and high rates of morbidity and mortality living in slum areas. Functional integration with WASH is highly essential to contain stunting and wasting and to prevent mothers and adolescent girls from malnutrition in marginalized communities.

The integrated health, nutrition, WASH and birth registration service delivery package for 40 SHRUCs included an integrated referral system to identify and link zero-dose children with immunization and other healthcare services. In seven union councils, where the distribution of 13,000 referral slips was piloted during polio campaigns, about a third of those referred had used facility-based services, and half of the identified zero-dose children were vaccinated. Of total **children only 15% children were vaccinated**. It **appears that for a pilot this is too small a proportion and it would be a challenge for the programme to reach marginalized communities under normal circumstances**.

In UNICEF targeted districts of Sindh and Balochistan, LHW and Community Nutrition Workers were responsible to reach the most vulnerable boys and girls, pregnant and breastfeeding women from the marginalized communities and register them for nutrition intervention.

"We are able to reach out to the disadvantaged and poor people in far-flung districts of Balochistan, such as Dera Bugti, Chagi, and Khulu, thanks to UNICEF's effective assistance"

- External Stakeholder- Provinces

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[142] Pakistan Multi-Sectoral Nutrition Strategy 2018-2025. MNHSR&C, Pakistan Vision, SUN, WFP.
[143] MTR 2020.

In the far-flung area of different provinces or in urban slums, UNICEF also supported nutrition programme using a variety of means such as outreach clinics, satellites (Mobile team), Through nutrition week, child health week activities, and even through the polio campaign, but all these arrangements are temporary, there is no uniform strategy available. In Punjab, with the support of UNICEF, outpatient therapeutic programmes (OTP) and Stabilization Centers (SC) were established in the health facilities, and the Medical Officer and Lady Health Visitor, who are stationed at BHU/RHC were trained on nutrition interventions. Considering these initiatives, some stakeholders mentioned that staff at health facilities should use these opportunities that women, adolescent girls and children are screened at the BHU/RHC.

The Ministry of Poverty Alleviation (EHSAAS) developed a strategy, with UNICEF technical support, for **the government's social protection scheme's nutrition component to make it nutrition-sensitive**, targeting the nutrition needs of children and mothers in 5.7 million poor households enrolled in the Benazir Income Support Programme (BISP).

UNICEF supported the MoNHSRC in developing and **disseminating the Pakistan adolescent nutrition strategy,** which benefits 47 million adolescent girls and boys, as well as initiating the development of **maternal nutrition and dietary diversification programmes[144]**. Adolescents had a lot of micro nutrition deficiencies and malnutrition so when becoming mothers this had an impact on children. Ehsaas and the Benazir Income Support Programme are two social protection systems that can identify and reach the most marginalized adolescents with cash transfers, food vouchers, and other types of assistance.[145] UNICEF's advocacy and technical support, including for the nutrition dashboard and policy brief developed with the Ehsaas Programme, influenced the Pakistan National Nutrition Coordination Council to commit to a costed Multisectoral National Nutrition Action Plan and scale up nutrition-specific interventions to reach 11 million children and 5 million women in 67 high-burden districts.[146]

Provision of Services, Procurement and Distribution of Supplies
UNICEF provided capsules of Vitamin A to children twice a year through polio national immunization days. The COVID-19 pandemic restricted vitamin A supplementation to a single distribution rather than two.

To support the procurement of essential nutrition supplies, UNICEF extended to the Government of Pakistan its procurement services and processed US$5.5 million for the procurement of RUTF and multiple micronutrient powder. Nutrition supplies are expensive and imported from outside the country, and there are no local recipes accessible. However, **UNICEF plans to cooperate with producers in 2020 to investigate the development of high-quality RUTF using locally farmed chickpeas rather than imported peanuts**[147]. UNICEF has identified a local manufacturer of RUTF. Since mid-2021 100% program supplies are being delivered from the local supplier. By 2022 UNICEF plans to review bottlenecks to see if it is possible to do the same for PS PO's. In addition, one of the key activities of UNICEF's country nutrition programme was to push for the inclusion of full sets of vitamins and minerals, as well as RUTF, in the country's essential medicine list. However, because the government does not consider RUTF to be a medicine and instead views it as food, it is not currently included in Pakistan's national essential medicine list. The UNICEF provincial offices are still lobbying for RUTF to be added to the province's essential drug list

During the year 2018-2020, UNICEF supported governments and non-governmental organizations in establishing **outpatient treatment programme (OTP)** sites for treatment of severe acute malnutrition (SAM) in public sector health facilities, resulting in an increase in the number of OTP sites from 1,962 to 3,342. UNICEF also provided technical assistance and the delivery of RUTF resulted in the treatment of 244,565 children (136,701 girls and 107,864 boys) for SAM at 3,342 OTP sites. Of these, 54,745 children (28,467 girls, 26,278 boys) were treated with UNICEF direct support in 2020. With UNICEF support to the

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[144] RAM 2020
[145] Pakistan Adolescent Nutrition Strategy
[146] End Year Summary narrative 2020
[147] COAR-2019

government, 1,012,992 children and 459,517 mothers received multiple micronutrient supplementations through the health system to prevent these vulnerable groups from micronutrient deficiencies.

Management of Nutrition Information and C4D

The Nutrition Management Information System (NMIS) was developed by UNICEF. In 2018, three provinces, KP, Sindh, and Balochistan, opted to use this system for internal data entry and information sharing. **This system is not owned by the government**. UNICEF, on the other hand, partnered with the University of Oslo to help the transition to DHIS2 from the existing HMIS system in Sindh and Punjab in 2019. The new DHIS-2 includes a chapter on nutrition. Based on UNICEF's international partnership with University of Oslo and with their experience in similar initiatives in other countries, this support can further be strengthened through technology transfer, capacity building of provincial and district health managers, define and operate DHIS-2 certification program and design and approve a master DHIS-2 rollout plan for other provinces and regions[148]. **The implementation at the district level is underway, and training is ongoing, but the province has yet to produce a complete report. None of the external stakeholders consulted were aware of the nutrition indicator's presence in DHIS-2.**

UNICEF co-led, with Government, the Nutrition Cluster at federal and provincial levels and ensured coordinated action, harmonized messaging, technical leadership for the development of guidelines, SOPs, community engagement messages, communication tools, and robust reporting and information sharing for Communication for Development. In this line, **UNICEF strengthened Communication for Development (C4D) capacities in Punjab's and Sindh's Planning Departments. Technical support for multisectoral gender-responsive communication strategies and action plans enhanced government capacity to design and implement gender-sensitive, nutrition-focused C4D initiatives.** However, nutrition programme needs to continue to leverage the health workforce for nutrition screening and for educating caregivers on good nutrition for pregnant and lactating women, adolescents, infants and young children. This communication must be locally tailored to foods that are available seasonally. The health workforce includes facility-based staff, LHWs, Community-based Volunteers (CBVs), mobile health teams, civil society, and faith-based services[149].

In addition, UNICEF supported creation of 3,658 mother and 2,783 father support groups which reached about 391,090 caregivers with information on maternal and IYCF practices in Sindh, KP and Balochistan.[150]

Alignment with National Priorities and Complementarity with Government and Other Actors

UNICEF's country programme objectives are in line with the national and provincial priorities and their policy frameworks. **Pakistan Vision 2025 highlights nutrition as a key issue of concern. In response, the Pakistan Multi-Sectoral Nutrition Strategy (PMNS) was developed in 2018, to create new opportunities and change the way nutrition is approached at the national, provincial, and local levels**. This policy is as given in Sustainable Development Goal 2 indicator "2.2.1. reduce stunting in children under five years of age from 44.8% to 10% (moderate) and 11.9% (severe)."[151] While objective 6 of Pakistan RMNCAHN Investment Case[152] is to invest in nutrition especially of adolescent girls, mothers and children. Since RMNCAHN strategies have been developed based on the National policy, all provinces and regions are working on the above policy and accordingly have developed their respective RMNCAHN strategies.

