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## United Nations Children's Fund

Executive Board

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Item 4 (a) of the provisional agenda\*

### Country programme document

#### Pakistan

#### *Summary*

The country programme document (CPD) for Pakistan is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$189,709,000 from regular resources, subject to the availability of funds, and \$726,636,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2023 to 2027.

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\* [E/ICEF/2022/22](#).

*Note:* The present document was processed in its entirety by UNICEF.



## Programme rationale

1. The Government of Pakistan and UNICEF are committed to leaving no child or adolescent behind in efforts towards achievement of the Sustainable Development Goals. Pakistan has made progress towards these goals through the national development plan Pakistan 2025: One Nation–One Vision and fulfilment of rights outlined in the Convention on the Rights of the Child. However, millions of children in hard-to-reach rural areas, urban areas with a high density of low-income residents, and children in the poorest families are at risk of being left behind, especially girls and adolescents, out-of-school children, children with disabilities, refugees and those living in disaster-prone areas. The coronavirus disease 2019 (COVID-19) pandemic has negatively impacted the well-being of children in Pakistan, including through massive learning losses and widened inequities and gender inequality. The macroeconomic situation remains vulnerable to external and internal shocks, inflationary pressures, disruptions in supply chains, unemployment and fiscal deficits, all of which are compounded by the significant impact of climate change.

2. Children represented 47 per cent of the population of 225 million in 2021.<sup>1</sup> Fourteen per cent of the population are children aged 0 to 5 years and over 22 per cent are aged 10 to 19 years. Over 4 million children aged 5 to 19 years were reported to be living with a disability or functional limitation in 2019–2020. Pakistan has the highest rate of urbanization in South Asia: currently 37 per cent of people live in urban areas. This has implications for service delivery to children living in high density, low-income and underserved urban areas.<sup>2</sup>

3. Almost 22 per cent of the population lives below the poverty line based on consumption and cost of basic needs, with substantial variation in income and multidimensional poverty.<sup>3</sup> The goal of the national poverty reduction programme is to reduce inequality; invest in people; lift lagging districts by creating a welfare state; counter elite capture; use data and technology to create precision safety nets; promote financial inclusion and access to digital services; and support female economic empowerment.<sup>4</sup> Barriers to greater reach and impact of social protection are fragmentation, non-optimal targeting and operational inefficiency. Social sector budgets are very low, totalling 0.54 per cent of the gross domestic product.<sup>5</sup>

4. The national maternal mortality ratio is 186 deaths per 100,000 live births, with disparities in rural areas, with 298 deaths per 100,000 live births in Balochistan Province. While noticeable progress has been made across health indicators and rates have declined, they are still concerning: the under-5 mortality rate is 74 deaths per 1,000 live births, the infant mortality rate is 62 and the neonatal mortality rate is 42. The causes include harmful practices, communicable diseases, under immunization, disempowered mothers, closely spaced births, malnutrition, a high adolescent birth rate, high prevalence of low birthweight and limited access to and underutilization of quality skilled health care providers. Less than half of the population has adequate health care coverage, with Balochistan the least well covered. Barriers include underexpenditure on primary health care, inequitable reach and utilization of quality

<sup>1</sup> United Nations Statistics Division population projection from the 2017 Census of Pakistan.

<sup>2</sup> Unless otherwise noted, the sources for the programme rationale section are UNICEF Pakistan, Situation Analysis: Children in Pakistan, 2021 and Pakistan Bureau of Statistics (PBS). Population projection of the 2017 Census to 2021 by PBS based on the Pakistan Economic Survey.

<sup>3</sup> Planning Commission, Ministry of Planning, Development and Special Initiatives, Annual Development Plan Pakistan 2021-22, [www.pc.gov.pk/uploads/annualplan/Annual\\_Plan\\_2021-22.pdf](http://www.pc.gov.pk/uploads/annualplan/Annual_Plan_2021-22.pdf).

<sup>4</sup> Ministry of Poverty Alleviation and Social Safety Net, Government of Pakistan, Ehsaas Strategy Revised in the COVID-19 context 4 years (2019 – 2023).

<sup>5</sup> Government of Pakistan, Finance Division, , Federal Budget 2021-22, Budget in Brief, Islamabad, June 2021, [www.finance.gov.pk/budget/budget\\_2021\\_22/6\\_budget\\_in\\_brief\\_english\\_2021\\_22.pdf](http://www.finance.gov.pk/budget/budget_2021_22/6_budget_in_brief_english_2021_22.pdf)

primary health services and supplies, low health worker performance and limited autonomy by public authorities to use public-private partnerships.

