

Pakistan

Update on the context and situation of children

Pakistan has a population of 207 million, the sixth largest in the world, 64 per cent of whom live in rural areas, 45 per cent are children and 23 per cent are adolescents aged 10 – 19 years (2017 Census). With an annual growth rate of 2.4 per cent and a population that doubles every 29 years, short term impacts include rapid urbanization and pressure on the social sector. Politically, the country operates a parliamentary democracy with devolved administrative systems comprising the Federal and four provincial (Balochistan, Khyber Pakhtunkhwa – KP, Punjab and Sindh) Governments, two federating areas – Azad, Jammu and Kashmir (AJK) and Gilgit-Baltistan (GB) and the Islamabad Capital Territory (ICT). The current government came to office in 2018, driving socio-economic reforms especially in poverty alleviation that are addressing malnutrition, climate change and fiscal policy stabilization.

Pakistan is a lower middle-income country with per capita income of US\$1,410 and a Gross Domestic Product (GDP) of US \$284 billion, according to the International Monitoring Fund (IMF) economic outlook of 2019. The country has been facing many economic challenges: a low GDP growth rate (3.3 per cent in 2019 – World Bank Global Economic Prospect Report, 2020), insufficient tax revenue, high fiscal and current account deficits and a large debt stock. According to the Economic Survey of 2018, about a quarter (24.3 per cent) of the population in the FY 2015/16 live below the poverty line.

In 2019, the country agreed to a US\$6 billion IMF structural reform programme. Although social sectors related to children were protected, this caused the fiscal space to shrink, affecting health and education sectors. However, the Government's poverty reduction programme (Ehsaas) offered opportunities to improve child-sensitive policies and programmes, including social protection. Public expenditure on social protection has increased more rapidly than expenditure on health and education. Since FY 2010, social protection expenditure has increased by 13 per cent per annum on average.

Government expenditure on health is 0.53 per cent of GDP, far below the WHO recommendation of five per cent. The neonatal mortality rate is 42 per 1,000 live births and Penta-3 vaccination coverage is 75.4 per cent (Pakistan Demographic Health Survey, 2017–2018). In 2019, the Ministry of Health (MoH) recorded 53,000 dengue fever cases (case fatality rate: 0.18 per cent), largely in Punjab, Sindh and Islamabad; 9,611 cases of drug-resistant typhoid and 1,281 cases of HIV (case detection rate of 3.12 per cent among people tested, with 80 per cent among children under 13 years) in Sindh.

In 2019, 128 wild and 12 vaccine-derived poliovirus cases were reported, compared to 12 and 0 respectively in 2018. This rise in case numbers can be attributed to community resistance to immunization, weak health systems and services, poor coordination, access and security challenges, and population movement between Afghanistan and Pakistan.

Pakistan is experiencing a triple burden of malnutrition, with undernutrition and micronutrient deficiencies increasingly accompanied by overweight, according to the National Nutrition Survey (NNS) 2018. Although slight reductions were observed in stunting, from 43.7 per cent in 2011 to 40.2 per cent in 2018, and underweight from 31.5 per cent in 2011 to 28.9 per cent in 2018, wasting has increased from 15.1 per cent in 2011 to 17.7 per cent in 2018. Malnutrition is higher among boys than girls reflected by stunting rates of 40.9 per cent and 39.4 per cent respectively. To address these findings and drive nutrition programming, a multisectoral coordination mechanism, the Pakistan National Nutrition Coordination Council, chaired by the Prime Minister, was established.

The Government of Pakistan has renewed commitment on water, hygiene and sanitation (WASH) and environmental issues through the launch of the Clean and Green Pakistan (C&GP) movement and has included a chapter on WASH in the Pakistan Economic Survey to inform policy action and investments. According to the NNS 2018, nearly 85 per cent of Pakistanis have improved sanitation facilities and 64 per cent use safely managed sources of drinking water. Water contamination, however, remains a concern.

Education expenditure accounts for 2.6 per cent of GDP, short of the 4–6 per cent recommended by the Education 2030 Framework for Action. The primary gross enrolment ratio is 97 per cent (Pakistan Education Statistics 2016–2017), from 86 per cent in 2012–2013. However, adjusted net enrolment is 77 per cent, suggesting a large number of over-aged children attend primary school, with broad gender and regional disparities. At pre-primary, the gross enrolment ratio is 84 per cent. The number of out-of-school children (OOSC) decreased to 22.8 million from 26 million in 2012–2013.