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[148] Pakistan Health Information System- Assessment and road map of priority actions. MoNHSR&C and WHO. Draft Report 2017.
[149] MTR 2020.
[150] RAM 2019.
[151] Pakistan SDG Report.
[152] Pakistan RMNCAH Investment Case 2017.

9.6 WASH

9.6.1 Open Defecation

Evaluation findings by criteria	Evaluation questions
Relevance and Coherence	
Finding ODF 1: ODF interventions **remain highly relevant** because open defecation, although on the decline, remains an important issue in Pakistan. In districts like Umerkot in Sindh and Khuzdar in Balochistan more than 65% of households are without toilets. **Finding ODF 2:** Selection **of target communities for ODF interventions was informed by key survey results and discussions with relevant Government departments**. The use of survey data helps to bring a greatly deal of objectivity and specificity to the selection process, but it does, occasionally, restrict partners from making use of their knowledge of the context.	It answers the evaluation question 1,2,
Coherence	
Finding ODF3: ODF interventions were **well aligned with key national priorities** as reflected in Vision 2025 and the SDGs, to which Pakistan is a signatory. It is also aligned with the Clean and Green Pakistan initiative and with the COVID-19 response. **Finding ODF4: ODF interventions are aligned with the priorities and policies of other donors**. An example of this alignment with ODF interventions supported by the World Bank and EU under a nutrition sensitive programme in Sindh. ODF intervention by focusing on most deserving communities, including women, children, and underserved communities, complement the Government and other development actors' efforts for achieving equity and gender equality.	Questions 6, 7
Effectiveness	
Finding ODF 5: On the whole, UNICE**F was able to address the needs of the marginalized communities, in**cluding women, men and children, within more deserving districts. ODF interventions benefited the most marginalized households most by giving them in-kind support for the construction of toilets. **Finding ODF 6:** ODF interventions contributed to **reducing the proportion the population practicing open defecation.** Of the 966,153 additional households in Pakistan who gained access to toilets since 2016, 11.8% did so as a direct result of UNICEF's ODF interventions. By doing so it contributed to achieving the national related to reduction of open defecation. **This does not reflect the contribution UNICEF may have made to reducing open defecation through its upstream activities.** **Finding ODF 7: Relatively high percentage of slippage has remained an issue**. But voluntary replication was ODF by some communities in their own was an unintended positive result. Potential negative implications of increased demand for water resulting from construction of pour-flush toilets are not looked into or documented **Finding ODF 8: The most important external factor that impacted ODF interventions was Covid- 19 pandemic.** It caused delays in implementation and severely constrained monitoring activities. Restricted achievement of ODF status in many communities. But COVID-19 also helped to put the WASH agenda at the center stage. It also created conditions for the WASH programme to tap the potential of social media in ways that it had never done before.	Questions 8,9,10,11, 12

UNICEF's WASH ODF interventions **were highly relevant because open defecation, although on the decline, still remains an important issue in Pakistan**. According the recent PSLM (2019-20), 10% of people in Pakistan are still without any toilet, with 9 % each in Punjab and Sindh, 11% in KP and 17% in the Balochistan. Disparities among provinces are not as stark as disparities among districts within the

provinces. In Umerkot, a district in Sindh 67% households do have not access to toilets, which places it at the bottom of the ladder. District Khuzdar in Balochistan is also not far behind with 65% households having no toilets. Punjab, where 89% households have access to pour flush latrine, also has a district, Chiniot, where 31% people do not have access to toilets. These numbers sufficiently indicate why ODF interventions remain highly relevant.

Target communities for ODF interventions are identified in consultation with LGD and/or PHED in each province, depending on where the responsibilities for sanitation lie. Selection is also informed by the results of key surveys. (e.g., MICS, PLSM), but other considerations also play a part. For example, during the current country programme polio high-burden districts were prioritized. In few cases, selection of districts also influenced by security concerns. For example, in Balochistan, it was mentioned by a key informant with the knowledge of WASH interventions, that there are some districts, e.g., Dera Buttig and Musa Khail, which despite being extremely poor with huge WASH related needs, are not selected by WASH programme because UNICEF cannot obtain security clearance.

Table 18: Districts in Each Province with Highest Percentage of Households with No Toilets

Districts	Percentage
Umerkot, Sindh	67%
Khuzdar, Balochistan	65%
Bajaur, KP	52%
Chiniot	31%
x	x
Source: PSLM 2018-19	

Although it is not acknowledged in the programme documents, selection of geographic areas is sometimes influenced by political considerations as well. As one of the senior UNICEF staff acknowledged, and using Punjab as an example he said, if UNICEF were only guided by development indicators, most of their programmes in Punjab might go to South Punjab, because South Punjab lags far behind, but they must maintain some balance. Besides, it is not like needs do not exist in central or northern parts of Punjab. In fact, Chiniot is a district in Central Punjab, which is at the lowest rung in terms of access to toilets. The larger point is not about Punjab and or a specific district, but about the complexity of planning processes, which requires careful balancing of many factors and diverse influences. A Government official whose views matter in the selection process may have their own subjective views. Therefore, any claims about the selection of geographic areas and the selection of most marginalized communities that project an image of absolutely **objectivity and clinical precision should be treated with a considerable degree of caution because the programmes are not developed in a vacuum.**

On the whole, UNICEF WASH was able to **address the needs of underserved communities within more deserving district**s. Increased sophistication of information systems and availability of more nuanced information with the government departments, for which UNICEF's upstream work deserve some credit, means that UNICEF and its implementing partners can focus on very specific geographic units within the districts--sometimes as specific as a UC (traditionally the lowest administrative tier of the government),[153] or even specific villages within UCs. This level of specificity, if it is data-driven, does help to take more objective decisions, but at times it ties the hands of implementing partners too tight. As a result, it does not allow them to make use of, what some believe, deeper appreciation of the context,

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[153] UCs were the lowest administrative tier across Pakistan until the advent of villages Councils in KP during the previous tenure of Pakistan Tehrik Insaf Government. UCs still remain the smallest administrative unit in rest of the Pakistan.

which is not captured by aggregated survey findings. But this is not always the case. There are also times when implementing partners have flexibility to select villages based on contextual realities.

The point about deeper appreciation of the context can be explained using a concept in marketing. Sometimes prioritizing the selection of geographic unit is advisable because with the knowledge of context it can be categorized, using a marketing term, as an 'early adopter'. Going with an early adopter might be advisable compared to a 'late adopter' or a 'laggard', which ensures success and sets a precedent. This kind of information is often not captured by the surveys. Surveys would, for example, show which communities are lagging behind in terms of access to toilets, but a savvy implementing partner can determine whether it could be advisable to capture low hanging fruit first and use the success lever to work with more challenging communities later. This is just one example to explain why some WASH implementing partners feel PCAs remain water-tight and do not offer sufficient room for adjustments based on their knowledge of the local context.

ODF interventions address the needs of women, men, and children, although impacts can vary depending on the context. ODF interventions by design offer additional benefits to most marginalized households in the form of in-kind support for construction of toilets for the most vulnerable households. These often include women, child or elderly-headed households, households with persons with disabilities or households with no income or households where earning member of the family is sick etc. Toilets are also constructed in schools and health facilities as part of ODF interventions. Toilets constructed in schools benefit school children. Toilets constructed in girls' schools are particularly beneficial because absence of toilets in schools tends to be more challenging for girls. In fact, it becomes doubly challenging for girls when menstrual hygiene needs arise. ODF interventions by constructing toilets in girls' schools address differentiated gender needs.

ODF is interventions are well aligned with key national priorities as reflected in Vision 2025 and SDGs, to which Pakistan is a signatory. It is also aligned with Clean and Green Pakistan initiative and COVID-19 response. ODF has potential linkages with the Ehsaas programme, a flagship social safety network, developed to support the marginalized and underprivileged sections of society such as extremely poor, orphans, the homeless and people with disabilities. More specifically, ODF is directly linked to SDG 6, goal 6.2, that has to do with access to adequate and equitable sanitation and hygiene for all and an end to open defecation. ODF also links to CRC because access to basic sanitation services is key to healthy living and survival for girls and boys. It also addresses government's priorities regarding gender empowerment.

