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Short-duration country programme document

Islamic Republic of Pakistan

Summary

The short-duration country programme document (CPD) for the Islamic Republic of Pakistan is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of $28,683,000 from regular resources, subject to the availability of funds, and $86,700,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2009 to 2010.

* E/ICEF/2008/9.

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Basic data[a] *(2006 unless otherwise stated)*	
Child population (millions, under 18 years)	70.7
U5MR (per 1,000 live births)	97
Underweight (%, moderate and severe) (2001-2002)	38
Maternal mortality ratio (per 100,000 live births) (2005)[b]	320
Primary school enrolment/attendance (% net, male/female) (2005, 2000-2001)	77/59; 62/51
Primary schoolchildren reaching grade 5 (%) (2004)	70
Use of improved drinking water sources (%) (2004)	91
Use of adequate sanitation facilities (%) (2004)	59
Adult HIV prevalence rate (%) (2005)	0.1
Child labour (%, children 5-14 years old)	..
GNI per capita (US$)	770
One-year-olds immunized against DPT3 (%)	83
One-year-olds immunized against measles (%)	80

[a] More comprehensive country data on children and women are available at http://www.unicef.org.

[b] This figure is a 2005 estimate developed by WHO/UNICEF/UNFPA and the World Bank, which is adjusted for underreporting and misclassification of maternal deaths. Please see http://www.childinfo.org/areas/maternalmortality/.

The situation of children and women

1. Pakistan has made progress in reducing the under-five mortality rate (U5MR) from 130 per 1,000 live births in 1990 to 97 per 1,000 live births in 2006. However, preliminary findings of the most recent Pakistan Demographic and Health Survey show that there has been an increase in the neonatal mortality rate from 49 per 1,000 live births in 2000-2001 to 54 per 1,000 live births in 2006-2007. This increase is of serious concern and does not bode well for the maternal mortality ratio, estimated at 320 per 100,000 live births in 2005. The headcount poverty ratio increased from 25 per cent in 1992 to 34 per cent in 2001, but dropped to 24 per cent in 2004-2005.

2. The data seems to indicate that overall living standards may have improved, as reflected in the positive trend of the U5MR. However, if seen as a composite indicator, basic health service performance may have deteriorated. Only 34 per cent of women deliver in a health facility and only 22 per cent receive skilled postnatal care within 24 hours of delivery. The Government has launched a maternal, newborn and child health-care (MNCH) policy and moved to implement it in 2007 with support from development partners.

3. Diarrhoea has been identified as a key factor in preventing the country from eradicating polio. In 2006, 16 per cent of children under the age of five had incidences of diarrhoea within the prior 30 days. Further underlying causes are lack of adequate care practices regarding young child feeding, hygiene and prevention and treatment of childhood diseases, due to household poverty. A total of 38 per cent of children under the age of five are malnourished, and 41 per cent of households do not have access to improved sanitation facilities. Despite major efforts by the Government, with support from development partners, to eradicate polio, 32 cases

of the wild polio virus were reported in 18 districts in 2007, as compared to 40 cases in 20 districts in 2006.

4. High vulnerability levels are reflected in Pakistan's low position on the Human Development Index as it ranks 136 out of 177 countries. The Government's National Social Protection Strategy (2007) outlines the required means to address social protection but still needs to be funded and implemented. An estimated 70 million of Pakistan's total population, estimated at 160 million, is under the age of 18 years. The Government has been promoting the concept of a "demographic dividend", to be realized as the share of the productive population becomes greater than that of the dependent population. Major efforts need to be undertaken to realize this dividend, given the limited employment opportunities and low productivity, especially considering that half the population above the age of 15 years is illiterate. The primary school net attendance ratio is 59 per cent for males and 51 per cent for females; the secondary school attendance ratio is only 23 per cent and 18 per cent, respectively.

