

## Pakistan

### Update on the context and situation of children

Pakistan's population is nearly 208 million (Population Census 2017), with an annual growth rate of 2.4 per cent. About 45 per cent of Pakistanis are under the age of 18. This growing population is placing severe pressure on the already limited basic services and infrastructure, compounded by rapid urbanization which is projected to reach 50 per cent by 2030, and vulnerability to disasters.

Pakistan's Gross Domestic Product (GDP) contracted by 0.5 per cent in 2020 and was forecast by the World Bank to grow at a rate of 3.5 per cent in 2021. Economic instability and inflation, due in part to the COVID-19 pandemic, pushed more households into poverty. Multiple Cluster Indicator Survey (MICS) 2017/2018 data show that 38.3 per cent of Pakistanis experience multidimensional poverty. Pakistan ranked 154 of 189 countries on the Human Development Index 2020, and 151 out of 153 countries on the Global Gender Parity Index.

Pakistan experiences numerous risks and frequent humanitarian situations. In 2021, the country ranked eighth on the Climate Risk Index 2021 for countries most affected by extreme weather events during 2000–2019. In 2021, it experienced floods, extreme air pollution, drought risks in eastern provinces, and a magnitude 5.9 earthquake in Harnai, Balochistan, affecting 77,000 people. An evolving humanitarian crisis in Afghanistan increased concerns over possible refugee inflows.

By 31 December 2021, Pakistan had endured five COVID-19 waves, with 1.3 million confirmed cases and 28,933 deaths. These were managed through micro-lockdowns, risk communication and community engagement and vaccination, which together limited infections while allowing some economic activity to proceed. About 31 per cent of Pakistanis were fully vaccinated and 12 per cent partly vaccinated by the end of 2021. Despite commendable vaccine uptake, the rate for women is lower.

Public funds have been increasingly directed towards pro-poor spending, including social safety nets through the Ehsaas programme, and on climate change and nutrition. These involved significant investments in social protection programmes, amounting to PKR 260 billion during FY 2021/22 to address COVID-19 impacts on the most vulnerable (Federal Budget Document).

Poor quality of care, slow improvements in full immunization, suboptimal nutrition and inequities related to access to care based on gender, geography, education and wealth contribute to high rates of newborn and maternal morbidity and death in Pakistan. About 65 children of every 1,000 live births do not celebrate their fifth birthdays (UN Inter-agency Group for Child Mortality Estimation, 2021). The maternal mortality ratio is 186 deaths per 100,000 live births (Pakistan Maternal Mortality Survey 2019).

Routine immunization is improving, with 76.1 per cent of children under two fully vaccinated in 2021 (TPVICS 2021), compared to 66 per cent in PDHS 2017–18. However, disparity in vaccine coverage exists between provinces, ranging from 38 per cent in Balochistan to 89 per cent in Punjab.

While 84 poliovirus and 135 vaccine-derived poliovirus cases were reported in 2020, polio eradication progressed in 2021 with only one and eight cases reported respectively. The amount of poliovirus found in sewage also declined continuously.

The UNICEF-supported National Nutrition Survey in 2018 revealed that over 15 per cent of women aged 15–49 years are undernourished and over half are anaemic. Pakistan has one of the highest

burdens of low-birth-weight babies globally, reaching 32 per cent in rural areas. Only 3.6 per cent of children aged 6–23 months consume a minimum acceptable diet, with even lower proportions in rural areas and Balochistan. Less than 20 per cent of newborn babies are initiated with breastmilk within one hour of birth, while under half of children below six months of age are exclusively breastfed. Under-five stunting and wasting remain major threats to early childhood development (ECD). NNS 2018 found significant inequalities in nutritional status between poor and rich households, urban and rural dwellers, and among provinces and districts. Overweight/obesity are rising among adolescents, especially in urban areas.

While 94 per cent of households can access improved drinking water, only 36 per cent have access to safely managed water sources. Seventy-nine per cent use improved sanitation, while open defecation is practiced by nearly one in ten, mostly rural, households (JMP 2020). Government investments, and support from the Prime Minister, demonstrated unprecedented government commitment to addressing water, sanitation and hygiene (WASH) and environmental issues; the Government's Clean Green Pakistan initiatives have driven institutional strengthening to address climate change.