Achievements

The WASH outcome indicator associated with ODF is, "[The] proportion of the population practicing open defecation." RAM shows that baseline for the indicator in 2016 was 13% and that the current status is 10%, which indicates 3% reduction in incidence of open defecation. **A reduction of 3% over the last five years is rather modest**. In the UNICEF documents these is no discussion around the relative contribution of UNICEF in achieving this reduction, given that many other actors might have also contributed to this outcome. Using total number of households in Pakistan as per 2017 census i.e., 32,205,111 as a base, 3% reduction in open defecation suggests that 966,153 additional households now have access to toilets. Since average family size as per 2017 census is 6.25, so the estimated number of people who benefited from the ODF interventions would be 6,038,458.

Elsewhere in RAM report (under outputs) UNICEF acknowledges that the WASH programme helped 744 communities to become open defecation free with an estimated population of 1,119,303 people (548,458 men and boys; 570,845 women and girls; including 514,248 children). This success was achieved by providing 711,526 people access to basic sanitation facilities.[154]

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[154] The number provided in RAM is 531,775 people (269,318 men and boys; 262,457 women and girls; including 254,663 children). It showed zero progress for Balochistan. 711526 also includes figure for Balochistan as shown in the graph.

Figure 20: Distribution of Households Who Gained Access to Basic Sanitation Services by Provinces
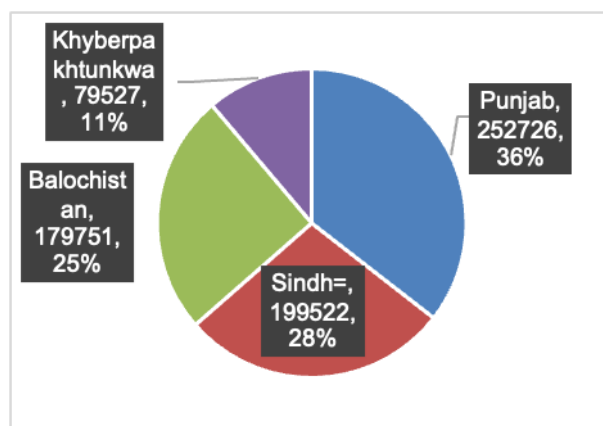
If ODF **interventions supported 711,526 people in gaining access to basic sanitation facilities**, based on the household size of 6.25, it means 113,844[155] households must have built toilets or gained access to basic sanitation facilities. Thus, it can be deduced from this that of 966,153 additional households in Pakistan who gained access to toilets since 2016, 11.8% did so as a direct result of UNICEF's ODF interventions. This is equivalent to 0.35% of total households (32,205,111) in Pakistan. RAM reports and other documents do not seem engage in any analysis of relative contribution. The way data is presented in RAM report can potentially lead people into assuming that the reduction of 3% is the result of UNICEF intervention.

It must be acknowledged that this calculation does not take into account indirect contribution of UNICEF through its upstream work, including policy development, capacity building and technical support. For example, the IEC material UNICEF provided to LGD in Sindh to support AAP WASH intervention might have influenced some households to construct toilets. This contribution is much more difficult to quantify. It would take some painstaking analysis to provide some sense of to what extent UNICEF's support to upstream activities translated into improved service delivery. At the same time, strictly speaking, all those who constructed toilets in the ODF villages cannot be attributed to UNICEF. Still, it is safe to assume, with some give and take, that toilets constructed in the interventions areas during the project period can be attributed to ODF interventions. Not to forget, as we will note later, that ODF influences can also go beyond the boundaries of intervention village.

UNICEF has moved away from negative emotional triggers --shame, shock and disgust-- to more positive or aspirational triggers, dignity and pride, because critics of CLTS approach considered shame as a "volatile and often harmful emotion, particularly in conditions of poverty."[156] Implementing partners did mention that this change was made with the knowledge that people in the flood affected areas were already going through a hard time, therefore a more positive approach would be beneficial. But did not cite any concrete examples of how this changed approach helped in practice. They could not come up with a meaningful comparison to explain the implications of new approach. This may be the case because shame and disgust were not used with great intensity earlier or it may be that in practice the approach has not changed much. This might require a separate investigation.[157]

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[155] Achieved by 711526 by 6.25 or average family size in Pakistan according to 2017 census.

[156] Bateman, Myles & Engel, Susan. (2017). To Shame or Not to Shame - that is the Sanitation Question. Development Policy Review. 36. 10.1111/dpr.12317.

[157] Some proponents of CLTS actually defend the use of shame, shock and disgust, saying that these are actually flipsides of positive emotions of that act as incentives change. See a blog by Petra Bongaartz, Coordination, Communication and Networking Officer for CLTS at the Institute of Development Studies. https://www.communityledtotalsanitation.org/blog/emotional-triggers-shame-or-shock-disgust-and-dignity

"Slippage" has remained one of the key concerns for the WASH programme. Implementing partners generally claim very low slippage, but the baseline figures noted by UNICEF provide an important reality check. According to baseline figures provided in RAM slippage could be as high as 35%. In three provinces it was 35%. It was relatively small at 25% for FATA. [158] However, one key informant representing an implementing partner identified slippage as an important concern. In his experience, this happens because implementing agencies and UNICEF leave the UC soon after the area is certified as ODF, with no monitoring mechanism in place to check if ODF status is sustained.

On one hand, there is this issue of slippage, but implementing **partners also reported evidence of voluntary replication of ODF in neighboring UCs after witnessing the results of ODF in intervention** UCs. One example given was of Qilla Abduallh, where BRSP with the support of UNICEF had helped two UCs to achieve ODF status, but, according to BRSP representative, at least 7-8 UCs have achieved ODF status on their own. This may well be true, but it appears rather remarkable given that PATS process is described to be very rigorous and highly structured. Apparently, these cases or similar cases have not been studied to draw lessons to inform PATS.

Figure 21: RAM Baseline (2016) Figures for ODF Slippage
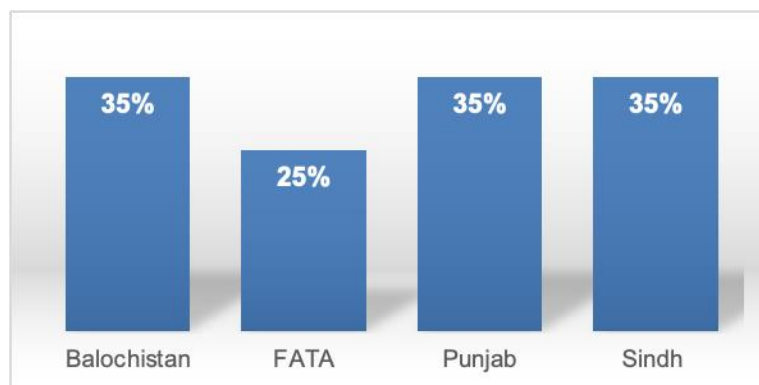
ODF interventions are aligned with the priorities and policies of other donors e.g., the World Bank and EU are implementing nutrition sensitive interventions in Sindh, which includes strong ODF interventions. One example of some misalignment was reported in Balochistan, where some international donors have constructed more expensive toilets for the communities, which presented challenges for UNICEF implementing partners in promoting low-cost toilets promoted by UNICEF. According to one of the representatives of an implementing partner, even though they found low-cost model promoted by UNICEF more effective and sustainable, drawing such favorable comparisons to convince people is challenging because people find more sophisticated looking and expensive models more attractive.