Gender parity, retention and transition remain major challenges. For every 100 boys enrolled in primary school, there are only 87 girls. Of students who enter Grade 1, only 67 per cent are still enrolled in Grade 5. This suggests poor quality learning environments, textbooks, teaching and learning. Gross enrolment at middle and secondary levels stand at 57 and 36 per cent, respectively.

Birth registration rates are low, at 42.2 per cent of children under five. About 19.4 per cent of women aged 19 years have

Pakistan

already had at least one baby, and 18.3 per cent of women (20–24 years) report being married before 18 years. (PDHS 2017–2018).

In mid-2019, Pakistan was listed as a country of concern by the Special Representative of the Secretary-General on Children and Armed Conflict, citing attacks on schools and polio workers. In 2019, 627 security incidents affecting polio vaccination were reported, with three deaths. In addition, low-level conflict persists in parts of the KP newly merged district (KP-NMD) and south Balochistan including armed clashes and attacks. There are reports of violations of the line of control and heightened political tension following abolishment of the special autonomous status for Kashmir by the Indian Government in August 2019.

By mid-2019, only 16,780 families were yet to return to KP-NMD after protracted emergencies. Drought-like conditions in Sindh and Balochistan affected 5 million people, including 2.6 million children. An earthquake measuring 5.8 in Mirpur, AJK affected 500,000 people and caused 39 deaths. Punjab continued to experience severe air pollution, leading to repeated school closures, increased risk of acute respiratory infections and long-term health impacts for children.

Major contributions and drivers of results

The UNICEF Country Programme is aligned with the Pakistan United Nations Sustainable Development Framework and the Government of Pakistan's Vision 2025 and seeks to enable girls and boys, including adolescents to benefit from effective child-focused policies, services and clear accountabilities.

Social policy and enabling environment

UNICEF's strategic partnership with Ehsaas led to membership of the National Poverty Metrics Committee. UNICEF's role on the committee includes influencing child-centred poverty measurement and technical discussions under a global public finance initiative while using scientific tools for system-wide approaches to assist the most marginalized.

In partnership with the National Commission on Human Rights and the Parliamentary Committee on Child Rights, UNICEF provided technical support on an assessment of compliance of 100 provincial and federal laws with the Convention on the Rights of the Child (CRC) and its Committee's recommendations to Pakistan for CRC@30. This culminated in a national consultation on follow-up actions at the National Assembly.

UNICEF provided technical and financial support to the Nationally-Coordinated Multiple Indicator Cluster Survey (MICS). The Punjab report was launched, the Sindh report was in development, and data collection began in KP and Balochistan. A memorandum of understanding was signed with the Ministry of Planning, Development and Reform, and will improve public sector capacity in child-focused SDG monitoring and reporting.

Health and Polio

UNICEF contributed to the implementation of government plans on newborn and child healthcare through support for the typhoid conjugate vaccination (TCV) campaign, establishment of sick newborn care and kangaroo mother care centres; homebased newborn care and pneumonia and diarrhoea management guidelines; and Mother and Child Weeks. As a result, 9.9 million girls and boys were immunized against typhoid, 6.6 million were dewormed, and 51,000 sick newborn children received care. Additionally, 1.9 million newborn children received home-based care, 40 Sick Newborn Care Units were strengthened with equipment and training to implement guidelines, contributing to management of 51,000 sick new-borns. Nine Kangaroo Mother Care Units were operational by the end of 2019, with UNICEF support for supplies, kits and capacity building, and the treatment of 1,700 pre-term newborns, with no deaths reported.

UNICEF supported the immunization equity and coverage analysis at the federal level and for two provinces (Punjab and KP) as well as the profiling of immunization services in 4,147 urban slums in 10 large cities. This analysis informed the development of provincial and national immunization strategies targeting unvaccinated children in hard-to-reach areas and urban slums. The identified gaps in the cold chain from the analysis were addressed with installation of 2,472 cold chain equipment (bringing the total to 9,300) with continuous temperature monitoring systems supported by UNICEF.