Pakistan has over 20 million out-of-school children aged 5–16 years, including 10.8 million girls (PSLM 2019/2020). Dropout rates are high, especially for secondary-school girls. This has been exacerbated by the pandemic, and was confirmed by a UNICEF study showing high learning losses, especially for girls and children from poorer households and in early grades. School closures due to COVID-19 continued to disrupt learning for 40 million children, with full re-openings delayed until September 2021.

Children are exposed to a range of protection violations at home, school and in the wider community. Evidence indicated violence against children (including physically and psychologically violent discipline) ranging from 80 to 85 per cent across provinces (MICS 2016–2019). About 14 per cent of adolescents aged 15–19 years are married, while 19 per cent of 19-year-olds have had at least one baby (PDHS 2017/2018).

Recent subnational studies have found that 13–14 per cent of children aged 5–17 years are involved in child labour (Gilgit Baltistan, Child Labour Survey 2018–2019; Punjab MICS 2017–2018; Khyber Pakhtunkhwa MICS 2019). Considerable improvements in birth registration have been observed, from 34 per cent in 2013 to just over 42 per cent in 2017 (PDHS 2017/2018) and rising.

## Major contributions and drivers of results

### *Health*

UNICEF direct contributions, key evidence and technical assistance, led to advances in policies and plans for improved healthcare delivery for children. These included development of a Lady Health Worker (LHW) National Strategic Plan, costed essential health service packages, revised Expanded Programme on Immunization (EPI) Policy, 24/7 birth dose initiative in maternity homes and early childhood development (ECD)-sensitive guidelines for integrated management of neonatal and childhood illnesses (IMNCI). To support Government in operationalizing universal healthcare (UHC), UNICEF led the development of an investment case, mobilizing US\$560 million from the World Bank and Global Financing Facility.

UNICEF technical assistance supported Government in securing US\$47 million from the Global Fund for HIV. Following the 2019 HIV outbreak in Sindh UNICEF's ongoing support enabled 98 per cent of 1,977 registered people (78 per cent children) to benefit from antiretroviral treatment.

UNICEF's technical support and capacity building for enhanced digital health services made real-time

health data available on a single platform through DHIS2 in 14 Punjab districts, resulting in the provincial government mobilizing resources for full scale-up and digital transition in Sindh.

Cold-chain improvements supported effective vaccine management for delivery of quality vaccines. In 2021, 3,524 cold-chain equipment were procured and installed, bolstering routine immunization, as well as 50 walk-in cold rooms for COVID-19 vaccination.

UNICEF evidence generation and resource mobilization support led to US\$41 million from the COVID-19 Response Mechanism to strengthen oxygen therapy and health systems. Evidence generation and social analytics for COVID-19 informed C4D while funding for the COVID-19 helpline strengthened trust in government. These contributed to COVID-19 vaccination uptake. However female uptake was low in Khyber Pakhtunkhwa (KP) and Balochistan, so UNICEF provided resources for 100 female vaccinators.

Under the EPI recovery plan to mitigate COVID-19 impacts on routine immunization, UNICEF supported the birth-dose initiative with female-staffed vaccination centres in 32 hospitals open 24/7. 100,000 newborns (95 per cent of live births at these facilities) were vaccinated at birth, from a baseline of 8 per cent.

UNICEF-facilitated vaccine procurement, behaviour change communication, technical assistance and field monitoring contributed to immunizing 94 million children (exceeding targets by 4 million) against measles-rubella, and 19.8 million against typhoid in Punjab.

UNICEF advocacy led to inclusion of sick newborn care in the district-level Essential Package of Health Services. With UNICEF supplies and capacity-building, 3.2 million newborns were given an increased chance of survival. These included 3.1 million mothers and newborns who received home-based newborn care from 1,900 healthcare providers and 15,000 LHWs who were trained with UNICEF support; 50,010 newborns who received quality care at 35 UNICEF-supported Sick Newborn Units (half of Pakistan's public-sector facilities); and 5,686 pre-term newborns who received life-sustaining care through 33 Kangaroo Mother Care Units. In 10 districts, 3,350 newborns were treated for possible serious bacterial infections at primary facilities.