There is limited **critical discussion in the UNICEF documents on the implications of increased demand for water resulting from construction of toilets, particularly pour-flush toilets**. On the ground, however, the issue is addressed by constructing pit latrines in water-stressed areas, because pit latrines require much less water, roughly one fourth of the water needed for pour flush toilets. In areas where it is the responsibility of women and children to fetch water, increased demand for water can add to their burden. But such implications remain under discussed or under studied. According to one of the implementing partners, they have never performed a systematic gender analysis of WASH activities. Similarly, in the discourse around construction of toilets, be it in writing or verbal discussions, there was very little mention of making toilets more accessible for people with disabilities, although people with disabilities are selected to receive materials support for construction of toilets.

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[158] RAM did include baseline data for slippage for KP; instead it provided data for FATA and three other provinces

The most important external factor that impacted WASH programme, including ODF intervention, was the **COVID-19 pandemic**. It caused delays in implementation and severely constrained monitoring activities. It also hampered some of gains made and restricted achievement of ODF status in many communities. However, it also presented an opportunity in that it laid bare some of the important gaps and helped to put the WASH agenda at the center stage. As a result, many schools and health facilities benefited from IPC-WASH services. UNICEF was also quick to adapt to the context to revive its community mobilization and engagement efforts using technology, particularly WhatsApp messaging and WhatsApp groups. The WASH programme revived its network of CRPs and Clean and Green Champions in ways it had not imagined before.

9.6.2 Handwashing with Soap

Evaluation findings by criteria	Evaluation questions
Relevance and Coherence	
Finding HWWS 1: Promotion of HWWS **is highly relevant because it is found to reduce the risk of the leading causes of child mortality**. It is considered the second most cost-effective WASH intervention. It is also considered "one of the cheapest, easiest, and most important ways to prevent the spread of the COVID-19. According to PSLM (2019-20), only 54% of households in Pakistan have specific places for handwashing with soap, clearly indicating the low priority accorded to HWWS **Finding HWWS 2: UNICEF gradually adapted to changing context and ceased a unique opportunity presented by the pandemic, particularly from HWWS perspective, to promote HWWS.** UNICEF's initial response was broad-based, but it gradually sharpened its focus on 20 out of the 27 high-burden districts. UNICEF also supported Education Programme with safe reopening of school by ensuring availability and functionality of WASH facilities. **Finding HWWS 3:** UNICEF and other WASH actors leveraged the opportunity created by COVID-19 pandemic to **put handwashing at the front and center of the agenda.** As part of Hand Hygiene for All Global initiative, UNICEF advocated and supported the development of Country Road Map which linked COVID-19 preparedness and response plans with mid- and long-term national development plans to ensure that hand hygiene remains as a key focus beyond the pandemic for infection prevention and control (IPC) and WASH efforts. **Finding HWWS 4: Not having a separate indicator for HWWS could be considered a missing element, which makes it impossible to measure results for HWWS**. Besides, it is clear how the fairly sophisticated C4D strategy, which aimed to move away from technical communication to transformative communication, was applied in practice.	Questions 1,3. 4, 5
Effectiveness	
Finding HWWS 5: Through its downstream activities WASH Programme reached some of the most disadvantaged segments of the population in underserved districts. [159] Through its **upstream activities UNICEF contributed to highlight WASH as a socio-technical enterprise and underlines the importance of 'soft-component', of which HWWS is an important part**. **Finding HWWS 6:** RAM does not separately report achievements with respect to HWWS. However, **along with the safe disposal of excreta, safe water handling, HWWS receives greater attention in WASH programming**. This preference is also reflected in UNICEF strategy for WASH (2016-2030) which identifies these three	Questions: 8, 9, 10, 11, 12

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[159] Joint Sector Reviews facilitated by UNICEF feature a cross-section of stakeholders

Evaluation findings by criteria	Evaluation questions
domains as targets for critical behavior messaging. **Finding HWWS 7:** UNICEF **contributed to raising awareness of WASH as a socio-technical enterprise and continues to highlight the importance of the "soft-component". However, the handiwork of the WASH programme is not visible when it comes to influencing hygiene promotion related practices of PHEDs and Local Governments Departments**. **Finding HWWS 8:** As part of COVID-19 pandemic response, UNICEF facilitated the government and public water and sanitation utilities to install handwashing stations (HWS) in health care facilities, high-risk schools and at-risk public spaces. Mobile washing stations were made available by converting bulk water tankers, 4x4 trucks, and motorcycles/rickshaws into mobile handwashing stations. Handwashing facilities in public spaces were provided by converting old, 200-litre drums into handwashing stations and placing them at strategic locations. These washing stations also doubled as COVID-19 prevention and control information dissemination centers. **Finding HWWS *9:*** The positive unintended outcome of COVID-19 pandemic was putting HWWS at the front and center of COVID response and possibly, through Handwashing for All Initiative at the center of WASH agenda as well. **Finding HWWS 10:** **The most important factor influencing the programme was COVID-19 pandemic. It** dealt a major setback to WASH programme by constraining its community outreach activities and immobilizing its community engagement network. Its hold and interventions in the process constraining hygiene promotion interventions.	

Handwashing with soap (HWWS), one of the integral components of UNICEF WASH Programme, is a **highly relevant intervention because HWWS is considered the second most cost-effective WASH interventions**.[160] It reduces the risk of leading causes of child mortality, including diarrhea, pneumonia, and respiratory infections: it reduces the risk of diarrhea by 42% to 47%, pneumonia and respiratory infection by 50% among children under five."[161]. Despite the proven efficacy of HWWS, the practice of HWWS in Pakistan is very low. The most recent Pakistan Living Standard Measurement Survey (2019-20) found that only 54% of households in Pakistan have specific places for handwashing with soap, which clearly underlines the relevance of interventions to promote HWWS. In the context of COVID-19, HWWS is "one of the cheapest, easiest, and most important ways to prevent the spread of a virus is to wash your hands frequently with soap and water".[162]

UNICEF promotes HWWS in conjunction with other positive hygiene behaviors such as the following:
1. Safe disposal of human faces
2. Safe water handling
3. Personal hygiene (washing of hands with soap and as well as body, face and clothes)
4. Food hygiene
5. Domestic and environmental hygiene

The UNICEF WASH **programme does not have a separate indicator for HWWS.** As a result, RAM does not separately report achievements with respect to HWWS. However, along with the safe disposal of excreta, safe water handling, HWWS receives greater attention in WASH programming. This

[160] Phu, T. D. (n.d). A Guide to Integrated Handwashing with Soap Communication for use by commune and village health workers. https://www.wsp.org/sites/wsp.org/files/publications/HWWI-Intergration-Toolkit-for-Health-Staff-EN.pdf

[161] UNICEF (2013). Hand Washing Promotion: Monitoring and Evaluation Module. https://www.unicef.org/media/91326/file/Handwashing-MandE-Module.pdf

[162] UNICEF. Everything you need to know about washing your hands to protect against coronavirus (COVID-19) https://www.unicef.org/coronavirus/everything-you-need-know-about-washing-your-hands-protect-against-coronavirus-COVID-19

preference is also reflected in UNICEF strategy for WASH (2016-2030) which identifies these three domains as targets for critical behavior messaging.[163] UNICEF's Pakistan's C4D strategy, in fact, singles out handwashing with soap as one behavior that should be promoted in all households. Despite these emphases, **not having a separate indicator for handwashing with soap in the results framework is rather surprising, which can potentially dilute the focus on handwashing, as one of the saying goes, "what is measured gets done".** The evaluators did not find any concrete evidence of focus being diluted; but a specific indicator for HWWS can provide can give HWWS an additional impetus.

Impact of COVID-19 and HWWS
COVID-19 pandemic provided a unique opportunity for UNICEF and other WASH actors to put HWWS at the front and center of COVID-19 response. Covid-pandemic, at least, initially dealt a major setback to WASH programme, particularly putting its community outreach activities on hold and constraining ODF interventions. UNICEF staff were unable to attend their offices and because of restrictions on movement the UNICEF community engagement network was virtually immobilized. Contacts with government officials were also halted and UNICEF and partners staff were unable to monitor field operations.