5. Although improving, immunization coverage remains far below optimal: 66 per cent of children (71 per cent urban and 63 per cent rural; 68 per cent of boys and 63 per cent of girls) are fully vaccinated. One quarter of children in Balochistan had no vaccinations in 2020. Barriers include lack of access and demand, weak microplanning, outreach and supply management and lack of regulation over widely used private providers. The National Emergency Action Plan for Polio Eradication has demonstrated promising results since 2011. Despite the COVID-19 pandemic-related challenges, there was only one wild poliovirus case since 2021 compared with 84 cases in 2020<sup>6</sup>; however, with 11 new cases in 2022, and potentially more cases that could be reported, accelerated actions are needed to sustain the gains made in recent years.

6. Malnutrition remains a major concern: 40 per cent of children under 5 years of age (41 per cent of boys; 39 per cent of girls) are stunted and 18 per cent are wasted (18 per cent of boys and 17 per cent of girls). While overweight among adolescents is increasing, 23 per cent of newborn babies have low birthweight. Child undernutrition is worse in Balochistan, Khyber Pakhtunkhwa and Sindh Provinces. Over 50 per cent of children have micronutrient deficiencies and 56 per cent of adolescent girls are anaemic.<sup>7</sup> Breastfeeding practices and diets are suboptimal; for example, 86 per cent of children aged 6 to 23 months do not have minimally diverse diets. Barriers to progress include weaknesses in multisectoral financing, governance, accountability and convergent programming. Enforcement of laws is not preventing the marketing of breastmilk substitutes, unhealthy foods and beverages. Caregivers are unaware of optimal childcare practices, compounded by insufficient skilled human resources for delivery of nutrition services, especially impactful social and behaviour change interventions.

7. Further efforts are required to prioritize early childhood education by caregivers and governments. Less than a quarter of children 4 years of age are enrolled in formal quality ECE; net primary enrolment of children aged 6 to 10 years is 84 per cent (girls 78 and boys 89 per cent), ranging from 72 per cent in Balochistan to 92 per cent in Punjab Province. Gender parity, retention and transition to secondary school are problematic at the primary and middle levels. By ages 14 to 15 years, net enrolment falls to 37 per cent; close to 22 million children aged 5 to 16 years were out of school during 2019/20, with the highest rates in Balochistan, Sindh and Khyber Pakhtunkhwa, while Punjab had the largest number (7.8 million), followed by Sindh (6.5 million).<sup>8</sup>

8. Surveys conducted in 2018–2019 showed that despite slightly improved learning trends, 41 per cent of fifth grade students in rural areas were unable to read a simple story. Over time, boys have consistently outperformed girls in literacy and numeracy.<sup>9</sup> A barrier to improved literacy and numeracy is limited actionable

<sup>6</sup> Pakistan Polio Eradication Programme, WPV Polio Cases Across Pakistan's Provinces, <https://www.endpolio.com.pk/polioin-pakistan/polio-cases-in-provinces> (part of routine case reporting and surveillance, accessed on 27 January 2021).

<sup>7</sup> Ministry of National Health Services, Regulation and Coordination, UNICEF, Aga Khan University, and UK Aid, National Nutrition Survey 2018, Government of Pakistan, Islamabad, 2019.

<sup>8</sup> Pakistan Bureau of Statistics, Ministry of Planning, Development and Special Initiatives, Pakistan Social and Living Standards Measurement Survey District Level, 2019-20, July 2021, [https://www.pbs.gov.pk/sites/default/files/pslm/publications/pslm\\_district\\_2019-20/PSLM\\_2019\\_20\\_District\\_Level.pdf](https://www.pbs.gov.pk/sites/default/files/pslm/publications/pslm_district_2019-20/PSLM_2019_20_District_Level.pdf).

<sup>9</sup> Annual Status of Education Report (ASER), provisional January 2020, [http://aserpakistan.org/document/aser/2019/reports/national/ASER\\_National\\_2019.pdf](http://aserpakistan.org/document/aser/2019/reports/national/ASER_National_2019.pdf).

evidence for improving the quality of teaching and learning, although new programmes are under way. Affordable, scalable models are lacking for alternative learning and skills acquisition. Another barrier is gaps in equity-based education planning and budgeting. Only 20 per cent of schools in rural areas have enrolled children with disabilities; only 4 to 7 per cent of schools surveyed have disability-friendly toilets.

9. Birth registration increased from 34 per cent of children under 5 years of age in 2012–2013 to just over 42 per cent in 2017–2018.<sup>10</sup> The biggest increases were in Balochistan (8 to 38 per cent); Punjab (46 to 58 per cent); and Khyber Pakhtunkhwa (10 to 19 per cent). Barriers include limited awareness and access to childbirth facilities for the poorest and least educated families.