Integrated service delivery was scaled up from seven to 40 polio super-high-risk union councils, resulting in 1.7 million referrals. UNICEF procured and supplied 73,480 oral rehydration salt sachets, 183,700 zinc tablets, 0.5 million amoxicillin tablets for managing diarrhoea and pneumonia. Around 21,000 newborns benefitted from clean delivery through provision of delivery kits and 11,472 children with severe acute malnutrition (SAM) were treated.

### ***Polio Eradication***

UNICEF's procurement of 304.9 million polio vaccine doses resulted in the vaccination of an average of 98.6 per cent children targeted in six campaigns and two case responses. UNICEF-supported independent monitoring teams provided oversight, identified operational gaps and checked 93,000 children for vaccination status finding 92 per cent vaccinated. The UNICEF-led COMNet structure deployed 3,500 workers to build trust and address persistent refusals in high-risk areas through one-on-one outreach. In 291 very-high-risk union councils, 13,000 community-based vaccinators (87 per cent women) reached 2.3 million children. No wild poliovirus cases were reported in these areas, compared with 17 in 2020.

Collectively, these contributed to limiting wild poliovirus cases in 2021 to one, and reducing environmental positives from 45 in 2020 to eight in 2021.

### ***Nutrition***

UNICEF support enhanced coordination and strengthened government commitment to nutrition in line with the Nutrition for Growth and Food Systems Summits and pioneered the endorsement of the Global Action Plan roadmap to address child wasting under MoNHSR&C leadership.

UNICEF support resulted in the development of policy briefs, guidelines for resource allocation, a maternal nutrition strategy, and a dietary diversity strategy by MoNHSR&C.

UNICEF-generated evidence on barriers to iron folic acid supplementation informed development of the new maternal nutrition strategy. Development of a costed national nutrition plan of action with provincial roadmaps was initiated. UNICEF completed nutrition investment cases envisioned to contribute to advocacy on public financing of nutrition. Federal, Sindh, Punjab and Balochistan Breast Milk Substitute (BMS) Codes developed with UNICEF technical support were under review by law departments. KP and Punjab revised Multi-Sectoral Nutrition Strategies and Sindh enhanced multi-sectoral coordination.

With UNICEF financial and technical support, MoPDSI introduced nutrition markers enabling government to track US\$638 million in public finance for nutrition. UNICEF advocacy and technical support contributed to nutrition being integrated into the LHW strategy, and guidance developed on continued nutrition services.

Through technical assistance, 5.2 million children (2,641,236 girls) were screened and 315,000 (175,980 girls) with SAM received treatment. UNICEF's direct support enabled 85,508 children (44,464 girls) to receive SAM treatment.

Over 1.2 million children (690,143 girls) received multiple micronutrient supplementation, while 149,609 adolescent girls received iron folic acid supplementation to protect them from micronutrient deficiencies.

To encourage optimal nutrition behaviours, 50.5 million people received messages on infant and young child feeding (IYCF), 7,735 community support groups were oriented, and 7.8 million mothers and caregivers received counselling. 10,728 service providers were trained on IYCF counselling skills which will support improved quality of care for caretakers.

### ***Early Childhood Development (ECD)***

ECD introduction progressed with UNICEF support for the MoPDSI-led development of an ECD Policy Framework, incorporating cross-sectoral and provincial inputs. This resulted in an ECD package with 22 key family care practices implemented across 133 nutrition sites in KP. In Sindh, Balochistan and Punjab, 14,863 education and health frontline workers were trained, for rollout in 2022. A baseline survey was completed.

### ***Education***

The Global Partnership for Education's Education Sector Implementation Grant (EPSIG) programmes (US\$94 million) in Balochistan, KP, Punjab, EU Balochistan education programme (US\$21 million) for sector plan priorities, and ECW Multi-Year Resilience Programme (US\$60 million) were approved with UNICEF technical and coordination support, advancing policy reforms on continuity of learning, early childhood education (ECE), accelerated learning programmes (ALP) and school clustering.

While policy reforms advanced significantly with UNICEF support, direct support for supplies and capacity-building of school management committees (SMCs) and teachers enabled 251,360 out-of-school children (47 per cent girls) to learn, via ALPs, ECE and formal schools. These included 45,285

children (48 per cent girls) who were given a second chance to learn through 1,163 UNICEF-supported ALP centres. Marginalized adolescents accessed improved paths to employability through an accelerated middle-level ALP curriculum with a skills component in Balochistan, an integrated skills component in KP, and a feasibility study on skills in Sindh.