UNICEF gradually adapted to this changing context and seized a unique opportunity presented by the pandemic, particularly from HWWS perspective, to promote the HWWS agenda. UNICEF's initial response to COVID-19 was broad-based with a focus on provision of water, sanitation, hygiene promotion, environmental cleaning and disinfection, solid waste management and capacity-building support. These interventions were spread across Pakistan. The WASH programme gradually concentrated its efforts on 20 out of the 27 high-burden districts. Later, it also supported the Education Programme with safe reopening of school by ensuring availability and functionality of WASH facilities.

When UNICEF and WHO began the Hand Hygiene for All Global initiative, UNICEF advocated and supported the development of the Country Road Map. This initiative required countries to develop comprehensive roadmaps "that bridge together national COVID-19 preparedness and response plans with mid- and long-term national development plans to ensure that hand hygiene remains as a key focus beyond the pandemic for infection prevention and control (IPC) and WASH efforts.[164]

UNICEF facilitated the government and public water and sanitation utilities to install handwashing stations (HWS) in health care facilities, high-risk schools and at-risk public spaces. Mobile washing stations were made available by converting bulk water tankers, 4x4 trucks, and motorcycles/rickshaws into mobile handwashing stations. Handwashing facilities in public spaces were provided by converting old, 200-litre drums into handwashing stations and placing them at strategic locations. These washing stations also doubled as COVID-19 prevention and control information dissemination centers. Key stakeholders, government officials, representatives of implementing partners interviewed for the evaluation were aware of and very appreciative of the responsiveness of the UNICEF WASH programme.

Handwashing with Soap in the Mainstream WASH Programme
UNICEF **contributes to HWWS in direct and indirect ways**. It directly contributes to promotion of HWWS through its **downstream activities** implemented through implementing partners (through NGOs in Sindh, Punjab, and Balochistan and through PHED and LGD in KP).[165] The **indirect contributions comes from upstream activities such as formulation or refinement of WASH policies**, development of plans, budget analyses, technical assistance to facilitate implementation of policies and Joint Sectoral

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[163] UNICEF (2016). Strategy for Water, Sanitation and Hygiene (2016-2030).
https://www.unicef.org/media/91266/file/UNICEF-Strategy-for-WASH-2016-2030.pdf
[164] WHO, Hand Hygiene for All Global Initiative
 https://www.who.int/initiatives/hand-hygiene-for-all-global-initiative
165 In KP, including in merged districts, UNICEF implemented WASH interventions through the Government agencies (PHED and LG) under a 'special arrangement', whereby project is actually implemented by project teams hired by UNICEF through a third party, but they work under the umbrella of relevant Government Departments (e.g. PHED in merged district and LGD in Mardan).

Reviews.[166] Through its upstream activities UNICEF contributes to highlighting WASH as a socio-technical enterprise as opposed to the formerly well-entrenched but gradually weakening conception of water supply and sanitation as solely technical enterprises. In other words, **through its upstream work on policies and system strengthening UNICEF is contributing to highlight the importance of 'soft-component', of which HWWS is an important part.** In Sindh, for example, where LGD is leading the implementation of World Bank-funded WASH project, which is part of multi-sectoral project for nutrition, UNICEF provided technical support in the form of IEC material for hygiene promotion activities.

No doubt upstream work and downstream work carried out in partnership with the Government agencies has the potential to gradually increase awareness among the government agencies about the importance of 'soft-component', but the handiwork of the WASH programme is not yet visible in terms of influencing hygiene promotion related practices of PHEDs and Local Governments Departments. In recent years, awareness among the relevant government agencies about importance of 'soft component' has noticeably increased and UNICEF can justifiably claim some credit for this. But there is plenty of evidence to suggest that "**soft component" remains either a fringe or a non-existent factor in the mainstream WASH infrastructure, with the notable exception of Punjab where PHED has a relatively strong Community Development Section headed by an Additional Secretary.** PHED Balochistan, by some accounts, has around 40 social mobilizers and supervisors on its payroll, but they are completely underutilized. They do not go to office because they do not have desks assigned to them, nor any work is assigned to them because there are no resources allocated to support their work. Similarly, PHED in KP also has on its payroll social mobilizers (although a smaller number), who are not as underutilized as the ones in Balochistan, but they also face resource constraints to be undertake meaningful social mobilization or awareness raising activities. LGDs in Sindh and Balochistan despite being responsible for sanitation functions, including monitoring of ODF activities, do not have any social mobilisers or hygiene promoters on board. According to a UNICEF representative this neglect is partly due to absence of approved sanitation policy, which is drafted, but it is awaiting approval for a long time. They delay is apparently caused the high-level committee, responsible for approving the policy, was unable to meet.

However, there is one silver lining. The implementation of downstream activities, in partnership with PHED and LGDs, even when partnership mostly means providing a broad umbrella, has the potential for increasing awareness about importance of 'soft component. One of the senior officials of LGD in KP mentioned that in a sanitation project they are implementing in Mardan with the support of UNICEF, they will deploy their sub-engineers to work with UNICEF project staff so that they can gain new knowledge and skills.

The main vehicle used to promote HWWS is Social Behavior Change Communication (SBCC). In practical terms, the application of SBCC involved holding meetings with the community members, forming male and female community groups, organizing youth groups, WASH clubs in schools, conducting awareness sessions, distribution of IEC material, in some cases, theatre performances or some variation of these activities. SBCC activities were sometimes augmented by provision of basic wash facilities, including toilets and handwashing facilities in communities, schools and health facilities. However, it does come out quite clearly from the discussions with the stakeholders as well from the review of documentation how a fairly sophisticated C4D strategy which aimed to move away from technical communication to transformative communication was applied in practice to promote handwashing.

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[166] Joint Sector Reviews facilitated by UNICEF feature a cross-section of stakeholders

10. Conclusions

Conclusions are divided into two sections: cross-sectoral and sectoral. Cross sectoral conclusions are based on the cross sectoral findings that respond to the analysis of relevance and coherence criteria. Sectoral conclusions are based on sectoral findings for each of the selected themes separately, covering the three criteria for the evaluation, relevance, coherence and effectiveness.[167]

10.1 Cross-Sectoral Conclusions

Adequacy of Programmes	**CONCLUSION 1:** Based on Findings BR1, BR2, BR3, VAC1, Edu-UPS1, ALP1, H1-3, N1-2, ODF1 and HHWS1(Relevance)
	All the interventions assessed were highly relevant and addressed important needs and were aligned with the intended goals of their respective programmes. For example, **UNICEF's heath programming** focused on neonatal survival and immunization, using an integrated approach that targets the most vulnerable population. The **nutrition programme** addresses the very important issue of wasting and stunting through downstream and upstream interventions. **ODF interventions** were relevant because open defecation, although on the decline, remains an ongoing issue in Pakistan, with more than 60% of households lacking access to toilets in some districts. **Promotion of HWWS** was highly relevant because it is the second most cost-effective WASH intervention and one of the most important ways to prevent the spread of COVID-19. Two interventions of the **Child Protection programme, BR and CP-CMRS** in Baluchistan were also very relevant to protect children from neglect, abuse and exploitation, and to provide an integrated mechanism that prevents and responds to cases of child abuse. Upstream interventions in education were highly relevant because of a huge policy and planning vacuum in the provinces generated after the 18th Amendment. The **ALP program was adequate to address needs and achieve the intended goals but not sufficient** enough to enroll a significant number of children.
Upstream Work	**CONCLUSION 2:** Based on Findings CS1, CS2, CS3, BR2, Edu-UPS3, H2, H3, N2, ODF6
	UNICEF's **upstream work is the most important contribution** of the UNICEF CP. UNICEF took advantage of the opportunities offered by the 18th Amendment to contribute to systems strengthening **through evidence generation**; policy development; the introduction of equity-focused and gender responsive plans; advocacy; and capacity development to enhance technical skills at the federal and province levels. However, there are still challenges related to the **high turnover of both high and lower ranking government staff** (owing to frequent transfers and postings); poor **institutional memory on how change happens** in government agencies; and personality driven decisions. These challenges make advocacy an uphill task and sometimes even reverses gain already made.
	CONCLUSION 3: Based on Findings CS3, BR2, VAC6, ALP3, N2 (Relevance)
	UNICEF has been able to **successfully leverage its resources and policies across sectors** by generating critical evidence, developing models, piloting the models, and using advocacy to promote the scaling up of good initiatives across all sectors.
Partnerships	**CONCLUSION 4**: Based on Findings CS8 and CS3 (Relevance)
	Increased attention on upstream activities has also meant that UNICEF has further **strengthened its partnerships with government agencies**. This, together with the