5. Devolution was expected to shift responsibility for social sectors and poverty eradication to provincial and district governments, but resource allocations often do not match assignment of functions. Spending related to the Poverty Reduction Strategy Programme has increased in absolute terms from 2001 to 2005, but as a percentage of the gross domestic product, annual public spending on education and health has remained around 3 per cent during this period.

6. Pakistan has seen two major natural disasters in recent years, with the 2005 earthquake killing over 73,000 people, many of them children, and the 2007 cyclone and associated floods destroying over 88,000 houses. The impact of these disasters has been most severe on the most vulnerable, including women and children. Already fragile and limited service delivery systems in these areas were destroyed or severely damaged. While the Government, together with development partners, has undertaken great efforts to rebuild in the earthquake-affected areas in particular, increased attention is now given to disaster risk management.

7. In 2007, the Government reported that Pakistan lagged behind in several of the targets for the Millennium Development Goals 2, 4, 5 and 7, but noted that it anticipated the country to be on track to achieving 22 out of 34 targets.

Key results and lessons learned from previous cooperation

Key results achieved

(a) The target of 80 per cent of children fully immunized has been achieved in Punjab, the country's most populous province, as well as in Pakistan-administered Kashmir (90 per cent each) in 2007. However, more attention needs to be paid to other parts of the country. The Government, with support from development partners, the World Health Organization (WHO) and UNICEF, has made significant investments in this area.

(b) The number of wild polio cases fell from 103 cases in 49 districts in 2003 to 32 cases in 18 districts in 2007. A total of 75 per cent of the districts have not reported a case of polio for more than two years. Strong communications support has resulted in a high level of awareness throughout the targeted communities, with 99 per cent of the community members stating they had heard of

the polio disease, 96 per cent stating they have heard of the vaccine and 95 per cent considering polio a priority health issue. The Ministry of Health made special efforts to carry out repeated National Immunisation Days with support from UNICEF (communication campaigns), WHO (operational arrangements) and the United States Centers for Disease Control (technical support).

(c) Antenatal care coverage increased in 11 selected districts from 31 per cent in 2004 to 57 per cent in 2006, and safe birth attendance increased from 27 per cent in 2003 to 59 per cent in 2007. UNICEF has been supporting the health system in these districts in training community-based health workers, midwives and emergency obstetric care facility staff while at the same time upgrading facilities aimed at round-the-clock delivery services in all 11 district centre hospitals. Together with the United Nations Population Fund (UNFPA) and the United States Agency for International Development, training modules for midwives have been piloted in order to create a sustainable system of educating cohorts of professional midwives.

(d) At the policy level, a child protection bill has been drafted, with UNICEF support, and submitted in 2007 for approval to Parliament. Once enacted, the law will ensure compliance of national legislation with the Convention on the Rights of the Child and international standards. UNICEF supported the development of a national sanitation policy which was approved by the Government and is now being implemented.

(e) Some of the most significant achievements were made in the 2005-2008 earthquake — response programme where 2.3 million people, or 66 per cent of the affected population, received health services through medical supplies, vaccinations and the establishment of a network of community-based health workers; 464,000 children received education in tented schools; and 1,168,000 people, half of them school students, were provided with access to safe water, sanitation facilities and hygiene education. Winter clothing was distributed to 1.5 million persons after the earthquake, which took place in autumn, and 13,400 separated, unaccompanied or orphaned children were registered and monitored.

Lessons learned

8. The strong emphasis of the current programme on support to service delivery has seen localized achievements, for example the reopening of 31 formerly closed schools through recruitment of and provision of transport to female teachers, thus increasing girls' enrolment by 30 per cent in these areas. However, in order to ensure sustainability and a broader outreach, the country programme needs to pay more attention to obstacles to taking these achievements to scale; these range from the lack of policy implementation and inadequate resources or expenditures to the very nature of policies themselves. In the past, programmes focused largely on strengthening the supply and availability of services. However, it was found that in order to increase the utilization of schooling and basic health care, more needs to be known about the reasons why large proportions of the population, especially women, are being excluded from realizing their rights, and do not demand or use the services.