10. Across provinces, many children have experienced violence<sup>11</sup>. The national Child Marriage Restraint Act (1929) set the marriageable age for girls at 16 and for boys at 18. Only Sindh Province has set the marriageable age at 18 for both genders. Eighteen per cent of women aged 20 to 24 years were married before age 18 (2021), with no change since 2013. Recent surveys revealed that 13 to 14 per cent of children aged 5 to 17 years are engaged in labour.<sup>12</sup> Barriers to change include incomplete, non-standardized evidence on violence against children, policy and legislative gaps, unclear institutional responsibilities and weak case management and referral systems, with social norms and poverty reinforcing harmful practices and low empowerment to seek help.

11. Ninety-two per cent of the population access improved drinking water although only 36 per cent access safely managed clean water. Access is lowest in Balochistan, Sindh and Khyber Pakhtunkhwa. Nationwide, 68 per cent of people use at least a basic sanitation facility. Open defecation has declined to 7 per cent of the population, which is still an estimated 15 million people. Barriers to improvements include weak regulation of systems, unclear institutional responsibilities, insufficient service cost-recovery, legislative gaps, inefficient information management, low public commitment to safeguarding the environment and weak capacity for planning and implementing climate-resilient programmes to strengthen community resilience.

12. Pakistan has historically experienced earthquakes, floods, droughts and water-scarcity. According to the UNICEF 2021 Children's Climate Risk Index, Pakistan ranks 14 out of 163 countries. Climate change, population pressure and other factors are contributing to a scarcity of clean water and to elevated disaster risks and population vulnerabilities.

13. Multisectoral strategies for early childhood development (ECD) exist but lack effective coordination, monitoring, financing, adherence to service standards and application of positive parenting practices. The ECD index for early childhood well-being is lowest for Balochistan; 15 districts in Khyber Pakhtunkhwa, Punjab and Sindh also have extremely low index values.<sup>13</sup>

14. The national Adolescent Equity Index indicates that 56 per cent of adolescents have access to a full range of essential services and opportunities. Rural female youth are least likely to have opportunities for participation, health and social services. Twice as many females as males are not in education, employment or training.

<sup>10</sup> National Institute of Population Studies Pakistan and ICF, Pakistan Demographic and Health Survey 2017-18, <https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>.

<sup>11</sup> Bureaux of Statistics: Multiple Indicator Cluster Surveys: Punjab (2017–2018); Sindh (2018–2019); Planning and Development Department Khyber Pakhtunkhwa (KP), Multiple Indicator Cluster Surveys (2016-17).

<sup>12</sup> Pakistan Bureau of Statistics, Planning and Development Department: Labour Force Survey, 2019–2020; Child Labour Surveys in Gilgit Baltistan (2021); Punjab Child Labour Survey (2022).

<sup>13</sup> UNICEF Pakistan, Situation Analysis of Children in Pakistan, 2021.

Barriers are gender discrimination, inequitable access to non-formal education, non-targeting of adolescents in budgets and training that is not matched to available jobs.

15. Pakistan hosts 1.4 million registered refugees, and 1.6 million Afghan Citizen Card holders or undocumented Afghans. Legally registered refugees can access the same health and education services as citizens. Many Afghans in the country reside in unhealthy conditions and have poor nutritional status and low educational attainment. Another large-scale influx of Afghans would put severe pressure on hosting areas and public services.<sup>14</sup>

16. Lessons learned from the midterm review (2020), gender programme review (2020) and country programme evaluation (2021) found that working in silos constrained synergistic, gender-responsive programming to address the holistic needs of vulnerable children. Multisectoral approaches should focus on early childhood and the adolescent years, girls and children with disabilities. UNICEF should use its convening power to strengthen programming in rural and urban areas with a high prevalence of deprived children. An important lesson reinforced during the COVID-19 pandemic was that humanitarian-development linkages need to be created to build shock-adaptative and resilient systems for continuity of essential services during crises; including building on existing vaccine supply chains to improve the routine immunization programme.

## **Programme priorities and partnerships**

17. The country programme, 2023–2027 aims to support, within the framework of the United Nations Sustainable Development Cooperation Framework (UNSDCF), national efforts to accelerate fulfilment of the rights of children to survival, development, protection and participation, especially for the most deprived and vulnerable children and adolescents.

18. The theory of change plans to accomplish (a) inclusive, gender-sensitive, child- and adolescent-friendly policy and budget implementation; (b) utilization of quality, sustainable and shock-adaptive social services; (c) empowerment of children to participate in decisions affecting them; and (d) equipping caregivers with appropriate behaviour and care practices. It is assumed that the country programme will be complemented by policies, public sector budgets and programmes that are equity-driven, with sufficient public resource allocations to achieve these changes.

