

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: *USA*

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	<ol style="list-style-type: none">1. CPD makes reference to Afghan refugee crisis but does not detail how programming will address the specific needs and compounded challenges of children in refugee communities, including those unregistered in Pakistan and unable to access health and social services.	<p>First of all, we would like to sincerely thank the Government of USA for its continuous support to UNICEF's work for children and women in Pakistan.</p> <ol style="list-style-type: none">1. Support for refugees (existing and potential influx) is comprehensively covered in the multi-agency annual Refugee Response Plan. Through a mix of interventions within health, nutrition, education, WASH and child protection programmes UNICEF will continue to address the range of barriers to access essential services faced by Afghans refugees, Afghan Citizenship Card (ACC) holders, undocumented Afghans and host communities. This includes working with the Commissionerate for Afghan Refugees (CAR), UNHCR and line ministries in addressing barriers. As the majority (about 70%) of these Afghan groups live in the community, regular support to public health, nutrition, education, WASH and protection services also reaches Afghans. In cooperation with CAR and UNHCR, UNICEF is targeting improved quality and access services in areas with high proportions of Afghans, including outreach to communities with limited access to public services and alternative learning programmes.

	Delegation's comments	Response(s)
	<p>2. What is UNICEF doing to increase polio vaccine acceptance, especially with parents who are reluctant to get their kids vaccinated?</p>	<p>2. We have adjusted paragraph 23 of the CPD in response to this comment. Due to the strict word limitation of the CPD as an official Board document we could not elaborate more fully on specific details within the CPD. Community engagement is one of the pivotal arms of UNICEF's social mobilization and communication strategic model to increase polio vaccine acceptance, particularly amongst parents reluctant to get their children vaccinated. UNICEF is implementing focused community engagement activities to reach those reluctant parents through social listening and engaging them through influential community members who motivate and convince them to participate in polio vaccinations. Some of the highlighted approaches include:</p> <ul style="list-style-type: none"> • Interpersonal communication at their doorstep to build community trust and gain access to courtyards and households. • Addressing community demands, vaccine hesitancy and building trust through integrated services such as nutrition services, birth registration, WASH services and referral services for routine immunization strengthening. • Integration of Refusal Conversion Committees at the union council level to convince reluctant parents before and during each polio campaign. • In Pashtun areas where there are significant refusal pockets efforts are made to employ differentiated local strategies such as holding late evening Jirga's / engagements with refusal caregivers due to their non-availability during the day. • Advance audience segmentation beyond geography or ethnicity to overlay critical social information that allows a more informed understanding of what is more effective with softer refusing groups vs hesitant vs hard refusals. • Integrated media strategy with different elements for social media, engagement of national influencers and public figures, media research and private sector initiatives that advance and support the provincial communication effort.

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	<p>3. We suggest doing an evaluation on NIA/SIA for polio much earlier than 2026; in addition, we suggest yearly evaluations on the effectiveness of these campaigns.</p> <p>4. Does UNICEF have any concreateed plans to collaborate with WHO to prepare for certification of the eradication of polio in Pakistan?</p> <p>5. We ask UNICEF to clarify how their nutrition and WASH programs link with social protection programs and support programs for disaster risk reduction and responding to shocks.</p>	<p>3. There are a range of mechanisms in place as regular features of the Pakistan Polio Programme to ensure effectiveness including post campaign evaluations such as Lot Quality Assurance Sampling, Post Campaign Monitoring and Third-Party Field Monitoring. The timing of the evaluation is aligned with the global Polio Eradication Strategy 2022-2026 and the CPD timeframe. As such it is important for the timing of the evaluation to remain towards the end of the CPD to factor in the polio certification process to capture lessons learned and good practices for knowledge management and documentation for future polio programming.</p> <p>4. Yes, UNICEF supports community-based surveillance as a programme priority in the National Emergency Action Plan (NEAP) 2021-2023 in core reservoir very high-risk districts and works with WHO to triangulate insights into community behaviour from field and communication colleagues with risk assessments informing the programme trajectory.</p> <p>5. One of the output areas under the UNICEF nutrition programmes is the 'Strong Nutrition Responsive System' where UNICEF will work with partners including the government to strengthen the nutrition responsiveness of food, health, water, sanitation, education, and social protection systems to ensure delivery of nutritious diets, essential nutrition services and positive nutrition practices for children, adolescents, and women. The 'nutrition responsive social protection programme' component under this output supports government's (national and provincial) social protection programmes implementation at scale, monitoring, as well as facilitates learning and experience sharing.</p> <p>This output also includes supporting the government in emergency preparedness and response, and partnering with UN agencies including FAO and WFP to strengthen food security and nutrition monitoring system to inform disaster preparedness and risk reduction activities. All these will support the government's capacity as well as linkages with development initiatives for longer term recovery and sustainable development.</p> <p>Moreover, UNICEF will strengthen WASH systems on DRR and climate change through supporting the development and understanding of a risk-informed accountability framework that sets out the roles, duties and responsibilities of different</p>