9. The child protection programme has mainly focused on strengthening protection mechanisms in the urban areas. However, it is clear that poverty and problematic living conditions in the rural areas are among the key root causes for

children living risky lives in the urban areas, thus becoming clients of drop-in centres and help-lines. In order to move beyond reactive, urban- based protection interventions, strategies need to be linked more closely to social protection programmes that reach the most vulnerable families and thus prevent children from becoming victims of exploitation, neglect and abuse.

10. Evidence from a community-based communication project in one rural pilot district, which is developing models to increase the ability of care givers to detect and prevent basic childhood illnesses and to seek adequate care, has shown very positive results and significant differences with control districts. As an example, 80 per cent of newborns received colostrum as the first feeding after birth in the intervention district, as opposed to 26 per cent in a control district, and 98 per cent of mothers wash their hands after toilet use, as opposed to 73 per cent in the control district. Direct contacts with service providers and face-to-face communication within communities to convey messages are an indispensable component for all interventions requiring behaviour change by parents.

11. Following the 2005 earthquake and the 2007 flood emergencies in Pakistan, UNICEF assumed cluster leadership in the humanitarian community for water and environmental sanitation, education, protection and nutrition in the emergency response areas. While the overall experience in implementing the cluster approach has been positive, experience has shown that a dedicated capacity for cluster leadership, separate from the management of the emergency humanitarian response of UNICEF, is needed for the peak response phase.

The country programme, 2009-2010

Summary budget table

	In thousands of United States dollars		
Programme	*Regular resources*	*Other resources*	*Total*
Maternal and child health care	9 000	50 000	59 000
Primary education	5 400	25 000	30 400
Water, environment and sanitation	2 900	3 000	5 900
Child and adolescent protection	3 583	4 000	7 583
Planning, monitoring and evaluation	2 200	700	2 900
Cross-sectoral costs	5 600	4 000	9 600
Total	**28 683**	**86 700**	**115 383**

Preparation process

12. The first United Nations Development Assistance Framework (UNDAF) for Pakistan, to cover the period 2004-2008 was signed in March 2003. However, in late 2006, the Government volunteered Pakistan to be one the eight pilot countries to implement the recommendations from the United Nations High-level Panel on System-wide Coherence. This led the Government and the United Nations country team to agree in mid-2007 to extend the UNDAF until 2010, to align it with the

national planning cycle, thus creating the need for this short-duration country programme. Five thematic working groups were established to revise the UNDAF and to develop a "One United Nations" initiative consisting of five joint programmes: (a) agriculture, rural development and poverty reduction; (b) disaster risk management; (c) the environment; (d) education; and (e) health and population. UNICEF is currently co-chairing the working groups on health and population, education and the environment. The key results for this country programme are derived directly from the five joint programmes' outcomes and outputs, which have been jointly developed and bilaterally reviewed with government counterparts, during United Nations working group stakeholder consultations, and at the joint strategy meeting with the United Nations Development Programme (UNDP), UNFPA and the World Food Programme (WFP).

13. The Committee on the Rights of the Child, in its concluding remarks on the second periodic report submitted by Pakistan, highlighted the need for reform of the legislative frameworks relating to children and recommended that priority attention be given to increasing budgetary expenditures for the social sectors. The Committee also stated that Pakistan should target social services more specifically towards children belonging to the most vulnerable groups. The country programme will be supporting the government in implementing these recommendations, mainly through **the child and adolescent protection** and the **planning, monitoring and evaluation programme** components.

Goals, key results and strategies

14. The overall goal of the country programme is to contribute to the social, physical, mental and emotional well-being and development of all children in Pakistan through the availability of a healthy, enabling and protective environment. The key results derive from the 2008-2010 "One United Nations" initiative and are linked to national priorities which highlight the need to support poverty reduction, rural development, social protection, disaster risk management, education and literacy, gender-disparity elimination, natural resources protection and improved health for the whole population. The country programme will emphasise the achievement of the Millennium Development Goals 4 and 5 in Pakistan, as reflected in the increased resource allocations to the **maternal and child health** and **water, environment and sanitation programmes**.