19. During provincial and national consultations UNICEF, United Nations, government, bilateral, multilateral and civil society partners, researchers and the private sector identified priorities and strategies based on the concluding observations of the Committee on the Rights of the Child on the fifth periodic report by Pakistan on the rights of the child (2016), the common country assessment (2021), situation analysis (2021) and lessons learned from reviews, evaluations and other sources.

20. The country programme contributes to national priorities, the UNICEF Strategic Plan, 2022–2025 Goal Areas and all UNSDCF outcomes. Through seven programme components, UNICEF will provide evidence, advocacy, technical assistance and support for:

(a) Strengthening systems and institutions, through more strategic engagement at the provincial level, to ensure inclusive, resilient, equitable, gender-responsive and quality essential services for children and adolescents, particularly the most deprived.

<sup>14</sup>The country programme document does not include programming related to refugees (existing and potential influx) covered under the Refugee Response Plan.

(b) Sharpening the focus on equity across all programmes to reach the most vulnerable and deprived children, including children with disabilities, migrant and refugee children, and children living in the most deprived areas of the country.

(c) Implementing synergistic and multisectoral programming focused on early childhood and adolescence in areas with persistent low achievement on child rights indicators.

(d) Accelerating gender-responsive programming to address gender inequalities and remove structural barriers.

(e) Promoting participation and inclusion of adolescents and parents through community engagement for social and behavioural change.

(f) Scaling up evidence-based communication for social and behaviour change to promote positive social norms, non-discriminatory behaviours through community engagement and use of traditional and social media.

(g) Increasing public understanding of child rights and increasing awareness to position children at the centre of the national development agenda.

(h) Fostering strategic partnerships to leverage engagement and resources from the public, businesses and other partners.

(i) Linking development and humanitarian programming, including through climate change adaptation, environmental protection, disaster risk reduction, and support for more shock-responsive and resilient systems and communities.

(j) Innovating to enhance programme effectiveness, including technology-driven innovations that have the potential to scale up and accelerate results for children.

## **Health**

21. This programme will contribute to stronger primary health care systems under the Pakistan Essential Package of Health Services for Universal Health Care. Provincial governments will be supported to develop and implement contextualized health systems that are inclusive, resilient and gender-responsive, aimed at equitable, integrated service delivery that reaches the most vulnerable and deprived children, adolescents and women.

22. Reproductive, maternal, neonatal, child and adolescent health services at the primary facility level will be bolstered through technical advice, evidence-based advocacy and public-private partnerships. Digital transformation will strengthen performance monitoring and enable telehealth services. The focus will be on districts with the worst child health indicators and on urban areas designated as “super high risk” for polio. Interventions will include prevention and treatment of paediatric HIV, birth registration integration, and school-based health and mental health care. Institutional and workforce capacities, including lady health workers, will be developed for community engagement in social and behaviour changes, especially key family care practices.

23. UNICEF will support universal immunization, with a focus on children with zero doses and districts with lowest levels of full immunization. Polio will continue to be a priority, both through the eradication programme and through reinforcement of the routine immunization programme and integrated service delivery. System strengthening will include digitization of immunization records; supply chain management; quality micro-planning; social and behavioural change interventions; and cross-border collaboration between the Pakistan and Afghanistan polio programmes to reach children on the move. The intervention also consists of

addressing community demands, vaccine hesitancy and building trust through integrated services such as nutrition, birth registration, water, sanitation and hygiene (WASH) and referrals for routine immunization strengthening. Resilience-building will ensure that immunization services continue in emergency situations.

### **Nutrition**

24. The nutrition programme will support federal and provincial governments to scale up quality, gender-sensitive, shock responsive and sustainable services, promotion of healthy diets and appropriate nutritional behaviours and care practices to address all forms of malnutrition. Interventions will be age-specific, with special attention to the most vulnerable and deprived children. This requires evidence-based advocacy, capacity strengthening, coordination and partnership across all sectors. Systems strengthening includes reviews of public expenditures, policies, regulations and coordination frameworks. Partnerships will be built with public, civil and private sectors for implementing multisectoral nutrition plans in all provinces. Social and behavioural change interventions will empower caregivers and communities to demand and utilize services.

25. The programme contributes to the Pakistan Multi-sectoral Nutrition Policy<sup>15</sup>, and to national partnerships to transform food systems. National and provincial governments and other stakeholders will be supported in an ECD alliance to institutionalize and implement integrated, gender-responsive and multisectoral services for the optimal growth and development of children aged 0 to 8 years. This includes ensuring social protection programmes systematically link to nutrition services and practices, with transfers to the most deprived mothers with a child in the first 1,000 days of life. Other areas include infant and young child feeding, micronutrient supplementation, promotion of maternal nutrition, prevention, early detection and management of acute malnutrition, and business commitments to supply safe and nutritious foods.