UNICEF supported continuity of learning during pandemic closures in Punjab and Sindh by providing 211,112 children (106,231 girls) with home-based learning materials. In Sindh, digital initiatives included 10 girls' schools provided with hardware and teacher training, and a Learning Passport bringing learning content online for 500,000 students.

UNICEF supported rollout of standard operating procedures (SOPs), guidelines and training manuals for safe school operations by national and provincial governments, contributing to the government priority to keep schools open. UNICEF also directly supported training on COVID-19 protocols for 16,481 teachers and education officials (6,732 women), and on providing mental health and psychosocial support (MHPSS) for 22,588 teachers (10,158 women). Collectively, they supported 677,640 children (298,162 girls).

The members of 3,356 SMCs were trained in safe school operations, enhancing community leadership. This, with infection prevention and control supplies, enabled 201,439 children (53 per cent girls) to safely resume schooling.

UNICEF contributed to 15 million people receiving messages on COVID-19 prevention, continuity of learning, safe school operations and vaccination through social media. 587,341 parents received text messages. Social media messaging on teacher vaccination reached 16.4 million people.

### ***Child protection***

UNICEF capacity-building and technical support resulted in registration of births of 2.8 million children (46 per cent girls), bringing total children registered since 2018 to 5.4 million.

Advocacy and technical support contributed to KP, Sindh, Punjab and Pakistan-Administered Kashmir (PAK) scaling up birth registration initiatives to all districts with allocations of US\$4.67 million for birth registration in Punjab. Rules of business for registering vital events were approved in Punjab, KP and PAK and awaited vetting in Sindh.

Strategic advocacy led to budget commitments to child labour surveys from provincial governments (cumulatively US\$3.6 million). Surveys were completed in GB and Punjab and advanced in KP, Sindh, Balochistan, PAK and ICT.

In Balochistan and GB, where child protection case management and referral systems (CP-CMRS) are operational, UNICEF supported improved data management using the PRIMERO system. In Sindh and ICT, CP-CMRS design was validated prior to implementation. Through UNICEF technical support, in PAK, a government programme proposal (US\$750,000) for a divisional Child Protection Unit was submitted. In KP and Punjab, UNICEF technically supported finalization of CRC-aligned bills to strengthen child protection systems; in Sindh, the Child Protection Authority Amendment Act 2021 was passed.

MHPSS, pioneered in KP through a UNICEF collaboration with the health department, was rolled out to support COVID-19 response in Punjab and Sindh via public-private partnerships. UNICEF-supported training enabled 11,843 social workers (7,245 women) to provide psychological support to 380,704 people (74,660 girls, 64,103 boys, 125,412 women, 116,529 men).

Provincial governments finalized social and behavioural change frameworks informed by a UNICEF-

supported study on drivers of child protection concerns. During the pandemic, 13.6 million people received messages on violence against children, gender-based violence and stigma prevention.

## **WASH**

UNICEF advocacy contributed to inclusion of WASH in Pakistan's Nationally Determined Contributions, effective COP26 participation with a Pakistan Pavilion, revised National Climate Change Policy and the Hand Hygiene for All (HH4A) roadmap, reflecting government's growing prioritization of WASH. Advocacy and technical support contributed to US\$205 million in public funds leveraged for Clean Green Pakistan.

UNICEF technical assistance supported the Government's WASH Climate Risk Assessment, and Bottleneck Analysis to inform Clean Green Pakistan scale-up, shifting the programme towards climate-resilient WASH.

Responding to increasing urbanization, UNICEF completed formative research on demand creation for urban WASH, while technical and financial support for sustainable, safely managed, climate-resilient services benefited 3 million people. The Clean Green Pakistan Index was expanded to 62 cities which now compete to create cleaner environments.

UNICEF advocacy and social and behaviour change continued scale-up of the Pakistan Approach to Total Sanitation enabling 2.7 million people (778,852 men; 756,557 women; 1,196,480 children) to live in open-defecation-free environments. Almost 100,000 were also verified as living in water-safe communities, with climate-resilient access to quality water.

Advocacy with government ensured availability, accessibility, and affordability of WASH facilities in 1,194 schools, giving 289,000 children the opportunity to learn in safer school environments. Over 176,000 girls attending school managed menstruation with dignity through menstrual health and hygiene management (MHHM).