15. Given the high-level of disaster-risk in Pakistan, emergency preparedness and response interventions will be prominent across all programmes. More attention will be paid to ensuring gender mainstreaming, with several elements of the programme forming part of a joint United Nations gender-parity programme. In order to enhance the realization of the rights of all children in an equitable way, special emphasis will be on reaching the most vulnerable children of the poorest and most marginalized communities. This will be achieved through a series of cross-cutting strategies: enhanced policy dialogue and advocacy for the fulfilment of child rights, particularly of vulnerable groups; support to basic service delivery in selected districts, with an emphasis on synergy between programme components; efficiency and effectiveness as well as social inclusiveness of service delivery mechanisms; documenting service delivery results for scaling up; and community-based communication for behaviour change. Strategies for delivering services in insecure environments will be developed across the whole programme.

16. Given the four agreed roles of the United Nations system under the "delivering as one" approach in Pakistan (convene, advocate, advise and support implementation), the country programme will increasingly focus on the first three roles, thus moving away from its previously predominant concentration on district-level support for programme implementation, while maintaining support to the devolved government structures. The short duration of the country programme will be an opportunity to reorient the programme more towards the policy level, building upon the results achieved from models implemented in selected districts.

Relationship to national priorities and the UNDAF

17. The country programme is closely aligned with the outcomes of the revised UNDAF, the "One United Nations" initiative and the five joint programme outcomes. The country programme will contribute to the achievement of national priorities such as the National Education Policy; the White Paper on Education in Pakistan; the MNCH strategy; the National Nutrition Strategic Plan; the National Sanitation Policy; the National Social Protection Strategy; the National Disaster Management Plan; and the Medium-Term Development Framework.

18. Out of a total of 24 key results for the country programme, 10 relate directly to the United Nations joint programming on health and population, reflecting support to the implementation of the national MNCH strategy. A total of four key results relate to the United Nations joint programming on education, with emphasis on pre-primary and early childhood education, primary school learning completion, and enrolment, especially for girls. Four key results are derived from the United Nations joint programming on agriculture, rural development and poverty reduction, reflected in the child and adolescent programme and the planning, monitoring and evaluation programme. Another four key results are derived from the United Nations joint programming on the environment, reflected in the **water, environment and sanitation programme**. A key result related to the protection of adolescents at risk of HIV is related to the National Strategic Plan on HIV/AIDS. Finally, a key result related to the United Nations joint programming on disaster risk management is adopted across all programme components of the country programme.

Relationship to international priorities

19. The Convention on the Rights of the Child remains the standard of commitment by Pakistan to its children, and underpins the entire country programme. The programme will also contribute to the achievement of the Millennium Development Goals while the programme's strategic design and its expected results fully reflect the goals of *A World Fit for Children* and the priorities of the UNICEF medium-term strategic plan. The country programme also addresses the new initiatives taken by the Inter-Agency Standing Committee on humanitarian reform, notably regarding the readiness of UNICEF to assume a cluster leadership role at the country level for emergency preparedness, contingency planning and emergency response.

Programme components

20. All programmes components will contribute to ensuring that vulnerable children are not put at further risk in cases of natural disasters or complex emergencies. This will be achieved by supporting disaster management authorities,

including sector-specific line departments at federal, provincial and district levels, in emergency preparedness and response, with special emphasis on protecting the most vulnerable. This cross-cutting key result will include development of emergency preparedness and response plans with the United Nations system and the enhancement of the cluster leadership readiness of UNICEF. The mainstreaming of strategies to promote gender parity is also an inherent component in all programmes.