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[167] See Evaluation Matrix in Annex 4

	challenges of working with NGOs, especially in KP but also in other provinces, and concerns about managing numerous PCAs with NGOs, has meant that UNICEF **has reduced the amount of work it used to do with NGOs**. Partnership with **private sector organizations has been one of the weakest areas of the Pakistan CP.**
	CONCLUSION 5: Based on Finding CS5, CS8 (Relevance)
	The **lack of a partnership strategy, coupled with a siloed approach, resulted in significant variation in the partnership approaches** adopted by different sectors and field offices. Some of these approaches were **based on conflicting assumptions**. For example, the decision to not partner with NGOs was dictated by two contradictory assumptions. Some sections highlighted challenges related to NOCs as a reason not to partner with NGOs, while others highlighted transparency and sustainability concerns as a reason not to partner with them.
Addressing the needs of the most vulnerable	**CONCLUSION 6**: Based on Findings CS4, BR4, VAC3, Edu-UPS7, ALP 1, ALP 6, H4, H5, N3, ODF1, ODF2, ODF5, HHWS5 (Relevance and Effectiveness)
	Within this CP, UNICEF had successfully addressed **the needs of some of the most marginalized communities by selecting geographic areas based-on evidence** gleaned from key national level surveys, sometimes balanced by other considerations, including justified political considerations and security concerns. Despite UNICEF interventions were spread in four provinces including AJK and GB, there were **some geographic areas or districts which despite being extremely vulnerable remained excluded due to concerns related to poor, security and remoteness (e.g., remote areas/urban areas without LHW).** The CP also considered the needs of women and girls in its programme strategies and included gender equality considerations in all programmes. However, different sources of information confirmed that much more needs to be done in the programmes to **adequately address the root causes of gender inequalities** in different contexts and possible ways to achieve gender equality.
Working in Silos	**CONCLUSION 7:** Based on Findings CS5 (Relevance)
	Working in silos has **limited UNICEF's ability to develop comprehensive interventions that respond to the holistic needs of the communities that it works with, particularly children, and especially the most vulnerable girls.** It **affects many facets of work, including how needs are identified, how UNICEF selects partners, how they approach government counterparts and how UNICEF implements its interventions.** The silo approach is also influenced by a hierarchical and silo culture that is also observed among governmental counterparts, indicating an organizational culture that is very difficult to change and requires long-term progressive solutions.
C4D	**CONCLUSION 8:C4D:** Based on Finding CS9, VAC4, H6, HHWS4, HHWS7 (Relevance)
	UNICEF is recognized for its capacity to mobilize communities and communicate messages for positive social and behavioral change. However, C4D, **when implemented through the government, is only occasionally successful** since they do not consider it a priority and are therefore not well oriented to be able to support and implement C4D interventions. There are limitations both in terms of available resources and capacities. C4D was seen by different stakeholders as an area for improvement,

	especially in the area of MNCH and nutrition. In **HWWS (WASH) where the hygiene** promotion component is not **visible when it comes to influencing hygiene promotion** related practices of PHEDs and Local Governments Departments.
COVID-19 Response	**CONCLUSION 9:** Based on Finding CS7, ODF8, HHWS3, HHWS 8,9, 10, H13 (Relevance and effectiveness)
	UNICEF quicky **adapted to the changed context and provided leadership for the COVID-19 response**, especially in WASH and Education, but also together with WHO in Health, ensuring **continuity of services to** protect the most vulnerable women and children. UNICEF's upstream interventions were more strategic and focused on developing sector-specific response plans and guidelines for implementation, together with the relevant ministries at the federal level. As **downstream activities**, UNICEF also contributed to increase the routine vaccination, facilitated essential supplies and trained **frontline healthcare care workers. It also** had an important role communicating and disseminating messages in response to COVID-19. UNICEF also **introduced innovations to ensure continuity of essential services and include new initiatives,** that were not a priority before the Pandemic, but which were directly prioritized with the COVID-19 pandemic, such as mental health issues.
Consistency with priorities set in national and provincial policy frameworks	**CONCLUSION 10:** Based on Finding BR2, Edu-UPS5, VAC6, Edu-UPS7, ALP4, H8, N4, N6, ODF 3, ODF6, HHWS 3 (Coherence).
	UNICEF CP is consistent with the SDGs, to which Pakistan a signatory. More specifically it contributes **to SDGs 2, 3, 4, 6** through its sectoral interventions in Nutrition, Health, Polio Eradication, Education and WASH. CP programme addresses indicators under **SDG 5, 8 and 16.** SGD 5 (gender equality), SDG 10 (reduced inequalities) are concerns that cut across all the sectors, while both SDG 16 (strong institutions), and SDG 17 (partnerships) constitute two important approaches or delivery mechanisms for the current CDP. UNICEF CP is also consistent **with Vision 2025** that identifies seven priority areas, which are also linked to SDGs. UNICEF also aligned its strategies to two additional sources of priorities that emerged during the implementation of CPD, which were the **Ehsaas programme and the Covid-response Plan**.
Equity and Gender Equality	**CONCLUSION 11:** Based on Findings CS10m CS11 and CS12, BR5, VAC5, Edu-UPS7, Edu-UPS8, ALP5, H5, N4, ODF4
	UNICEF has helped to bring **gender equality and equity issues to the forefront** and has complemented the government in developing sector plans as well as social mobilization initiatives that take gender and equity issues into account. However, it is widely acknowledged that efforts to mainstream **gender as a cross-cutting theme were insufficient** However, it was widely acknowledged that efforts to mainstream **gender as a cross-cutting theme were insufficient** to enhance gender-transformative programming.

10.2 Sectoral Conclusions

Birth Registration	**CONCLUSION 12:** Based on Findings BR1 to BR10 (Relevance, coherence and effectiveness)
	The support provided by UNICEF to promote BR, including UNICEF's coordination role at the federal and provincial levels has **contributed to steadily increased registration rates** in the different provinces but above all, to the **initiation of a CRVS reform process** that responds to one of the government's key priorities. The BR programme **sought to include the most vulnerable communities/groups, including women and children** living in remote areas, despite the fact that **inequalities still persist**, and remote areas continue to have lower numbers of BRs.
Balochistan CP-CMRS Model (VAC)	**CONCLUSION 13:** Based on Findings VAC 1 to VAC9 (Relevance, coherence and effectiveness)
	UNICEF has been an important strategic actor in the creation and implementation of the CP-CMRS Model which has been taken up by the government and has promoted cross-sectoral collaboration between different sectors. The Model has represented a s**tep forward in Balochistan and Pakistan in that it has the potential to improve the protection of children** who suffer abuse or violence as well as to advance efforts to strengthen **evidence-based policy making.** Although the model integrates measures to protect girls, the **reporting of violence among girls remains lower than among boys**. The technical documents guiding the implementation of the model **do not always identify the different dimensions of vulnerability that integrate gender**. In addition, **the prevention component of the programme is moving at a slow pace in its implementation**.
Upstream Activities in Education	**CONCLUSION 14:** Based on Findings UPS 1-12 (Relevance, coherence and effectiveness)
	UNICEF's upstream activities in Education **were relevant and, by and large, adequate to address the needs related to policy development and system strengthening**, including emerging needs in an evolving context. However, the **underlying logic of the Theory of Change for upstream activities was somewhat linear and did not sufficiently recognize/reflect the complexity of processes** needed to achieve the desired change. This is in part because context-specific knowledge of how change happens in the Government agencies, that UNICEF staff might have gleaned over the years, is not very well documented, making it challenging to develop theories of change that capture these complexities.
ALP	**CONCLUSION 15:** Based on Findings ALP 1-8 (Relevance, coherence and effectiveness)
	The model implemented under the rubric of **ALP is very useful in bringing a significant number of out of school children to schools**, but the model alone **is not sufficient to address the out of school problem**. There are inherent **contradictions** in the model regarding mainstreaming of students in regular education, especially when it comes to the mainstreaming of girls because girls' schools remain few and far between, and the mobility of girls is further constrained when they reach puberty age. It is also **not ambitious and inventive enough** to create a moment necessary to address the problem of out of school children since it is only reaching out to a small percentage

