



## UNICEF PAKISTAN Country Programme Evaluation Annexes

UNICEF Regional Office for South Asia  
December 2021

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### Annex 1: List of Documents Reviewed

#	Title	Author	Month and Year of Writing/Publication	Document Type	File Extension
1	The World Factbook – Pakistan	Central Intelligence Agency (US-CIA)	2019	Monitoring and Reporting	docx
2	Roadmap for Digital Birth Registration, Insights on Scale and Sustainability from Pakistan	GSMA	2018	Strategy	docx
3	Pakistan Economic Survey 2017-18	Finance Division of Pakistan	2018	Monitoring and reporting	docx
4	Pakistan 2025: One nation - one vision	Government of Pakistan, Ministry of Planning, Development and Reform (MOPDR), Planning Commission	2014	Planning	docx
5	Scaling Up Nutrition Partnership in Pakistan. Concept Note for Consultations and Stakeholders Engagement in the development of Multisectoral ECD Policy Framework.	Government of Pakistan and United Nations Children's Fund (UNICEF)	2018	Planning	docx
6	Pakistan Dietary Guidelines for Better Nutrition	Food and Agriculture Organization (FAO), Government of Pakistan Planning Commission Nutrition Section	2018	Guide	docx
7	National Social and Behaviour Change Communication Strategic Framework for Child Protection	Ministry of Human Right (MoHR) and United Nations Children's Fund (UNICEF)	2021	Strategy	docx

8	Pakistan Multi-Sectoral Nutrition Strategy 2018-2025	Ministry of Health Services, Regulations and Coordination, (MNHSR&C).	2018	Strategy	docx
9	Pakistan Vision	Ministry of Health Services, Regulations and Coordination, (MNHSR&C)	n.d	Strategy	docx
10	Pakistan Health Information System Action Plan & Provincial Action Plan 2020-24.	Ministry of National Health Services, Regulations & Coordination, Government of Pakistan, (MoNHSRC)	2019	Planning	docx
11	National Nutrition Survey 2018: Key Findings	Ministry of Health Services, Regulations and Coordination, Nutrition Wing, Government of Pakistan (MoNHSRC),	2019	Monitoring and Reporting	docx
12	Pakistan Health Information System Action Plan & Provincial Action Plan, 2020-24.	Ministry of National Health Services, Regulations & Coordination, Government of Pakistan (MoNHSRC)	2020	Planning	docx
13	Pakistan National Education Response and Resilience Plan (K-12) for COVID-19	Ministry of Federal Education and Professional Training (MOFET)	2020	Planning	docx
14	Formative Qualitative Research on Complimentary Feeding Practices in Pakistan	Ministry of Health Services, Regulations and Coordination,	2018	Monitoring and reporting	docx

		Nutrition Wing, Government of Pakistan (MoNHSRC), UKAid, UNICEF			
15	Pakistan Infant and Young Child Feeding Strategy, 2016-2020	Ministry of Health Services, Regulations and Coordination, Nutrition Wing, Government of Pakistan (MoNHSRC), UKAid, UNICEF	2015	Strategy	docx
16	National IRMNCAH&N Implementation Strategy & Action plan 2016-2020	Ministry of Health Services, Regulations and Coordination, Government of Pakistan (MoNHSRC)	n.d	Strategy and Planning	docx
17	FATA IRMNCAH&N Implementation Strategy & Action plan 2016-2020	Ministry of Health Services, Regulations and Coordination, Government of Pakistan (MoNHSRC)	n.d	Strategy and Planning	docx
18	Pakistan Demographic and Health Survey 2012-2013	National Institute of Population Studies (NIPS)	2012	Monitoring and reporting	docx
19	Child Protection Case Management and Referral Model in Pakistan Balochistan Communication Strategy	Muhammad Ihatsham Akram	May 2019	Guide	docx
20	Child Protection Case Management and Referral Model in Pakistan Communication Structure and Functions Manual for Balochistan Communication Component	Muhammad Ihatsham Akram	July 2019	Guide	docx

21	Reference Manual for Communication for Child Protection Case Management and Referral System (CPCMRS)	n.a	n.d	Guide	docx
22	Child Protection Case Management and Referral System in Pakistan Inception Workshop Report for Balochistan	Oxford Policy Management	March 2018	Planning	pptx
23	Child Protection Case Management and Referral Model in Pakistan	Oxford Policy Management	September 2018	Reporting	docx
24	District Child Protection Unit / One Stop Centre Balochistan: Concept Note	Oxford Policy Management	December 2019	Reporting	docx
25	Child Protection Case Management and Referral System in Balochistan	Oxford Policy Management	2019		
26	Child Protection Case Management and Referral System in Balochistan An overview for key stakeholders	Oxford Policy Management	June 2019	Reporting	docx
27	Organisational Structure Manual for Integrated Child Protection Case Management and Referral System in Balochistan, Pakistan	Oxford Policy Management	September 2019	Reporting	docx
28	Case Manager's Reference Manual: For the Implementation of the Case Management and Referral Model, Government of Balochistan, Pakistan	Oxford Policy Management	September 2019	Guide	docx
29	Balochistan Child Protection Case Management Handbook	Oxford Policy Management	September 2019	Reporting	docx
30	Child Protection – Case Management and Referral System Inter-Departmental Coordination Agreement	Oxford Policy Management	n.d	Reporting	docx