21. The **maternal and child health programme** will focus on supporting Pakistan in reaching the Millennium Development Goals 1, 4 and 5, which appear to be most difficult to achieve for the country. The programme will make all efforts to support the operationalization and monitoring and evaluation of the 2007 MNCH policy. Eradication of polio continues to be a key goal, together with achieving universal immunization against measles and other vaccine-preventable diseases. The main partners for programme implementation will be WHO and UNFPA, together with the Ministry of Health.

22. The programme will support the following key results by 2010 in 34 districts: (a) implementing integrated MNCH, family planning (FP) and reproductive health (RH) strategies in all public and not-for-profit facilities. UNICEF will focus on improving key emergency obstetric and neonatal care facilities, including management capacity-building, and on providing support to the planning, development, resourcing, operationalization and review of the MNCH policy at subnational levels. Along with service-improvement interventions, the demand side for health services within communities will also be strengthened: (b) utilization of MNCH/FP/RH services increased by 20 per cent. This will be achieved through establishment of community transportation funds, participatory community-based communication interventions and the activation of village health committees. The programme will also contribute to (c) a 10 per cent decrease of babies with low birth weight; and (d) 80 per cent of mothers can correctly define exclusive breastfeeding. Strategies to achieve these results will focus on improving knowledge and practices of mothers and caregivers on infant and young child feeding and supporting maternal nutrition to prevent anaemia and low birth weight through communication for behaviour change by emergency obstetric care personnel, community-based health workers and village health committees. Non-governmental organizations (NGOs) and mass media will equally be engaged as catalysts for triggering awareness and action. The development and implementation of a strategy to increase salt iodisation focusing on large-scale producers and consumers will be supported to achieve the key result of (e) five major salt producers produce only iodised salt for the 10 largest consumer markets. A significant key result is (f) morbidity and mortality due to vaccine-preventable diseases reduced. The Expanded Programme on Immunization and the polio eradication and measles elimination programmes should have achieved their targets (no indigenous polio case, more than 80 per cent combined DPT3 coverage; more than 90 per cent measles immunization coverage; more than 90 per cent tetanus toxoid coverage) by 2010. This will require a particular focus on building community demand for immunization. In order to achieve (g) a strengthened and sustained school health programme to improve knowledge and change attitudes and practices relating to health promotion, disease prevention and management, the **maternal and child health** and **education programme** components will aim at developing school health strategies in all provinces and facilitate their implementation. The programme will also promote

(h) interventions for improving awareness, knowledge and practices for health promotion and disease prevention among families and youth initiated in targeted communities; this key result will see the institutionalization of Child Health Weeks that combine accelerated service delivery with the communication of key messages on health-seeking as well as sanitation and hygiene behaviour, targeting school children and child caregivers for one week in selected districts every year. An important aspect of the programme will be to contribute to ensuring that (i) policy management decisions by federal, provincial and district governments on health and population issues are evidence-based, using research and improved information systems. The programme will also contribute to the key result of having (j) functional prevention of parent-to-child transmission (of HIV) and high-quality paediatric HIV case management sites in all provinces. This will be achieved through guidelines and operational protocols and by increasing access to HIV counselling and testing for persons most at risk and highly vulnerable women, particularly by strengthening linkages with NGOs in urban areas.

23. The **education programme** builds on the promising strategies and implementation experiences of the 2004-2008 country programme. In conjunction with the United Nations Educational, Scientific and Cultural Organization (UNESCO), WFP and the United Nations Development Fund for Women, the programme will support the Ministry of Education to achieve its national education goals and realise its global commitments to Education for All and the targets of the Millennium Development Goal on education.

24. The education programme will contribute to the key results by 2010: (a) improved elementary school enrolment (net enrolment rate increased by 5 per cent), retention and completion rates (grade-by-grade promotion at least 80 per cent), especially for girls and most vulnerable children, in selected districts; (b) baseline established for learning outcomes for all children who have reached grades four and eight in 25 selected districts; (c) a 25 per cent decrease in pre-primary and early childhood education dropouts in selected districts; and (d) an improved system for education sector data collection, analysis and use for planning, budgeting at policymaking at all levels, with a particular focus on selected districts.