## ***Humanitarian and DRR***

With UNICEF, the National Disaster Management Authority (NDMA) organized Emergency Preparedness and Response sessions in Sindh, Punjab and Balochistan, resulting in 110 government officials upskilled in emergency preparedness. Guidelines on post-COVID safe school reopening were finalized with provincial education departments, with checklists disseminated to schools in all provinces. With UNICEF support, 240,000 students (118,000 girls) conducted drills to prepare for disasters.

In earthquake affected Harnai, UNICEF provided health care support for 29,487 women and 19,280 children under five through 13 health facilities, and 166 community health workers. Following SAM screening of 2,133 children, 281 children were treated through health facilities and three mobile clinics.

UNICEF contributed to the 2021 and 2022 Regional Refugee Response Plans in view of potential refugee movements from Afghanistan, and pre-positioned supplies to meet humanitarian needs for 150,000 people.

## ***Social policy***

UNICEF supported passage of new legislation on neglected children, corporal punishment and poverty reduction in 2021. Following UNICEF advocacy, seven bills and nine questions on child rights were debated in Parliament.

With UNICEF technical assistance PAK and KP drafted child-sensitive social protection policies, with a GB policy under consultation, and Ehsaas incorporated the Karkardagi Monitoring and Evaluation Management Information System as a planning/appraisal function.

With UNICEF support, MoPDSI prepared the SDG Status Report 2021, built capacity on tracking SDG indicators, developed a cost-of-basic-needs Poverty Estimation Report, strengthened monitoring, evaluation and research systems, and enhanced capacity to incorporate children into multi-dimensional poverty estimations. UNICEF technical assistance contributed to approval of Punjab's first-ever monitoring and evaluation policy. Punjab developed Pakistan's first responsive investment strategy to guide COVID-19 programming through Ehsaas.

MICS reports were finalized in Sindh and KP, surveys concluded in Balochistan and PAK, and a concept note was finalized in Punjab. MICS-based secondary analysis was strengthened through training for 1,600 government staff, and 10 district and five equity profiles were launched in GB.

### ***Adolescent development and participation***

UNICEF advocacy generated policymaker-level interest in adolescent development through GenU and the government's Kamyab Jawan programme. A GenU Secretariat to advance adolescent learning, skills and entrepreneurship was established at the National Vocational and Technical Training Commission with UNICEF support. The Adolescent Investment Strategy, jointly developed with ROSA, UNDP and UNFPA in consultation with young Pakistanis, provided an inter-agency strategic framework for youth empowerment.

UNICEF engagement empowered adolescents as innovators and peer educators on development challenges through the Pakistan-Afghanistan Youth Innovation Challenge, the World's Largest Lesson, Coping with Corona campaign and as panellists in Regional Youth platforms.

### ***Gender***

Following a 2020 gender review, in 2021 UNICEF programming focused on adolescent girls, integrated programming to prevent child marriage and gender-based violence, safe education and vocational training, adolescent nutrition and adapted WASH services. With enhanced gender-responsive programming across programmes, nutrition, immunization and MHHM programming relied particularly on gender analysis, community consultation and mobilization, and women and girls as change agents.

### ***Programme enablers***

Focus areas for communication for development (C4D) in 2021 were COVID-19 vaccination, introduction of ECD package and formative social research including 11 KAP studies. Although UNICEF maintained focus on COVID-19 in C4D, 2021 saw increasing integration, with COVID-19 messages integrated into 80 per cent of regular programming. To capitalize on COVID-19 investments, UNICEF emphasized system strengthening, including creation of federal and provincial RCCE coordination taskforces. C4D activities reached 79 million people via social media and 93,000 via community engagement.

Advocacy for child rights focused on COVID-19 service continuity and vaccination, mental health, youth participation and climate change, with opinion pieces in national news, 100 videos including with adolescents and celebrities, social media and online messaging viewed 500 million times and nation-wide commemorations of World Children's Day with the Ministry of Human Rights.

Programme delivery was supported with US\$470 million in supply and procurement managed and 141 long-term agreements. HACT assurance achieved 192 per cent programmatic visits, 100 per cent financial assurance activities and 29 micro-assessments.