### **Learning and skills**

26. This programme will improve the capacity of the education system to deliver inclusive, equitable, gender-responsive, resilient and quality education and life skills and to promote climate change education. The main partners are education ministries, departments and institutions implementing sectoral plans with the Global Partnership for Education. Priorities include evidence-based and risk-informed policies, plans and budgets for equitable access, boosting attendance and learning outcomes. Barriers will be addressed regarding early learning, foundational literacy and numeracy, disabilities, safe learning environments and prevention of dropout, especially by girls. Teachers, administrators and community members will be sensitized on gender stereotyping and promoting gender equality.

27. The programme will increase access to non-formal education, secondary education and skills development through innovative, flexible, inclusive and relevant alternative learning and skill-building opportunities. The private sector will be engaged to ensure more children, especially girls aged 10 to 18 years, are in school, non-formal learning or employment training. Other priorities include public and civil society partnerships for enhancing digital connectivity and skills, expanding menstrual health, school nutrition and adolescent participation. Advocacy priorities include protective environments and out of school children.

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<sup>15</sup> Pakistan Multi-sectoral Nutrition Policy 2018–2025, [https://extranet.who.int/nutrition/gina/sites/default/filesstore/PAK\\_2018\\_Pakistan-Multi-sectoral-Nutrition-Strategy.pdf](https://extranet.who.int/nutrition/gina/sites/default/filesstore/PAK_2018_Pakistan-Multi-sectoral-Nutrition-Strategy.pdf)

**Child protection**

28. This programme will foster an enabling multisectoral environment that protects children, including adolescents, from violence, abuse, exploitation, neglect and harmful practices. Approaches include disaggregated data collection, gender and equity analytics, evidence-informed policies and budgets, monitoring and accountability. Linkages will be established across sectors and with social protection. Partners include federal and subnational governments, the private sector and United Nations organizations. UNICEF will advocate for increased funding for violence prevention, scale up of case management, referrals and strengthening social service and allied workforces. Social and behavioural change approaches will include gender-responsive programming, positive parenting; and mental health and psychosocial support, empowering girls to protect themselves in safer and more inclusive online environments.

29. Technical support will be provided to align federal and provincial policies and legislation with the Convention on the Rights of the Child. The programme will support addressing recommendations regarding violence against children, alternative care, child marriage, child labour, birth registration, juvenile justice and refugees. Key strategies will be evidence generation, standard-setting and capacity development yielding legislation, policies, plans, reports and public financing for delivery of an integrated, gender-responsive child protection system that is well-coordinated and includes adequate implementation and accountability measures. The programme will contribute to increased birth registration within civil registration and vital statistics systems and to advocacy for its integration with neonatal services. To prevent child marriage, the programme will strengthen linkages in priority districts between social protection schemes and education systems.

**Water, sanitation and hygiene, climate change and disaster risk reduction**

30. This programme aims at expanding access to safely managed, equitable and climate resilient WASH services and supplies for vulnerable communities. The programme contributes to the United Nations Joint Monitoring Programme and national priorities. Key partners include federal and subnational governments, civil society, the private sector, academia and the media. UNICEF will guide policy-making, child- and gender-responsive budgeting and regulation, and operation and maintenance of WASH services.

31. The Pakistan Approach to Total Sanitation will be updated to include social marketing, changing social norms and behaviours, safely managed sanitation services in cities and ending open defecation. Gender-responsive, disability-inclusive and child-friendly WASH services, including menstrual health, will be promoted in education and health facilities. Federal and provincial governments will be advised on low-cost water treatment solutions, water safety planning, quality surveillance, decentralized wastewater treatment and faecal sludge management. Appropriate capacity-building will be based on factors impeding community resilience and on risks to climate change, natural hazards and environmental degradation. This includes support to national environmental protection and climate change programmes focusing on climate-resilient urban sanitation, environment and community water and sanitation services and will foster adolescent engagement for climate change solutions. It also includes linking humanitarian and development programming and exploiting synergies with urban environmental sanitation, the Polio Eradication Programme, schools and health facilities.

**Social policy and social protection**

32. This programme will strengthen national and subnational governments' capacities to measure child poverty and to design evidence-based inclusive and



gender-responsive policies, budgets, programmes and social protection systems. UNICEF will support household surveys, results-based and gender-responsive research, planning and budgeting through academic and government partnerships. The programme will mobilize and leverage commitments for increased child-friendly social sector investments, targeting the poorest children in priority districts with low key child and adolescent indicators.

33. The programme will deepen knowledge on the effectiveness and efficiency of shock-responsive social protection programmes and schemes, including stipends and conditional and unconditional cash transfers, for enhanced scalability, outreach and inclusion of vulnerable groups. Key approaches are technological innovations, digital monitoring and other mechanisms for improved administration of all tiers of social protection services. Technical support will strengthen programming that links early childhood and adolescent interventions with social protection programmes in the most-deprived districts. Technical guidance on planning will foster stronger coordination, coherence and governance of social protection programmes.