UNICEF technical assistance was pivotal in revising national pneumonia and diarrhoea management guidelines in line with the Global Action Plan for Pneumonia and Diarrhoea and aligned with the integrated management of neonatal and childhood illnesses (IMNCI) protocols. The revision included new treatment modalities using Amoxicillin-DT for pneumonia and co-packaged Zinc DT with low-osmolarity ORS for treatment of diarrhoea. In Sindh (all 29 districts) and Punjab (five districts), about 1.4 million children were treated in 2,458 health facilities (121 per cent of target) where the protocols were rolled out. In Sindh, UNICEF's support to establish HIV treatment centres and training of health workers in Larkana and Ratodero contributed to the testing of 33,000 people in affected communities and the treatment of 971 of the 1,021 children living

Pakistan

with HIV.

As a part of health systems improvement, WHO, UNICEF and other partners provided technical assistance to the government in developing the UHC benefit package guided by DCP-3 at community and primary care level. UNICEF also provided technical assistance for developing an integrated basic service delivery sub-package (MNCH, nutrition, WASH and birth registration) for 40 union councils at extremely high risk of a polio outbreak as a part of the UHC benefit package. The sub-package is informed by a UNICEF-supported pilot in two union councils affected by polio. The UHC packages will contribute towards improved quality of primary health care in Pakistan. In partnership with the University of Oslo, UNICEF technically supported transition to DHIS2 in Sindh and Punjab from the existing HMIS system. In Sindh a digital integrated HLMIS was introduced in 12 facilities that contributed to better forecasting and regular supplies of commodities, and ultimately to decreasing stock-outs. The findings from the Lady Health Worker (LHW) programme evaluation, facilitated by UNICEF, is informing health work force review. UNICEF, as a lead of the H5 Group, is working with government and Global Financing Facility (GFF) partners to facilitate development of a funding proposal for MNCH.

Social mobilization, community engagement and crisis communication contributed to reducing immunization drop-out rates between Penta-1 and Penta-3 from 8 per cent (2018) to 7 per cent (2019). During the TCV campaign, 47,395 parents/community influencers and 16,169 community sites and the media were mobilized. The hashtag #MissionTyphoid reached more than 10 million unique users with over 24 million impressions contributing to 99 per cent of targeted children being reached. Social mobilization integrated with HIV units in Larkana mobilized 573 community leaders and 424 support groups, referring 782 family members of HIV-positive children for testing.

In 2019 the polio programme conducted three national, four sub-national and 13 event responses. UNICEF supported timely procurement of 244 million b-OPV vaccine doses, 2.6 million IPV doses and 5.56 million m-OPV-2 doses ensuring 100 per cent availability. A UNICEF-supported network of 25,000 community vaccinators (85 per cent women) was sustained in high-risk districts, covering 4.1 million children. Despite widespread virus circulation, limited cases emerged from core reservoirs (Peshawar, Karachi, Quetta): evidence of better immunity in these areas. The increase in cases and positive environmental samples indicates quality and coverage gaps to stop poliovirus transmission. Reviews conducted suggested a need for enhanced communication approaches.

Nutrition

Informed by the UNICEF-supported NNS, the nutrition landscape in Pakistan was reshaped in 2019. The Pakistan National Nutrition Coordination Council was established and the national framework for stunting reduction and provincial multisectoral strategies and action plans were revised while a US\$3.2 billion nutrition-specific development budget was under development.

The NNS 2018 provided the first exhaustive nutrition data in seven years, with district-level evidence on nutrition status of young children, adolescents and women of reproductive age. Public finance tracking support to Scaling Up Nutrition (SUN) units resulted in provincial allocations for nutrition (Punjab: US\$3 million, KP: US\$8.4 million). With UNICEF technical support, Ehsaas developed a nutrition-sensitive strategy for the Government's social protection scheme to address nutrition needs of children and mothers in 5.7 million poor households. UNICEF also supported formulation of the Adolescent Nutrition Strategy, with provincial implementation plans, to influence the nutritional status of approximately 47 million adolescent girls and boys. Following revisions of Breastmilk Substitute (BMS) legislations in 2017/2018 aligned with World Health Assembly 2016, and to enhance government monitoring, 3,563 health practitioners (Punjab: 2,491; KP: 447; Sindh: 625) were trained by UNICEF and WHO on the BMS code to promote breastfeeding in health facilities. Guidelines were revised to revitalize the Baby-Friendly Hospital Initiative.