	of out of school children. The model does not leverage the enormous potential of volunteers and does not seek to build on existing initiatives.
Health	**CONCLUSION 16:** Based on Findings H1-12 (Relevance, coherence and effectiveness)
	UNICEF's heath programming has **focused on neonatal survival and immunization, using an integrated approach that targets the most vulnerable** according to government priorities and strategies. Support to all provinces and regions in implementing the model has helped to **improve neonatal and child survival rates although challenges persist in some remote areas and urban slums where populations are not covered by LHWs**. The **Integration of various sectors** also needs to be addressed as most of the slum areas are devoid of civic amenities.
Nutrition	**CONCLUSION 17:** Based on Findings N1-N10. (Relevance, coherence and effectiveness)
	UNICEF's nutrition programme has been relevant and has contributed to **mainstreaming nutrition interventions into the routine health service package and to increasing regular budget allocations for nutrition services.** The Nutrition component has been added as part of the RMNCAH and thus has been making it part and parcel of the regular programme. Strong investment cases, especially about prevention, are needed in order to increase government ownership, predictable funding, and change the thinking from nutrition as a response to SAM to nutrition as a multi-sectoral programme for the good nutrition, health and productivity of the population[168]. UNICEF supported all provinces and regions to develop their **respective RMNCAH strategies which are currently in use and at different stages of implementation**. **The lack of funding and limited technical expertise,** especially in the provinces, **can compromise the quality and effective implementation of the programme**.
Handwashing	**CONCLUSION 18:** Based on Findings HWWS 1-10 (Relevance, coherence and effectiveness)
	Promotion of HWWS is highly relevant. UNICEF has significantly contributed to the promotion of HWWS – directly, through downstream WASH activities implemented through its partners, and indirectly, through upstream activities. However**, not having a separate indicator for HWWS makes it challenging** to measure the progress made. UNICEF has significantly contributed to raising **awareness in the government agencies about the importance of the "soft component"**, but UNICEF's handiwork is **not quite visible when comes to influencing practices.** In the mainstream Government water supply and sanitation projects, the hygiene promotion component is **either completely neglected or remains on the fringes with the notable exception of Punjab** where there is a functional community development department.
ODF	**CONCLUSION 19:** Based on Findings ODF 1-8 (Relevance, coherence and effectiveness)
	ODF interventions remain highly relevant because open defecation, although on the decline, remains an important issue in Pakistan, with a few districts having more than 60% households without access to toilets. **Selection of target communities for**

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[168] MTR 2020.

ODF interventions is typically informed by key survey results and discussions with relevant government departments. The use of **survey data does bring** a great deal of objectivity and specificity to the selection process, but occasionally this restricts partners from making use of their knowledge of the context. On the whole, **UNICEF was able to address the needs of the most underserved communities within more deserving districts. UNICEF also offered additional benefits** to the most marginalized households in the form of in-kind support for the construction of toilets. 'slippage' however, remains a key concern for the WASH programme.

11. Lessons Learnt

The lessons learnt, provided below, are a distilled synthesis from the analysis and findings with reference to the evaluation questions. The lessons provided below are learnings from the current CP implementation. The learnings are expected to have a wider impact on UNICEF. They support the recommendations and actions that should be taken into consideration when developing the next CP

1 In a context where social service delivery has been devolved to the provinces, **it is important to bring UNICEF's work closer to provincial government counterparts** to address the differentiated needs of each province.

2 A **siloed approach can promote a silo mentality that limits cross-learning, affects communication with government counterparts and reduces UNICEF's ability to provide integrated solutions** for the beneficiary population.

3 The ability to partner with other organizations such as The Aga Khan University and American Academy of Science, USA allowed UNICEF to **draw from a larger pool of technical expertise to deliver high-quality services efficiently and effectively**.

4 UNICEF's experience demonstrates that when the use of technology is needed to reach a very large segment of the population, **it is better to rely on technologies that are already in use rather than using experimental technologies**. UNICEF used SMS and WhatsApp messages to send awareness messages to communities.

5 **Many government agencies in Pakistan appear to have a strong preference for the 'hard component' (such as infrastructure projects) over the 'softer components' (such as community mobilization, awareness raising and less preference for community mobilization, awareness raising and capacity building).** The preference for physical infrastructure projects is also reflected in the way government departments are organized, which explains why UNICEF's C4D section also found it difficult to find a counterpart in government departments. The C4D function in the government agencies is either non-existent or under-utilized and under-resourced. This has strong implications for C4D because, **in the absence of systems for C4D, it tends to be put on the back burner, which in turn compromises the outcomes associated with C4D**.

6 Using **differing approaches to partnerships is not necessarily an undesirable thing so long as strategy is informed by shared, critically scrutinized, and well documented assumptions.**

7 Harmful social norms and discriminatory practices **towards women and girls** can be reduced by addressing the **root causes of gender inequalities in the various different geographic and cultural contexts of the country.**

12. Recommendations

Recommendations have been structured according **to cross-sectoral and sectoral analysis**. The recommendations that are based on the cross-sectoral findings and conclusions have been included in order of priority except sectoral recommendations that are presented according to sequence of the chapters, and they are not presented in order of priority. There has been some participation of UNICEF staff in the process of developing the recommendations. They were partially presented and discussed with PCO in the preliminary findings presentation and they were also presented to ROSA regional advisors who provided their feedback involved in the process of developing the recommendations.

12.1 Cross-Sectoral Recommendations

Recommendation 1- UNICEF Strategic Positioning in the Provinces	
Strengthen UNICEF's strategic positioning in the provinces by further adapting programmes to the provincial context, integrating sectoral programmes and ensuring greater coordination between the different programmes at the provincial level. It is also important to strengthen the technical and human resource capacities needed to conduct upstream work. In practical terms, this might require, among other things, the development of a more contextualised and unified theory of change for each province, the production of unified province-wide annual reports, the development of new capacities such as political economy analysis and systems thinking, and the strengthening of C4D capacities.	**Recipient:** UNICEF PCO, FOs, ROSA **Based on conclusions 1, 2, 3 and 4**
Recommendation 2- Gender Transformative Programming	
Ensure gender-transformative programming and gender integration while deepening and strengthening the focus on adolescent girls in all programme sections. Gender-transformative programming, will allow UNICEF to adequately reflect the root causes of gender inequalities in the different provinces. This will in turn contribute to addressing gender inequalities, removing structural barriers to equality, and empowering disadvantaged girls, boys, women, and men from diverse population groups.[169] UNICEF could consider adding a gender outcome, along with a specific indicator focused on adolescent girls. This would reduce to risk of diluting the focus on gender and would bring all sections under one umbrella and would help reduce siloed work while helping to provide a holistic response to the needs of girls and women.	**Recipient:** UNICEF PCO and FOs **Based on conclusions 6, 7 and 11**
Recommendation 3- Siloed Approach	
Make greater efforts to move away from a siloed approach to a networked approach in which sectors integrate their efforts without losing sight of the results they want to achieve. UNICEF could take some concrete measures including the following:	**Recipient:** UNICEF PCO, FOs, ROSA **Based on Conclusions: 5, 6, 7, 10, 15 and 16**

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[169] This is aligned with the Gender Policy GAP III that is going to be submitted to the Executive Board this year and with the UNICEF Strategic Plan 2022–2025, (draft for review)

- **Create a unified theory of change at the FO level to provide a conceptual basis for the integration of programmes.**
- **Work with UNDP to create a composite 'development index'** along the lines of the Human Development Index.
- **Create incentives for sectors** to work together to improve the composite index rather than focusing on their sectoral achievements
- **Cross-functional and sectoral integration and coordination among existing teams should be strengthened for joint planning, implementation and monitoring** to implement integrated projects.
- **Rotating staff between different departments** (but also between COs and provinces) could also help to promote dialogue and understanding across sectors.