### **Programme effectiveness**

34. This component aims at strategic, results-based design, coordination and management of programmes. It includes efficient, quality-assured supply, logistics and financial operations across programmes, offices and partnerships. It facilitates systematic coordination of three cross-sectoral priorities: ECD; adolescent development and participation; and climate change adaptation. The component includes external communication and advocacy; social norms and behaviour change; gender equality; promotes business for results and coordinates disaster risk management. The goals are programme excellence and accountabilities in results-based planning and monitoring, knowledge management, technology for development, programme evaluation, coordination of field operations and emergencies, child safeguarding and the prevention of sexual exploitation and abuse.

### **Summary budget table**

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health	35 096	490 250	525 346
Nutrition	26 559	29 065	55 624
Learning and skills	24 662	123 528	148 190
Child protection	19 920	11 138	31 058
Water, sanitation and hygiene, climate change and disaster risk reduction	35 000	40 500	75 500
Social policy and social protection	7 402	1 453	8 855
Programme effectiveness	41 070	30 702	71 772
<b>Total</b>	<b>189 709</b>	<b>726 636</b>	<b>916 345</b>

## Programme and risk management

35. This CPD outlines UNICEF contribution to the UNSDCF, Pakistan 2025: One Nation–One Vision, the Sustainable Development Goals and federal and provincial development plans, and serves as the primary unit of accountability to the Executive Board for results achievement and resources assigned to the programme. Accountabilities of managers at the country, regional and headquarters levels to country programmes are prescribed in the organization’s programme and operations policies and procedures.

36. The federal Ministry of Economic Affairs coordinates planning and monitoring of the country programme with responsible government partners at the national and subnational levels. The four UNICEF field offices in Pakistan support provincial planning and development departments on sectoral workplans, joint monitoring and reviews.

37. UNICEF supports all UNSDCF outcome groups and leads the basic social services group. UNICEF is a member of United Nations programme and operations management teams and development partner groups. UNICEF will mobilize and leverage resources from bilateral and multilateral global partnerships (such as Gavi, the Vaccine Alliance; the COVID-19 Global Access (COVAX) Facility; and the Global Partnership for Education), foundations, the private sector and the National Committees for UNICEF. A resource mobilization strategy will be formulated to diversify and leverage a wider network of funding streams.

38. It is assumed that the commitment of federal and provincial governments to equity and children’s rights will lead to increased public sector investments. There is a risk of shifting priorities due to economic challenges and uneven capacities across sectors, institutions and provinces. UNICEF will manage fiduciary and ethical risks through the harmonized approach to cash transfers and mechanisms of child protection by preventing sexual exploitation and abuse against children. Methods include training, monitoring, reporting, reviews, spot-checks and audits.

39. Crises triggered by natural or anthropogenic hazards and large-scale refugee influx may pose risks to achieving results. UNICEF is the Inter-Agency Standing Committee cluster lead for WASH, nutrition, and child protection area of responsibility. UNICEF will integrate resilience-building, climate change adaptation and disaster-risk-reduction approaches into sector programmes, while ensuring emergency preparedness and timely response that meets the Core Commitments for Children in Humanitarian Action. UNICEF will foster innovation, participation, real-time monitoring, social and behaviour change and building-back-better approaches while linking humanitarian and development programming, in line with national priorities.

## Monitoring, learning and evaluation

40. UNICEF, with its partners, will strengthen national capacity for child rights monitoring through the various sectoral management information systems, studies and reviews. Partners include research organizations and the national and provincial Bureau of Statistics on data collection and analysis, including through multiple indicator cluster surveys and updating the situation analysis.

41. UNICEF will support national and provincial governments and partners to strengthen and use programme monitoring and oversight systems for operational effectiveness and results-based management. Regular joint field monitoring and periodic programme reviews will assess progress on output-level results and inform course corrections. Disaggregated indicators will be reported on annually.

42. UNICEF will carry out the evaluations listed in the costed evaluation plan and strengthen national evaluation capacity to guide strategies that bring high-impact, cost-effective interventions to scale.