25. While earlier successful strategies, such as enrolment campaigns and transportation subsidies for female teachers, will be continued, early childhood education strategies will be piloted in 10 districts to prepare children for schooling and address the problems of high drop out rates in preschool classes and in the early grades. Child-friendly schools and expanding middle schooling opportunities for girls are areas where past country programme pilot experiences will be expanded into a coherent package of intervention. The programme will establish intersectoral linkages with other United Nations joint programming areas of school health, school water and environmental sanitation and contribute to enhanced coordination among stakeholders working towards education reform. Policy support, at the federal and provincial levels, for gender issues in education will continue to be pursued through the twin strategies of knowledge creation and capacity development.

26. The **child and adolescent protection programme** draws its focus from a situation where the headcount poverty ratio is 24 per cent, defining a segment of the population, of which children are particularly vulnerable. A key strategy for the programme will be advocacy at the policymaking level to ensure that child protection becomes a key topic of policy attention across all sectors. While existing

policies on child protection will be reviewed, amendments to existing laws and policy reforms will be encouraged, where required, in support of creating environments that protect children from violence, abuse, neglect, exploitation and discrimination and promote social inclusion of the most vulnerable children and families. A behaviour change communication strategy will be adopted jointly with governmental bodies and NGOs to promote child and adolescent rights and the concomitant actions needed at all levels to protect them. The programme will also support the development of child protection indicators and establish a monitoring mechanism that will provide a solid basis for evidence-based policy analysis regarding social exclusion and violence against children. The programme will support local research bodies and academic institutions to assess and analyse child protection issues.

27. Key results to the programme are: (a) a comprehensive child protection legislative framework approved and enacted in accordance with the Convention on the Rights of the Child and international standards; (b) provincial and district child protection systems developed to prevent and address violence, abuse, neglect and exploitation of girls and boys, including adolescents; and (c) by 2010, in selected urban municipalities, 30 per cent of those most at risk, especially vulnerable adolescents aged 10-18 years, have correct knowledge and relevant life skills, and are accessing services to reduce their risk and vulnerability to HIV. The programme will contribute to the United Nations joint programming outputs related to empowerment, mobilisation and social protection of the poor and vulnerable, and to the prevention of HIV and AIDS. Key partners will be the Ministry of Social Welfare and Special Education, the Ministry of Education, the Ministry of Health and the Ministry of Justice, as well as Members of Parliament, the International Labour Organization (ILO), UNFPA, UNESCO, the Office of the United Nations High Commissioner for Human Rights (OHCHR), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and civil society organizations.

28. Within the context of the “One United Nations” initiative, the **water, environment and sanitation programme**, in partnership with the Ministry of Environment, the Ministry of Education, the Ministry of Health, the Ministry of Science and Technology, the Local Government and Rural Development Department and the Public Health Engineering Department, as well as community-based organizations and other partners, will support the country’s efforts in achieving the Millennium Development Goals 4 and 7. This will be achieved by strengthening an enabling environment, enhancing utilization of improved drinking water and sanitation services, expanding hygiene promotion, improving water quality monitoring and management, including integrated water resource management, and enhancing water and sanitation sector emergency preparedness and response. The programme will also support the Millennium Development Goal 2 through improved access to safe water, sanitation and hygiene promotion in primary and middle schools.

29. The programme will contribute to the United Nations joint programming outputs: (a) increased access to sanitation (over baseline by 5 per cent) in selected districts; (b) increased utilization of child-friendly water and sanitation facilities by 5 per cent of boys’ and girls’ schools in selected districts; (c) more household caregivers knowing about safe hygiene practices (over baseline by 5 per cent) in selected districts; and (d) a strengthened policy, regulatory, information

management, institutional and coordination framework for drinking water and sanitation.

