

Office of the Secretary of the UNICEF Executive Board

Template for delegations commenting on the draft country programme documents

2022 second regular session

Draft country programme document commenting period (except for the draft CPD for Gabon): 14 June to 5 July 2022 [18:00 EST]

Draft country programme document for Gabon commenting period: 17 June to 11 July 2022 [18:00 EST]

Delegations are kindly invited to use this template to share their comments on the draft country programme document being presented to the Executive Board during the forthcoming session.

Delegation name: **Canada**

Draft country programme document: **Pakistan**

In accordance with Executive Board decision [2014/1](#), draft country programme documents are considered and approved in one session, on a no-objection basis. All comments received by the Office of the Secretary of the Executive Board before the deadline stated above will be posted on the Executive Board website, and considered by the requesting country, in close consultation with UNICEF.

	Delegation's comments	Response(s)
General comments	Canada welcomes UNICEF's draft Country Programme Document for Pakistan and the opportunity to provide comments.	The UNICEF Pakistan Country Office acknowledges the positive feedback on the CPD submission with appreciation and would like to sincerely thank the Government of Canada for its continuous support to UNICEF's work for children and women in Pakistan.

<p>Comments on specific aspects of the draft country programme document</p>	<p>a. The programme rationale section is well developed, with sources on cited stats/numbers included as footnotes, and many paragraphs not only highlighting the issue or challenge, but also barriers to progress on addressing these issues. The section however could have benefitted from more information on gender disparities between the data cited (e.g. is there sex-disaggregated data on infant mortality (m/f), immunization rates between boys/girls, malnutrition rates, etc.).</p>	<p>a. The need for more sex disaggregated data on children and adolescents remains critical for improving developmental outcomes for children and adolescents. UNICEF will continue to advocate for integrating sex disaggregated child indicators into the national and sub-national monitoring framework to enable the Government of Pakistan to track gender-related child development results more systematically. UNICEF will strengthen the national and sub-national statistical system to ensure the availability of up-to-date disaggregated data.</p> <p>Due to the strict word limitation of the CPD as an official Board document only some additional sex disaggregated data could be integrated into the CPD namely in paragraphs 5 and 6. Other sex disaggregated indicators are available in some sectors, see examples below:</p> <p>Health</p> <ul style="list-style-type: none"> Under-5 mortality rate is 74 deaths per 1,000 live births <ul style="list-style-type: none"> Male: 80 Female: 68 Infant mortality rate is 62 deaths per 1,000 live births <ul style="list-style-type: none"> Male: 71 Female: 53 the neonatal mortality rate is 42 deaths per 1,000 live births <ul style="list-style-type: none"> Male: 52 Female: 33 Immunization coverage is 66% of children <ul style="list-style-type: none"> Male: 68% Female: 63% <p>Nutrition</p> <ul style="list-style-type: none"> 40% of children under 5 years of age are stunted <ul style="list-style-type: none"> Male: 40.9% Female: 39.4% 17.7% of children under 5 years of age are wasted <ul style="list-style-type: none"> Male: 18.4% Female: 17.0% 9.5% children under 5 years of age are overweight
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	<p>b. The programme component on learning and skills includes a gender-responsive approach, including through programming to address the prevention of dropout especially for girls, and barriers to education or skills training access for women and girls. The component of child protection also stresses the importance of a targeted gender equality approach to address harmful practices to children that disproportionately affect girls. The component on social policy and social protection could expand a bit more on its planned gender-responsive approach, especially when it comes to the activities under researching the effectiveness and efficiency of shock-responsive social protection programmes and schemes – it would be crucial that such research goes beyond the provision of sex-disaggregated data and also measure the impact of social protection programmes on</p>	<p>Male: 9.7% Female: 9.2%</p> <p>53.7% of children 6-59 months of age are anaemic Male: 54.2% Female: 53.1%</p> <p>48.4% of children under 6 months of age are exclusively breastfed Boys: 47.8% Girls: 48.9%</p> <p>14.2% of children 6-23 months of age received a minimum diverse diet Boys: 14.3% Girls: 14.2%</p> <p>b. UNICEF welcomes the comments to look at the impact of social protection programmes on women’s economic empowerment and will take into account these pertinent comments during the design of the deep dive on effectiveness of the social protection programme.</p> <p>Due to the strict word limitation of the CPD as an official Board document we could not elaborate more fully on specific approaches within the CPD. However, UNICEF will continue to strengthen capacities and advocate for more gender responsive social protection programmes. UNICEF support to government will ensure intrahousehold dynamics are considered in the design and implementation of social protection programmes to ensure gender equitable and transformative outcomes. Social protection interventions initiated by the Government of Pakistan will require further support to eliminate inclusion and exclusion errors in the distribution of cash benefits, expand coverage, strengthen integrated social services, address insufficient social service financing, and create mechanisms to offset the impact of shocks on families and children. UNICEF efforts will focus more on integrating cash assistance with other sectoral efforts addressing different populations' needs and ensuring vulnerable groups are not left behind, especially the girls.</p>