In 2019, 31,577 children including 18,496 girls and 13,081 boys were treated for severe acute malnutrition (SAM) through direct support. UNICEF procurement support made it possible for governments to treat an additional 235,203 children. In total, 266,780 children including 141,107 girls and 125,673 boys were treated through 2,172 outpatient treatment (OTP) sites. Quality of treatment remained in line with SPHERE standards, with a 94 per cent recovery rate. The UNICEF-supported training of 15,260 service providers on SAM treatment contributed to an observed reduction of the death rate to less than 1 per cent.

804,210 children including 400,820 girls and 403,390 boys as well as 604,412 mothers received multiple micronutrient supplementation through health systems, with UNICEF support. Two rounds of Vitamin A supplementation reached 32.2 million children (89.5 per cent of target) and 36 million children (96 per cent of target) respectively. Enhanced focus on building national capacity led to the training of 15,895 health workers on complementary feeding in all provinces. Communication for development (C4D) efforts established 3,658 mother and 2,783 father support groups that provided 391,090 caregivers with information on nutrition for mothers, infants and young children.

WASH

Pakistan

The Prime Minister's flagship C&GP Movement provided an opportunity to leverage Government commitment to WASH services. A WASH Cell responsible for federal-level strategic coordination and planning was established in the Ministry of Climate Change. The Government allocated US\$103,000 in the federal Public Sector Development Programme (PSDP) 2019–2020 to support this. Gender-responsive WASH in Emergencies guidelines were developed by the ministry and the National Disaster Management Authority (NDMA). The University of Engineering and Technology, Peshawar, rolled out a master's course on WASH in Emergencies, developed with UNICEF support to improve national capacity.

Joint Sector Review recommendations and improved policies and institutional arrangements focused on equitable WASH services. A US\$12.9 million investment in C&GP was announced in Punjab, and WASH allocation in the Balochistan PSDP increased from 6.8 (2018) to 9.2 per cent (2019). Urban WASH interventions focused on polio high-risk areas, with investments in water supply, community mobilization, engagement and building capacity of urban utilities. UNICEF strengthened partnerships with development banks and Pakistan Water Operators Network to complement infrastructure upgrades and UNICEF-supported social engagement and advocacy for reform. The Clean Green Index for Cities was launched by the Prime Minister and is being gradually adopted by provincial governments as an opportunity for domestic investment in urban WASH.

In 2019, over 3 million additional people began living in open-defecation-free environments following UNICEF support to governments to implement the Pakistan Approach to Total Sanitation. 1,590 villages became free of open defecation and only 85 slipped to open defecation status, demonstrating significant shifts in sanitation norms.

UNICEF and provincial governments implemented WASH social and behaviour change communication strategies which contributed to more household basic sanitation facilities being constructed, safe water use, and hygiene practices. A smart sanitation application to identify public toilets and assess functionality was developed and will help track slippage from 2020.

WASH in Schools, including menstrual hygiene management (MHM), was incorporated into the National Education Policy. MHM services were made available at 1,103 schools, providing 164,484 adolescent girls with safe, hygienic means to manage menstruation and reduce risk of school dropout. In districts of Sindh and Balochistan affected by drought-like conditions, UNICEF rehabilitated 32 drinking water supply schemes benefitting 387,699 people. 197,000 people in 13 healthcare facilities and 549,425 people in communities received hygiene education. Red Code, an all-female Pakistani team that developed reusable sanitary pads, was awarded US\$20,000 through a Generation-U (GenU) global challenge, with mentoring from UNICEF to develop and market their concept.

Education

To influence investments, improve quality and reduce the population of OOSC, education sector plans (ESP) were endorsed in Punjab and Sindh, and sector analysis was completed in Balochistan with support from UNICEF and partners. The Federal Government selected provincial allocations from the US\$125 million Global Partnership for Education (GPE) country allocation with UNICEF and DFID as co-chairs of the National Education Development Partner Group. UNICEF's technical assistance, with €42 million education sector budget support from the European Union, began enabling policy and system reforms in Sindh.