Recommendation 4- C4D

Continue to advocate for the importance of community engagement and social mobilisation given the weak capacity of the government to implement C4D for "soft interventions". At the same time, UNICEF can continue to partner with NGOs and CBOs to benefit from their social mobilization and community participation capacities. UNICEF should also facilitate dialogue and linkages between government and local NGOs and local organisations to increase community outreach. Community engagement can be compromised by working with the government. It would be interesting for UNICEF Pakistan to continue to engage with NGOs and CBOs while also encouraging the government to make use of those organizations for social mobilization, awareness raising and so on. With C4D being a central component of the country programme, UNICEF could strengthen the capacity of the C4D offices in the provinces, which so far have mainly focused on the COVID-19 response. Given the broad scope of activities that each sector has in the provinces, it may be unrealistic for a single field officer to manage all the work done by the sectors. In this regard, the country office needs to introduce formulas that are financially sustainable but also respond to the needs of the provinces.	**Recipient:** UNICEF PCO and FOs **Based on Conclusions 7, 8 10, 12, 15, 16, 17**

Recommendation 5- Partnerships

The approach to partnerships should be guided by a clear strategy that continues to include different approaches that reflect contextual realities of different sectors and FOs, but it should demonstrate that the choices made are thoughtful and deliberate.	**Recipient:** UNICEF PCO and FOs **Based on Conclusions 4 and 5**

Recommendation 6- Knowledge Management

UNICEF should carefully **document the process of its upstream work** with the government and then, through careful analysis, distil lessons regarding how change occurs in government agencies and regarding the differences in this regard between provincial contexts and different government departments.	**Recipient:** UNICEF PCO and FOs **Based on Conclusions: 1, 2 and 8**

UNICEF can also make use of what has been written about bureaucratic **reform in Pakistan** and add to it their own knowledge and those of other UN partners to make more informed decisions. It can **also document what has been learned from the COVID-19 response**

12.2 Sectoral Recommendations

Recommendation 7- Birth Registration		
Continue supporting the provinces in the updating of CRVS policies, the replication of BR in other districts and the strengthening of the capacities of BR official levels at the provincial level prioritizing sites where registration rates are lowest.	**Recipient:** UNICEF PCO and FOs	**Based on Conclusion 12**
Recommendation 8- VAC Balochistan		
Continue efforts to ensure that all sectors involved in the operation participate and collaborate so that child victims are not re-victimised. Put more effort into the prevention strategy to publicise the CP-CMRS and raise awareness about the issue of VAC, especially among girls. Ensure continuous learning for replication of the Model. Strengthen linkages with other organizations to prevent and respond to GBV and create a method to rapidly deploy and operationalize child protection services in emergencies (SOPS). In a context of strong inequalities and tribal traditions such as in Baluchistan, it is very important to strengthen prevention and awareness raising, especially regarding girls who are the most vulnerable and face the greatest problems of social stigma. It is also important to work with the child protection committees, to ensure that the most vulnerable children are integrated and protected by the model. Continuous learning should be considered to identify how all parties involved work together, but also to identify best practices, challenges and ways to overcome them, especially for replication.	**Recipient:** UNICEF PCO and FO Balochistan	**Based on Conclusion 13**
Recommendation 9- ALP		
UNICEF should use ALP as a framework for creating multiple pathways to enroll out of school children. The ALP model being used should be thought of as one of many alternative pathways. UNICEF in partnership with the provincial governments should map out some of the existing initiatives to enroll out of school children and support the most promising ones. There is also a need to build on the huge untapped volunteer potential, including retired teachers and other government servants and student' volunteers who might like to volunteer for initiatives to educate OOSC.	**Recipient;** Departments, UNICEF PCO and FOs,	**Based on Conclusion 15**
Recommendation 10- Health		

	Recipient; UNICEF PCO and FOs	Based on Conclusion 16
UNICEF should advocate and lobby for reforming and strengthening the LHW programme with a particular focus on expanding its coverage and addressing the key weaknesses of the programme. Coverage should be enhanced by increasing the number of LHWs up to 150,000. Expansion of LHW Programme should be to priority areas as defined by health needs and marginalization based on evidence to improve equity and to enhance the pro-poor performance of the programme[170]. The reform effort should also address the reported issue that much of the LHWs' time is consumed by planning and implementation of polio campaigns leaving little time to address MNCH issues. LHWs also need to be better equipped by giving them more rigorous training on MNCH--especially on the C4D, and nutrition, including demand generation, nutrition screening and early detections – and by providing them with essential supplies.		

Recommendation 11- Health and Nutrition

	Recipient: UNICEF PCO and FOs	Based on Conclusion 17
Continue supporting the provincial/regional health departments in their efforts to implement the national RMNCAH&N strategy across the country. Given that government technical and financial capacities are still too weak to implement the national RMNCAH&N strategy effectively, UNICEF should continue providing assistance in the form of trainings, materials and monitoring support. UNICEF FOs should increase their staff capacities in order to assist the provinces.		

Recommendation 12- Nutrition

	Recipient: UNICEF PCO and FOs	Based on Conclusion 17
The role of LHWs in the nutrition programmes needs to be bolstered in order to promote Infant and Young Child Feeding practices so that mothers adopt healthy feeding practices, as well as prevent, early detect and treat acute malnutrition. As part of the RMNCAH programme, the nutrition component should be emphasized to educate mothers on optimal breastfeeding, complementary feeding and dietary diversity. It also needs to be integrated with the WASH component, especially, excreta disposal, and hand washing with soap. Improved and integrated nutrition and WASH training may be a challenge due to the cost. However, there is a need to support the LHW programme to improve its coverage in remote and marginalized areas, as well as to implement C4D-integrated communication activities to educate women and adolescent girls, and to have sufficient resources of supplies. Another challenge may be the integration of sectors for health and nutrition promotion; nutrition and WASH should work in unison to help improve nutrition. In addition, policy environment for support and integration of nutrition with primary health care (PHC) and nutrition information system (NIS) need also to be strengthened.		

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[170] LHW Programme Evaluation Report. September 2019.

Recommendation 13- WASH

The C4D and WASH programme should try to revive the underutilized community mobilization sections of PHED in Balochistan and KP. These dormant sections, not visible to many outsiders, can provide an excellent entry point for C4D interventions. Advocacy for the establishment of a Sanitation Directorate in Balochistan is another avenue through which UNICEF can contribute to C4D related work.	**Recipient:** UNICEF WASH program. C4D Section, PHED Department. **Based on Conclusions 7 and 18**

Recommendation 14- ODF

Include a more participatory approach in the selection of beneficiary communities for ODF interventions. This selection should also be based on local partners' knowledge of the area and their understanding of what works and what does not work. The data-driven approach needs to be balanced with a more qualitative understanding of the local context. Local implementing partners may have insights into local dynamics that are not captured by aggregate percentages. Local implementers may be in a better position to identify risks and decide which communities to target first to ensure a higher success rate. This may to some extent address the relatively high slippage rates.	**UNICEF PCO and FO** **Based on Conclusion 19**