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	<p>women’s agency and economic empowerment, and the ‘multiplier’ effect it may have, including on the health/education prospects of the beneficiary’s family but also the development of their communities.</p> <p>c. On the programme component for health, we would appreciate clarification on the particular role that UNICEF plays in polio eradication, complementing the work of the WHO for instance in this sector. We would also appreciate clarification on the mention (in paragraph 23) of “cross-border collaboration to reach children on the move” – is UNICEF planning to collaborate with the Taliban regime in Afghanistan, with other NGOs or UN agencies in the country under the GPEI (Global Polio Eradication Initiative), or is UNICEF Pakistan going to collaborate with UNICEF Afghanistan, if still active in the country for immunization?</p>	<p>c. The national Polio Eradication Programme in Pakistan is led by the Government of Pakistan through the Ministry for Health and is supported by the Global Polio Eradication Initiative (GPEI). The main operational members of the GPEI in Pakistan are WHO, UNICEF, the Bill and Melinda Gates Foundation, CDC, Rotary International and GAVI. WHO and UNICEF are the two main implementing partners; WHO is the lead technical agency and is responsible for vaccination campaign operations and surveillance; UNICEF is responsible for communications (community mobilization, community engagement and mass media) and for vaccination campaign operations in specific high resistance locations through the Community Based Vaccinator (CBV) programme. In addition, UNICEF is responsible for ensuring the availability of adequate stocks of polio vaccines in a timely manner and of high quality to support polio eradication efforts. UNICEF also supports the national Programme with monitoring and evaluation and integrated service delivery (i.e. integrating routine immunization, some nutritional services and some hygiene services with the polio vaccination campaigns).</p> <p>Cross border and Polio Due to the strict word limitation of the CPD as an official Board document we could not elaborate more fully but have amended para 23 to provide more clarity. Polio in Pakistan and Afghanistan is a single epidemiological block. Genomic sequencing of polio virus cases and environmental samples clearly shows the virus moves back and forth across the border on a regular basis. This requires a closely coordinated approach between UNICEF Polio Programmes in Pakistan and Afghanistan (e.g. on the campaign schedules, vaccine types, common and complimentary messaging and community engagement, etc.). This coordination is carried out at the technical level between the two UNICEF Offices via regular virtual cross-border meetings and in person cross border meetings. Note while there have not been any in person meetings for two years due to COVID the next one is scheduled for mid-August 2022. WHO and other GPEI partners also participate in all such meetings. UNICEF Pakistan does not collaborate with the de-facto authorities in Afghanistan and if it needed to</p>
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	<p>d. The importance of mainstreaming gender equality in the child protection sector is welcomed. Disaggregated data collection, gender, and equity analytics, gender-responsive programming, and prevention of child marriage are crucial. The CPD however does not illustrate how the programming will help enforce legislation against child marriage, child labour, or domestic violence. To prevent child marriage for instance, the programme will “strengthen linkages in priority districts between social protection schemes and education system”, but this does not specifically address the need to have accountability measures in place, and adequate implementation of laws, as well as mechanisms to enforce legislation of existing and accessible legal aid for girls.</p>	<p>collaborate with them, NGOs or UN Agencies in Afghanistan, it would only do so through UNICEF Afghanistan.</p> <p>d. Due to the strict word limitation of the CPD as an official Board document we could not elaborate more fully on specific approaches within the CPD. However, we have amended para 29 of the CPD to include important elements related to implementation and accountability of laws.</p> <p>The goal of the programme to prevent violence and child marriage will be focusing on the following strategies:</p> <ul style="list-style-type: none"> (i) Strengthening legislative and policy frameworks to protect and promote the rights of adolescent girls by advocacy with the Government and other key UN agencies (UNFPA, UNWOMEN) for advocating for greater coordination and cross-sectoral collaboration among line ministries. This includes the development of national/provincial Plans of Action to End Child Marriage that include steps to improve accountability measures, enforcement and reporting mechanisms. (ii) Generating and using robust data and evidence-based advocacy and programming for the design and implementation of activities to end child marriage and sexual violence including research to better understand why child marriage levels are not declining, particularly in selected districts, assessing models that have worked and how they can be scaled up and institutionalized, and analysis of social norms and social networks (iii) Investing in and supporting adolescent girls through community engagement and positive behaviour including community mobilization and dialogues to act as allies to end child marriage and sexual violence.
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