Support also focused on the development of policy and systems for early childhood education (ECE), non-formal education (NFE) including, alternative learning pathways (ALP), and education management information systems. As a result, a total of 302,192 OOSC with 55 per cent girls, gained access to pre-primary, formal and NFE through direct UNICEF support. This included 77,201 children in early learning and 40,627 children/adolescents in ALPs with and focused on system strengthening, service delivery and learning quality of ALP and ECE. Disaster risk resilience and preparedness capacity was improved in 368 schools in KP and Sindh through school disaster management planning, training and evacuation drills, creating structures to protect continued education for 29,440 children in disaster-prone regions.

Hygiene and, indirectly, retention were improved in 6,898 schools and ALP centres in Balochistan, KP and Punjab through MHM interventions; 5,462 school community platforms gained capacities to promote enrolment of OOSC and to develop, implement and monitor School Development Plans. Community-level enrolment drives in 36 districts of KP, Sindh and Punjab resulted in 224,991 OOSC accessing formal and NFE. The World's Largest Lesson on child rights, for CRC@30, reached one million people through social media and directly involved 900 children in ALPs.

UNICEF and UNDP secured the commitment of the Government to establish the Generation Unlimited (GenU) platform in Pakistan to support adolescent education, skills, employability and engagement. A Strategic Advisory Council chaired by the Education Minister and co-chaired by the Special Adviser to the Prime Minister on Youth Affairs, and a technical taskforce to develop the country investment agenda were established. In addition, a partner mapping, including the private sector and a youth and skills study were concluded to inform landscape analysis for GenU in Pakistan.

Pakistan

Child Protection

Technical support to the governments of Balochistan and GB led to the establishment of child protection case management and referral systems and strengthened capacities of social service workers to respond effectively to child abuse cases. Strategic advocacy conducted by UNICEF led to allocation of public funds in Balochistan and GB —US\$142,000 and US\$355,000 respectively—to set up divisional child protection units. Legislative reforms on child protection legislation were ongoing in Sindh and KP. However, US\$1.6 million was allocated to scale up mental health and psychosocial support in KP.

UNICEF supported capacity and systems strengthening in all provinces, leading to birth registration of 1,260,777 children (47 per cent girls) of whom 63 per cent were under five years of age. UNICEF then supported the drafting of by-laws for birth registration in Sindh and KP and the rules for registration of vital events in KP to ensure these improvements are sustained.

The national child labour survey was launched in all provinces/regions to inform policy development and strategic programmatic interventions in support of eradicating the economic exploitation of children. UNICEF technical support to Ehsaas began contributing to the development of minimum standards and a policy framework aligned to international standards on alternative care for children. 326,169 adolescents were equipped with the knowledge and skills to participate in decision-making; social mobilization reached 234,508 people with messages, helping shift social norms around child marriage; and 7.8 million people watched inspiring video messages about adolescent role models launched by the Ministry of Human Rights with UNICEF support.

Early Childhood Development (ECD)

With human capital development declared a national priority by the Prime Minister, UNICEF accelerated support for ECD based on the Nurturing Care Framework, including a mapping exercise which yielded recommendations to develop a multisectoral ECD policy framework, and an international policy conference focused on multisectoral coordination, capacity development, measurement and community engagement.

With UNICEF support, an integrated gender-sensitive parenting package was developed to promote key family care practices. In KP, 90,000 mothers and 20,000 fathers learned responsive caregiving practices at parent support groups run by 300 nutrition assistants trained on the parenting package. An additional 90 trainers in Punjab, Balochistan and Sindh supported implementation. Revised national ECD-sensitive IMNCI pre-service and community guidelines were being finalised at end-2019, and the in-service component was endorsed by the Government. Parenting education was also integrated into the revised newborn care package, LHW curriculum in Sindh and communication manuals for immunization and polio workers.