## Annex

## Results and resources framework

## Pakistan – UNICEF country programme of cooperation, 2023–2027

<p><b>Convention on the Rights of the Child:</b> Articles 1–3, 6–10, 13, 17, 19–20, 22– 24, 26–29, 32, 34, 40</p> <p><b>Sustainable Development Goals:</b>1–6, 8, 10, 13, 16–17</p>
<p><b>United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes involving UNICEF:</b></p> <ol style="list-style-type: none"> <li>1. Basic social services</li> <li>2. Gender equality and women’s empowerment</li> <li>3. Climate change and environment</li> <li>4. Sustainable inclusive economic growth and decent work</li> <li>5. Governance</li> </ol>
<p><b>Related UNICEF Strategic Plan, 2022–2025 Goal Areas:</b> 1–5</p>

UNSDCF outcomes	UNICEF outcomes	Key progress indicators*, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
1 and 2	By 2027: <b>1. Health</b> Children, adolescents, and women in Pakistan, especially the most vulnerable and deprived, have access to, and utilize quality, gender-responsive and	<p>Universal Health Care Coverage Index*</p> <p>B (2020): 49 T: 67</p> <p>Full implementation of essential newborn care package*</p> <p>B (2018): 64% T: 72%</p> <p>Per cent of children aged 12 to 23 months fully immunized*</p> <p>B (2018): 66% T: 80%</p>	<p>Universal health care monitoring report</p> <p>Pakistan Demographic and Health Surveys (PDHS)</p> <p>Provincial Multiple indicator cluster surveys (MICS)</p>	<p>1. Inclusive, resilient, equitable, gender-responsive and accountable primary health-care systems have the capacity to provide quality health services.</p> <p>2. Capacity developed for equitable access and utilization of quality reproductive, maternal, newborn, child and adolescent health services.</p>	<p>Federal Ministry of Health, provincial Departments of Health</p> <p>National Emergency Operations Centre</p> <p>World Health Organization (WHO)</p>	35 096	490 250	525 346

UNSDCF outcomes	UNICEF outcomes	Key progress indicators *, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
	sustainable health services	Number of wild and vaccine-derived polio cases B (2021): 9 T: 0 for three consecutive years	Government health reports Verification of immunization coverage survey WHO surveillance updates	3. Quality immunization services accessible and utilized by all target populations. 3. All children are fully vaccinated against polio, resulting in sustained eradication of polio.	United Nations Population Fund (UNFPA) Bill & Melinda Gates Foundation Rotary and private sector Gavi, the Vaccine Alliance World Bank			
1 and 2	<b>2. Nutrition</b> Children, adolescents and women, especially the vulnerable and deprived, have increased access to quality, safe services, practices and diet that prevent all forms of malnutrition across the four key stages of life: early childhood, middle childhood,	Percentage of children under five who are stunted* B (2018): 40.2% T: 32.2% Percentage of children under five who are wasted* B (2018): 18% T: <10%	Pakistan National Nutrition Survey 2018 PDHS MICS MICS	1.National systems are strengthened to protect and promote diets, services and practices for optimal growth and development of children, adolescents and women. 2. Government and partners' capacities strengthened to prevent all forms of malnutrition among young children, women of childbearing age, and reduction in prevalence of low birthweight. 3.Government and partners' capacity strengthened for the design and implementation of	Federal Ministries and provincial Departments of Health, Planning and Development and Special Initiatives Poverty Alleviation and Social Safety Division Scaling up Nutrition movement World Food Programme WHO	26 559	29 065	55 624

UNSDCF outcomes	UNICEF outcomes	Key progress indicators*, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
	adolescence and motherhood.	Prevalence of anaemia among adolescent girls B (2018): 56% T: 46%		quality, evidence-based interventions to prevent all forms of malnutrition among school-aged children and adolescents.  4. Integrated ECD services for children aged 0–8 years are institutionalized and implemented.				
1 and 2	<b>3. Learning and Skills</b> Education system in Pakistan has improved capacities to deliver inclusive, equitable, gender-responsive and resilient quality education and skills development, including transferable skills, especially to children, youth	Number of provinces with improved provision of quality early childhood education B (2022): 2 T: 7	Joint education sector reviews	1. Public education sector is strengthened for implementing equitable, relevant early learning and basic education, focused on improved learning outcomes.	Federal and provincial Ministries and Departments of Education, Technical Vocational Training, Planning, Development and Finance, and Climate Change  United Nations and development partners  Private sector, civil society, academia and media	24 662	123 528	148 190
Availability of successful and scalable models to improve foundational literacy and numeracy in early grades B (2022): Score 2 T: Score 3		Sectoral reviews	2. Educational systems are delivering cross-sectoral, child-centred quality, inclusive, equitable, gender responsive and safe ECE and foundational learning.					
Net primary enrolment rate, ages 6 to 10* B (2019/20): Total 64%		Pakistan Social Living Standards Measurement	3. Adolescents and youth, especially girls, have increased access to education, skills development and					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators *, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
	and particularly to girls.	Girls 60% Boys 68% T: Total 70% Girls 68% Boys 72%		engagement opportunities.				
		Percentage of out-of-school children ages 5 to 16  B (2019/20): Total 32% Girls 37% Boys 27% T: Total 25% Girls 28% Boys 22%						
1, 2, 4 and 5	<b>4. Child protection</b>  Children adolescents, are better protected from all forms of violence, abuse, exploitation, neglect and child marriage	Proportion of children aged 1 to 17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month*  B (2017–2021): 80-89% T: 76-83%	MICS*	1. Enabling environment strengthened for delivering evidence-based, integrated and gender-responsive child protection system coordinated with social and justice sectors.  2. National and subnational governments strengthen legislation and policy	Federal Ministry of Social Welfare; provincial Departments of Social Welfare/ Protection  National Commission on the Rights of Child  United Nations Entity for Gender Equality and the	19 920	11 138	31 058
		Women (aged 20–24 years) married before age 18  B (2017–2018): 18% T: 12%	PDHS	3. Evidence-based, gender-responsive, prevention strategies are scaled-up with a				