Planning, monitoring and evaluation programme

30. During the 2007 midterm review of the 2004-2008 country programme, it was agreed to widen the scope of the **planning, monitoring and evaluation programme** to enhance the social policy focus across the various programmes in terms of evidence-based social and economic policy analysis, notably as relating to social sector budgeting. This also reflects a general trend of the country programme, with policy dialogue and advocacy becoming a more pronounced component, enhancing the strategic role of the programme as an advocate for child rights within the framework of the Millennium Development Goals and in support of the Convention on the Rights of the Child. The programme will be contributing to two United Nations joint programming outputs, with the following key results: (a) public and civil society institutions enabled to conduct poverty research and monitoring based on the Millennium Development Goals; and (b) measures enhancing social and economic inclusion and social protection advocated. Under (a), conducting and further analysing the findings from the Multi-Indicator Cluster Surveys for planning and monitoring social development at the provincial and district levels will be carried out together with research on issues of social exclusion related to basic social services delivery; DevInfo is expected to be institutionalized as the monitoring tool of the national poverty reduction strategy paper. Under (b), the programme will support the review of at least two key social sector policies in terms of sensitivity towards the needs of the most vulnerable children in the most disadvantaged communities; their share of fiscal resources and of utilization levels; and the implementation mechanisms reaching the most vulnerable at the lower administrative levels. Cost-benefit analyses and documentation of selected district-level activities for scaling-up and replication will be carried out.

31. Key partners for implementing the programme will be the Ministry of Finance, the Ministry of Social Welfare and Special Education, the National Planning Commission, the National Disaster Management Authority and the provincial planning and development departments, as well as United Nations and local Inter-Agency Standing Committee partners.

32. **Cross-sectoral costs** will ensure that all programme components receive adequate logistical, procurement, security and administrative support to carry out programme implementation. This covers the continuous safety of the UNICEF staff and offices. The programme also includes an external relations component that ensures communication with key stakeholders and the media in Pakistan on children's issues and on the progress of the programme, as well as a programme communication component, providing technical guidance on the development and use of communication strategies for sustained behavioural change.

Major partnerships

33. The implementation of the five United Nations joint programming within the "One United Nations" initiative will require a continuous enhancement of synergies with all United Nations agencies, funds and programmes, while the global humanitarian reform agenda will involve stronger and more effective partnerships with local and international NGOs, the Red Crescent Society and other partners for

disaster preparedness and response. Major partnerships will be sought with the Ministry of Health in order to support achievement of the Millennium Development Goals 4 and 5 and to operationalize the 2007 MNCH policy. The National Disaster Management Authority will be the focal partner in coordinating emergency preparedness and response activities.

34. Private sector partnerships will be explored wherever possible, particularly to support efforts of increasing salt iodization in Pakistan and to leverage local resources for sustainable child and adolescent protection mechanisms in urban areas. Community-based organizations will be key partners in any behavioural change and awareness-raising campaigns, especially for hygiene, sanitation and protection issues. The national and local media will be involved in disseminating essential messages on child rights in Pakistan.

35. Existing development partner collaboration will be further strengthened while new partnerships are sought to ensure more strategic and longer-term interventions for the education and MCHC programme in the socially most deprived provinces, especially Balochistan and the North West Frontier Province, including the Federally Administered Tribal Areas.

Monitoring, evaluation and programme management

36. While planning, oversight, review and course correction of programme interventions will be carried out under the leadership of the Government, the country programme will be managed by the country team. Field offices will be directly responsible for implementing up to 80 per cent of the programme. Supported by a systematic field monitoring mechanism, mid-year and annual programme reviews with partners will provide opportunities for critical review and discussions on any adjustments required. The country programme monitoring mechanisms will be coordinated with those of the "One United Nations" joint programming, which are still under development, and also with other development partners. An evaluation of the policy dialogue components of the 2004-2008 country programmes and a situation analysis of children will be carried out to inform the new 2011-2015 country programme on how best to position and further develop policy dialogue and advocacy interventions leading to the achievement of the Millennium Development Goals.