UNICEF contributed to successful vaccination campaigns through vaccine procurement for polio (304.9 million doses), COVID-19 (46 million doses) and measles-rubella (113 million doses). UNICEF supported procurement of 39,385 cartons of ready-to-use therapeutic food for SAM treatment.

## UN Collaboration and Other Partnerships

With the UNICEF Country Programme and the UN Sustainable Cooperation Development Framework (UNSCDF) concluding in 2022, UNICEF engaged with the UN system to evaluate progress, prioritize engagement areas and update the common country assessment. UNICEF led the Basic Services outcome group in articulating a theory of change and defining the results framework for 2023–2027 and advocated to include maternal and child health and health systems strengthening.

Within the United Nations Crisis Management Team, UNICEF supported development of the Pakistan Humanitarian Needs Overview 2022. Anticipating refugee inflows from Afghanistan, UNICEF collaborated with UNHCR on the 2021 and 2022 Regional Refugee Preparedness and Response Plans.

Within the H5 partnership (with UNAIDS, UNFPA, WHO, World Bank), and Health and Nutrition Development Partners Group, UNICEF advocated for health systems resilience within the UHC framework and the Framework for the Continuity of Essential Health and Nutrition Services, helping maintain critical services through COVID-19.

Collaborations with international financial institutions led to inclusion of maternal and child health and health systems strengthening for UHC in their five-year country strategies (World Bank, Asian Development Bank). Collaborations with World Bank shaped strategies on foundational literacy/numeracy, for which Pakistan is designated a global accelerator country.

Under the National EOC, UNICEF partnerships supported polio vaccination. UNICEF participated in advocacy with parliamentarians leading to a cross-party declaration of support for the polio programme. Through COVAX, UNICEF facilitated the rollout of COVID-19 vaccination.

Strategic and operational partnerships for nutrition with WHO, FAO and WFP improved coherence, harmonized technical support to governments, and supported joint action to scale up Ehsaas and COVID-19 adaptations for service continuity.

As Coordinating Agency and Grant Agent, UNICEF contributed to five-year EPSIG proposals addressing education sector priorities in Balochistan, KP and Punjab, an EU-funded programme in Balochistan, and the multi-year ECW programme. Collaboration with UNDP supported adolescent programming under GenU.

As Convening Agent for the FCDO-funded Aawaz-II joint programme with UNFPA in Punjab and KP, UNICEF contributed to institutional development for CRVS, child labour surveys, legal reforms and birth registration.

An MoU to collaborate with ILO on child labour policy formulation led to initial work on policy tools in GB.

### *Private sector partnerships*



UNICEF developed a Private Sector Engagement Strategy to leverage private sector capabilities, assets and resources for outreach and service delivery.

K-Electric, an energy utility, agreed to deliver polio immunization messages to 20 million household customers, while an agreement with PTCL to use the telecom's 1,400 buildings for rest created supportive environments for vaccinators. A partnership with UNILEVER built support for climate-resilient WASH through a joint side-event with MoCC at COP26.

New partnerships with EdTech Hub, MoFEPT's distance learning wing, Microsoft (Learning Passport), Oterman's Institute, AEWG, and ITU (GIGA) supported innovations in remote learning. New partnerships with Telenor, Pakistan Business Council and PAFEC supported C4D.

UNICEF support to MHPSS provision leveraged public-private partnerships with PAHCHAAN in Punjab, and Shifa Foundation and Integrated Health Services in Sindh. These, and linkages between CP-CMRS and alternative care facilities, contributed to 4,265 children (1,784 girls, 2,481 boys,) receiving protective services.

## **Lessons Learned and Innovations**

### ***To reach scale, innovations in continuity of learning require acknowledging the digital divide and developing cohesive frameworks that encompass different learning modalities***

In 2021, UNICEF took forward support for remote learning including the Digital Learning for Every Child programme in Sindh Learning Passport and a new partnership with ITU on the GIGA initiative to map school connectivity. However, the number of children reached by such initiatives remains limited by inadequate access to digital devices, low digital literacy and motivation. In particular, an equitable approach to continuity of learning requires not relying on digital means alone, but developing a cohesive framework encompassing different modalities, considering the enabling environment required and their impacts on learning. While innovations in digital learning should continue, innovations in no-tech and low-tech modalities are essential to reach the most marginalized children.