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	<p>6. We encourage UNICEF Pakistan to take into consideration lessons learned from the COVID-19 pandemic and utilize the already existing vaccine supply chain to improve the country's routine immunization program.</p> <p>7. We ask UNICEF to consider giving more attention to maternal health in the program priorities. While the country's overall maternal mortality rate has decreased over the years, the disproportionately high rate in Balochistan Province (298 deaths per 100,000 live births) remains concerningly high. Region-specific strategies and primary health care interventions should be adapted to fit this unique region.</p>	<p>actors, and their interrelationships. UNICEF will strengthen WASH sector coordination mechanisms and advocate for risk-informed emergency preparedness and prevention as standard components within national sector planning instruments, fiscal policies, and budgetary allocations that can anticipate and absorb shocks in the event of disasters.</p> <p>6. This is well noted and we have addressed this important element in paragraph 16 of the CPD. UNICEF is working with the Ministry of National Health Services, Regulation and Coordination (MONHSR&C) and partners to document lessons learned from the COVID-19 response. UNICEF is also supporting Federal EPI & Provincial EPI to strengthen vaccine supply and cold chain through available grants from COVAX, Government of Japan, Asian Development Bank, World Bank, USAID and other donors, capitalizing on gains and lessons learned.</p> <p>7. This is well noted. UNICEF is providing technical support to develop and implement the newborn survival strategy which is inter-linked with the maternal health and mother-baby dyad and is considered together for all interventions including pre-conception care and nutrition for adolescents, antenatal care and intra-natal care. In addition, UNICEF will align its technical assistance to Essential Package of Health Services (EPHS) package implementation in Universal Health Care supported districts including maternal health interventions at community and Primary Health Care platforms. This is inclusive of focus on improving reproductive, maternal, newborn, child and adolescent health quality of care in partnership with UNFPA and WHO. UNICEF continues to work with Provincial Governments to develop and implement programmes contextualized to specific regional needs and places increased focus on "super high risk" districts for polio, which also include areas in Balochistan. As such paragraph 21 of the CPD has been updated.</p>

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<p>Comments on specific aspects of the draft country programme document</p>	<p>8. Page 3/17: Reports three cases of wild polio virus in 2022, in fact there have been eleven cases to date, compared with one case in 2021. Polio eradication remains a concern; Afghanistan disruptions and migration threatens progress.</p> <p>9. Page 6/17: Health programming described does not detail how the program will be effective in strengthening health systems or providing immunizations against COVID-19.</p> <p>10. Page 7/17: Nutrition programming described does not detail how the program will address gaps and deficits in nutrition due to the impact of the Russian invasion of Ukraine, climate crisis, and weakened supply chains.</p>	<p>8. This is well noted and the document has been updated to reflect eleven cases of wild polio virus in 2022 to date in paragraph 5. The polio cases are from North Waziristan district where there is a polio outbreak. There were four campaigns conducted in the last 63 days. Children who are not vaccinated moving across the border between Afghanistan and Pakistan are an important focus for the programme and in every campaign, the programme actively identifies and vaccinates these children.</p> <p>9. 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 is using support from COVAX and other partners on building resilience in health systems with a focus on capacity building of frontline health workers, using technology (tele-health) to provide basic health services improving COVID-19 delivery, optimization of cold chain systems and social behavioural and communication. In partnerships with MONHSR&C and other development partners, UNICEF has commissioned documentation of lessons learned from the COVID-19 response in Pakistan which will be used to further strengthen health systems for preparation and response to further epidemics of communicable diseases.</p> <p>10. This is noted and we have addressed this important element in paragraph 1 of the CPD. Due to the strict word limitation of the CPD as an official Board document we could not elaborate more fully on specific details within the CPD. This element is captured within the 'emergency preparedness and response' support to the government where UNICEF is partnering with FAO and WFP to strengthen the food security and nutrition monitoring system to strategically monitor the spill over effects of the global crises on the food and nutrition situation in Pakistan and inform government and stakeholders for accurate and timely preparedness and response. It also includes strengthening preparedness and response capacity. Specific programme support will include the advocacy and support to preposition essential nutrition commodities and train frontline workers/responder, as well as respond as the 'provider of last resort' when there is need for nutrition emergency response.</p>

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	<p>11. Page 7-8/17: Child protection programming does not address specific means of eliminating child, early, and forced marriages (CEFM) amongst religious minorities, who suffer from kidnappings and forced conversions via CEFM.</p>	<p>11. Due to the strict word limitation of the CPD as an official Board document we could not elaborate more fully on specific details of the programming within the CPD. However, the programme to eliminate child and forced marriage focuses 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 including the development of national/provincial Plans of Action to End Child Marriage. (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. <p>On forced conversion, kidnapping and marriage the programme will build on the already started collaboration with the National Commission on Human Rights, National Commission on the Rights of the Child and National Commission on Child Rights. Collaboration with the three commissions will focus on:</p> <ul style="list-style-type: none"> - Data generation, including media monitoring - Stronger advocacy including with parliamentarians for clear laws and policy development in line with UN CRC Committee concluding observations - Engagement of CSOs and media

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	<p>12. Page 11-12/17 Is UNICEF evaluating their support to national and subnational immunization activities (NIA/SIA) focused on polio for Pakistan?</p> <p>Page 7 (of CEP): Why is the evaluation of polio occurring in 2026 and not earlier?</p>	<p>12. There are a range of mechanisms in place as regular features of the Pakistan Polio Programme to ensure effectiveness including post campaign evaluations such as Lot Quality Assurance Sampling, Post Campaign Monitoring and Third-Party Field Monitoring. The timing of the evaluation is aligned with the global Polio Eradication Strategy 2022-2026 and the CPD timeframe. As such it is important for the timing of the evaluation to remain towards the end of the CPD to factor in the polio certification process to capture lessons learned and good practices for knowledge management and documentation for future polio programming.</p>