UNSDCF outcomes	UNICEF outcomes	Key progress indicators *, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
		Proportion of children under age 5 whose births are registered with a civil authority  B (2017–2018): 42% T: 60%	Birth registration reports	focus on equity and a systems approach, to reduce child protection violations, including child marriage and transform harmful social norms.  4. National and subnational governments strengthened to scale up child protection case management, referral system and deliver equitable, quality, timely and gender-responsive services for children and adolescents, with a focus on the most vulnerable	Empowerment of Women (UN-Women)  UNFPA  International Labour Organization  Academia, civil society and the media			
1 and 3	<b>5. Water, sanitation, hygiene (WASH), climate change and disaster risk reduction</b>  People in Pakistan, especially vulnerable children and adolescents are	Proportion of population using safely managed drinking water services*  B (2020): 36% T: 70%	Joint Monitoring Programme (JMP)	1. National and provincial systems are strengthened for provision of equitable, safely managed, climate resilient and gender responsive WASH services	Ministry of Climate Change  Provincial governments  United Nations Development Programme (UNDP)  National and provincial disaster	35 000	40 500	75 500
		Proportion of population practising open defecation  B (2020): 7.3% T: 0%	JMP	2. People in Pakistan, especially vulnerable children and adolescents, are provided with sustained				



UNSDCF outcomes	UNICEF outcomes	Key progress indicators *, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
	using safely managed, equitable, inclusive, gender-responsive and sustainable WASH services, including during humanitarian situations.	<p>Proportion of the population using basic sanitation services*</p> <p>B (2020): 68.4% T: 80%</p>	Joint sector reviews	access to safely managed climate resilient WASH and behaviour change promotion services in communities, institutions, including in development and humanitarian situations.	management authorities  Asian Development Bank, World Bank, Asian Infrastructure Investment Bank  Civil society, academia, media			
		<p>Number of provinces/subnational areas implementing child- and gender-responsive climate change adaptation plans</p> <p>B (2022): 0 T: 4</p>	Ministry of Climate Change reports	3. Federal and subnational Governments have child-sensitive programmes to address risks to children from climate change, natural disasters and environmental degradation.				
1, 2 and 3.	<p><b>6. Social policy and social protection</b></p> <p>Children, adolescents and their families, especially the most vulnerable, benefit from equity-sensitive and child-friendly policies, programmes and budget allocations and</p>	<p>Number of households reached by cash transfers through UNICEF-supported programmes</p> <p>B (2021): Benazir Income Support Programme (BISP) 36,675 mothers T: BISP 150,000 mothers</p>	Poverty Alleviation and Social Safety Division reports	1. Strengthened public sector capacities to use data and evidence for child- and gender-responsive planning, programming and budget planning, measurement of child poverty, performance and situational monitoring and reporting on women, children and adolescents.	Bureaux of Statistics  Federal Poverty Alleviation and Social Safety Nets Division  Provincial Planning and Development, Finance and Social Welfare Departments  Academia  Parliament  UNDP  World Bank	7 402	1 453	8 855
		<p>Proportion of total government spending on essential social services*</p> <p>B (2021): Education: 0.29%</p>	Ministry of Finance annual budget	2. Increased evidence and national capacity to design, deliver and monitor				

UNSDCF outcomes	UNICEF outcomes	Key progress indicators *, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
	strengthened accountability.	Health: 0.15% Social protection: 0.59% T: Education: 0.5% Health: 0.5% Social protection: 0.8%		social protection programmes.				
All outcomes	<b>7. Programme effectiveness</b>  Country programme and offices are efficiently planned, coordinated and managed to meet quality programming standards and achieve results for children.	Percentage of key performance indicators meeting benchmarks  B (2021): 75% T: 90%	UNICEF InSight			41 070	30 702	71 772
<b>Total resources</b>						<b>189 709</b>	<b>726 636</b>	<b>916 345</b>

\*All indicators with an asterisk are included in both UNICEF programme and the UNSDCF.