Thus, while COVID-19 accelerated digital service delivery, as a UNICEF study of learning losses revealed, the digital divide is substantial and risks leaving behind vulnerable households. As UNICEF takes its adolescent development programme forward, it will strengthen partnerships that help close this divide by investing in adolescents' access to digital communication modes.

### ***Opportunities have emerged for systems strengthening and humanitarian-development linkages***

The shock of the COVID-19 pandemic demonstrated the weaknesses of existing systems to deliver essential services and opened a crucial window of opportunity for strengthening systems and humanitarian-development linkages. Thus, for example, cold-chain and human-resource strengthening for immunization sustained COVID-19 vaccination drives. While COVID-linked needs for psychosocial support were met by introducing MHPSS in Sindh and Punjab through public-private partnerships, drawing on a UNICEF-supported model embedded into KP health services.

Reframing health system development discourse and re-aligning it with Pakistan's UHC aspirations and COVID-19 response achieved greater buy-in from government and sector actors. To capitalize on this, and to sustain momentum, UNICEF support for developing district Essential Packages of Health Services, the UHC investment case and primary health care through health system strengthening, enabled the government to prioritize health system reforms for efficient and equitable service delivery.

***A “back to basics” strategy, to improve the foundations rather than introduce innovating, was crucial for progress in polio eradication***

In 2021 UNICEF leveraged recent management changes to address operational issues in polio supplementary immunization planning, implementation, evaluation and review. This “back to basics” strategy prioritized the execution of basic components as a foundation for subsequent activities and contributed to optimal campaign quality.

Thus, pre-campaign preparedness schedules were followed meticulously, with informed local-level decisions based on readiness. Missed children were recorded using existing data tools and district teams designed and implemented targeted recovery interventions. Post-campaign reviews in all union councils, districts, provinces and nationally, informed planning for subsequent rounds.

UNICEF tailored strategies to specific contexts, with appropriate frontline workers, supportive supervision, microplanning, specific training for vaccinators and systematic monitoring. These were accompanied by support for integrating community-based vaccination into the health system, access to integrated basic services for historically marginalized communities, and systems strengthening for vaccine stockpile management. These contributed to the successful campaigns that underpinned the decline in polio cases and environmental samples.

***Demand-generation is most effective when linked to timely, high-quality service delivery***

Following a successful pilot in 2020, the 24/7 birth-dose initiative to immunize newborns and connect them to vaccination centres was scaled up dramatically, leading to 95 per cent of newborns vaccinated from a baseline of 8 per cent before the intervention. Similarly, vaccination uptake was increased when offered as part of integrated service delivery in 40 polio super-high-risk union councils with referral slips used to link children directly to essential services, showing the value of convergence in service delivery. Thus, demand can be driven by making the right services available in the right places, as integrated packages, and in combination with multi-modal behaviour change communication.

***Looking ahead***

COVID-19 drew the attention of policymakers towards the need for systems strengthening. UNICEF will leverage this attention to engage with local and national policymakers, youth and CSOs to advocate for and technically support systems strengthening in sectors related to children, prioritize humanitarian-development linkages and support shock-resistant institutions for service continuity.

With persisting economic and regional instability, pandemic conditions, and Pakistan’s vulnerability to natural disasters, UNICEF will renew support for institutions to become shock-resistant, adaptive and innovative, ensure resilience and continuity of services, and engage in risk-informed programming.

C4D was a successful strategy, particularly when paired with swift, responsive service delivery. Our technical support for evidence-based programming contributed to increasing government ownership and funding for basic and social services, research, surveys and evaluation. This will be driven forward in 2022.

The success of private sector partnerships in 2021, as an important part of strengthening resilience and responding to COVID-19, will lead to continued focus on business for results.

UNICEF’s support for supply, procurement and logistics was the foundation of Pakistan’s successful tetanus and measles-rubella introductions, and the substantial progress towards polio eradication seen this year.

In the face of Pakistan’s severe gender inequalities, UNICEF will drive forward gender-transformative

programming and has identified gender-responsive and transformative priorities for all programmes.

With Pakistan's large youthful population, increasing urbanization and multiple deprivations, UNICEF will double its efforts to incorporate the lifecycle approach in programming, and in advocacy with government. This includes building on foundational work developing structures for holistic ECD, climate-resilient programming, and supporting adolescent empowerment through quality education, skills and closing the digital divide.