Gender

With gender programming as a core strategy, UNICEF supported gender responsive policies, strategies and training, including the Sindh Education Sector Plan and the national action plan for MHM. The LHW cadre was strengthened, enhancing girls' and women's access to health services and providing valuable professional female role models. A maternal and newborn quality of care tool was rolled out; Government was supported to develop an evidence-based Adolescent Nutrition Strategy focused particularly on girls; middle-school ALP models created opportunities to continue education for out-of-school adolescents particularly benefiting girls; MHM information and services reached school-going girls; and adolescents were empowered through discussions on alternatives to child marriage. Communication encouraging paternal involvement in children's nutrition took such messages out of the 'women's box'.

All UNICEF staff were sensitized on Prevention of Sexual Exploitation and Abuse (PSEA). The roll out of an internal reporting system began, with civil society organization partners required to submit revised agreements acknowledging the United Nations Protocol on PSEA. All implementing partners (including government) were provided training to develop and drive PSEA structures to better protect children and staff.

Disaster Risk Reduction and Humanitarian Action

Responding to the chronic drought-like situation in Pakistan, UNICEF supported NDMA to prepare a joint United Nations and Government plan for affected areas of Sindh and Balochistan. The Pakistan School Safety Framework was scaled up, with 423 schools and 1,300 teachers trained on fire safety and evacuation, school safety planning, psychosocial protection, WASH and gender-based violence in Islamabad. This was initiated in GB, Punjab and Balochistan. Preparedness was strengthened using the Global Online Emergency Preparedness Platform, seven contingency partnership agreements were signed, and long-term agreements (LTA) and contingency stock for 100,000 people was prepositioned.

Despite an 83 per cent funding gap in a US\$47 million appeal, humanitarian response reached 318,878 people with clean water (59 per cent of the target). Health education sessions reached 369,163 people (68 per cent of the target) and

Pakistan

25,995 children under five were treated for SAM (45 per cent of the target) in a humanitarian setting. Protection awareness-raising activities on mine risk education, child marriage and birth registration reached 89,881 children and caregivers (42 per cent of the target); 36,409 school-aged children were enrolled in formal education (26 per cent of the target).

Programme enablers

Operations continued to provide support to programme delivery with US\$110 million in supply and procurement managed; 130 long-term agreements to increase efficiency were maintained; local suppliers for ready-to-use therapeutic food identified and pre-qualified. Simplified approaches such as an E-Tendering system were rolled out for improved transparency and efficiency. UNICEF chairs the UN Procurement Working Group and 20 UNICEF LTAs were shared with sister agencies. Assurance activities were achieved with 141 per cent programmatic visits, 112 per cent financial assurance activities and completion of 12 planned micro-assessments, and training of UNICEF and partner staff members. Effective management of human resources was maintained, with vacancies reduced, turnover rates decreased, and gender balance maintained at above global averages for difficult duty stations. The office currently has 323 staff members on the ground. The ratio of staff categories remained stable during 2019 comprising of 13 per cent international professional staff, 53 per cent national staff, and 34 per cent general service staff. However gender balance remains a challenge.

Lessons Learned and Innovations

As UNICEF approaches the mid-term review of its Country Programme, its theories of change continue to drive progress towards results for children, with opportunities to accelerate results emerging from long-term engagement with government partners, multisectoral integration, and innovative communication. Challenges included weak coordination and use of evidence, limited capacity among government and implementing partners, and varying degrees of capacity and political will in devolved provincial administrations.

Lessons learned

1. Building market demand and linking it to government priorities while strengthening supply is critical to successful private sector engagement.

In 2019, UNICEF engaged with businesses to demonstrate the estimated US\$2.8 billion market for low-cost sanitation products to achieve Pakistan's target of eliminating open defecation. Exploring this market was a new concept for many manufacturers.

UNICEF advocacy with Government to include new pneumonia medicines on the essential medicines list, and with private healthcare providers, was critical to ensuring supply from domestic manufacturers. A similar approach was taken for ready-to-use therapeutic food, where UNICEF engaged with provincial nutrition cells as buyers and with manufacturers for quality certification to take advantage of the expanding space for nutrition.

2. Long-term advocacy, alignment with government processes and incremental support positioned UNICEF to leverage political momentum when the moment arose.

When the Prime Minister's C&GP movement was launched, UNICEF had already laid the groundwork for sub-national administrations to move quickly to drive child-centred, equity-focused WASH policies and plans. Aligning UNICEF-supported processes, such as Joint Sector Reviews, with government budgeting cycles ensured concrete WASH commitments, and helped policymakers understand needs and advocate for allocations.

A key challenge in earlier education sector planning had been translating five-year plans into government operational plans. As GPE Coordinating Agency, UNICEF built a strong understanding of on-the-ground government planning and financial processes across provinces as a foundation for the introduction of a planning lifecycle approach to support provincial ESP development. This support package included strong coordination, anchoring planning processes in the appropriate units of education departments and developing capacity of planning officials. The next stage will include tailored guidelines linking ESPs with annual operational and development planning, and technical assistance to shift towards output-based planning and implementation, in Sindh and GB. This approach aligned ESPs with real-life planning processes while enhancing official capacity to implement and monitor them.

3. Packages of integrated interventions yield sustainable results.

Setbacks to polio eradication led to programme-wide reflections. Over 78 per cent of polio cases in 2012–2019 had not received routine immunizations and came from communities with multiple deprivations. Growing fatigue amongst

Pakistan

marginalized families about receiving polio vaccination (but not other social services) pointed to a need to strengthen integrated services. Within UNICEF, a 2019 evaluation of a successful stunting reduction programme suggested that while nutrition and WASH interventions had converged, even better results could have been achieved with greater integration. With these learnings, UNICEF supported the design of fully integrated health, nutrition and WASH services with a strong integrated C4D component. This was piloted in two union councils with promising early results and influenced Government and partners to prioritise integrated services as a core strategy in the 40 super-high-risk union councils where polio is endemic.

Innovations

Creative C4D and social media use, enhancing demand and crisis communication.

For the TCV campaign, creative engagement with communities aimed to help children be change-makers by providing school activity packs and an Android game that received a 5/5 user rating on the Google Play Store. There were anecdotal reports of children arguing for improved hygiene practices at home, and user requests to broaden the game to include other health messages. A Facebook Chatbot was piloted as a low-cost alternative to telephone helplines for concerned parents, causing engagement to spike from a monthly average of six messages to over 100 in two weeks. Targeted message boosting increased followers of the Expanded Programme for Immunization Facebook page from 4,734 (48 per cent women) to over 20,000 people (52 per cent women).

Social media was an important arena for crisis communication following an anti-vaccination scare which raised negative sentiment around TCV to 14 per cent. UNICEF acted swiftly to correct misconceptions by convincing those who had disseminated the original scare-story to issue retractions. This reduced negative sentiment to 5 per cent within two days, contributing to 99 per cent campaign coverage. Similar measures will be implemented for the Punjab TCV campaign in 2020.

Interpersonal communication was critical to HIV response in Sindh. UNICEF's equity-focused package included the establishment of two HIV units to bring services to impoverished families who could not afford to travel. Stigma was reduced through teams which visited villages regularly to persuade mothers to be tested, connect affected families with HIV units, and monitor adherence to antiretroviral therapy. This approach underpinned the success of the immediate response, and UNICEF is now working with government to sustain it so affected children receive lifelong treatment.

Looking ahead

In 2020, UNICEF will continue to work with governments to shift political will and integrate child-focused interventions into government planning structures. The lessons learned from 2019 will feed into the Midterm Review of the Country Programme in 2020.

Integrated service delivery in super high-risk union councils will be a major part of UNICEF support for polio eradication.

The communication innovations that contributed to the success of the Sindh TCV campaign will inform the 2020 campaign in Punjab.

As the rollout of Ehsaas and C&GP continue, UNICEF will build on the momentum generated in 2019 towards equitable child-focused policies. The favourable policy environment will be leveraged to drive forward child poverty measurement and the finalization of a monitoring and evaluation framework for Ehsaas. UNICEF will continue to respond strategically to the needs of adolescents, building on the emerging GenU partnership.

Private sector engagement, including for supply chain will continue. In 2020, UNICEF intends to work with manufacturers to explore production of quality RUTF using locally-grown chickpeas instead of imported peanuts.

UNICEF will support development of the national ECD framework and rollout the parenting package, with integrated C4D, so that marginalized families use these services for children.