31	Training Manual Child Protection Case Management and Referral Model Balochistan	Oxford Policy Management	August 2019	Standard and Guide	docx
32	The Sindh Child Marriage Restraints Bill	Provincial Assembly of Sindh	2013	Standard and Guide	docx
33	The Sindh Local Government Act 2013 Sindh Act No XLII of 2013	Provincial Assembly of Sindh	2013	Standard and Guide	docx
34	The Prohibition of Corporal Punishment Act 2016 Sindh Act No. VII of 2017	Provincial Assembly of Sindh	2017	Standard and Guide	docx
35	The Sindh Child Authority (Amendment) Bill	Provincial Assembly of Sindh	2021	Standard and Guide	docx
36	National Policy for CRVS Reforms in Pakistan	Ministry of Planning Development and Special Initiatives (MoPD&SI), Government of Pakistan, and United Nations Children's Fund (UNICEF)	n.d	Monitoring and reporting	docx
37	Rapid Assessment of Legislation for CRVS in Pakistan	Ministry of Planning Development and Special Initiatives (MoPD&SI), Government of Pakistan, and United Nations Children's Fund (UNICEF)	2019	Monitoring and reporting	docx
38	Legislation Review for CRVS in Pakistan	Ministry of Planning Development and Special Initiatives (MoPD&SI), Government of Pakistan, and United Nations Children's Fund (UNICEF)	n.d	Monitoring and reporting	docx
39	Vision 2030	Vision 2030 Committee	March 2007	Planning	docx

		Planning Commission Government of Pakistan Islamabad			
40	Pakistan National Behaviour Change Communication Strategy and Action Plan for Safe Drinking Water, Sanitation and Hygiene 2010 – 2015	Ministry Of Environment, Government of Pakistan and United Nations Children's Fund (UNICEF)	September 2009	Strategy and Planning	docx
41	Formative Research On Behavioral Determinants of Stunting	United Nations Children's Fund (UNICEF) Pakistan	2017	Reporting	docx
42	National Environment Policy	Ministry Of Environment, Government of Pakistan	2005	Planning	docx
43	Pre KAP Survey Infant Young Child Feeding & Wash Practices And Behaviors in three districts of Sindh, Pakistan	APEX Consulting, USAID, United Nations Children's Fund (UNICEF) Pakistan	n.d	Reporting	docx
44	Pakistan Approach To Total Sanitation (Pats)	Ministry Of Environment, Government of Pakistan	March 2011	Planning and Strategy	docx
45	State Sanitation Strategy	AJK Government	June 2011	Strategy	docx
46	National Sanitation Policy	Government of Pakistan	May 2006	Planning	docx
47	Behaviour Change Communication Strategy	Government of Azad Jammu & Kashmir	n.d	Strategy	docx
48	Community Engagement Strategy for UNICEF Pakistan Supported Programmes	United Nations Children's Fund (UNICEF) Pakistan	July 2020	Strategy	docx
49	Gilgit-Baltistan Key Findings Report Monitoring the Situation of Children	Planning Development	June 2017	Reporting	docx

	and Women: Multiple Indicator Cluster Survey 2016-2017	Department of Gilgit-Baltistan and United Nations Children's Fund (UNICEF) Pakistan			
50	A Poll Supporting Polio Vaccination and Other Health Services: Knowledge, Attitudes and Practices in Select Tier 1 and Tier 2 Districts in Pakistan	HSPH/HORP/ Nations Children's Fund (UNICEF) Pakistan	June 2017	Strategy	docx
51	Punjab Key Findings Report Monitoring the Situation of Children and Women: Multiple Indicator Cluster Survey 2017-2018	Bureau of Statistics, Planning Development Board of the Punjab and United Nations Children's Fund (UNICEF) Pakistan	November 2018	Reporting	docx
52	Recommendations for the National Drinking Water Policy By the Consumers of Pakistan	TheNetwork for Consumer Protection	2005	Planning	docx
53	National Sustainable Development Strategy Pathway to a Sustainable Pakistan	Government of Pakistan and World Health Organization (WHO)	May 2012	Strategy	docx
54	Better Criteria for Better Evaluation – Revised Evaluation Criteria – Definitions and Principles for Use	Organization for Economic Cooperation and Development-Development Assistance Committee (OECD-DAC)	2019	Evaluation	docx
55	Lady Health Worker Programme, Pakistan Pe Child Performance Evaluation Report	Oxford Policy Management, United Nations Children's Fund (UNICEF), Ministry of Health Services, Regulations and	2019	Evaluation	docx

		Coordination, Government of Pakistan (MoNHSRC)			
56	Investment Case on Integrated Health Nutrition, Child Protection, Wash Services for 40 Polio Super High Risk Union Councils in Three Provinces (Sindh, KP and Balochistan) of Pakistan	Government of Pakistan, Pakistan Polio Eradication Programme, The Ago Khan University, and United Nations Children's Fund (UNICEF) Pakistan	November 2020	Reporting	
57	Pakistan – National Nutrition Survey	Pakistan medical Research Council (PMRC)	2011	Monitoring and reporting	docx
58	National Nutrition Survey 2018	United Nations Children's Fund (UNICEF)	2020	Monitoring and reporting	docx
59	ISD progress review –Nutrition	United Nations Children's Fund (UNICEF)	n.d	Strategy	docx
60	National Emergency Action Plan For Polio Eradication 2018-2019	National Emergency Operations Centre Islamabad, Pakistan	n.d	Planning	docx
61	Pakistan Polio Update	Pakistan Polio Eradication Programme	2021	Monitoring and reporting	docx
62	Review of Pakistan Poverty Data	Sustainable Development Policy Institute (SDPI)	1999	Assessment	docx
63	Pakistan One United Nations Programme III (OPIII) 2018- 2022: United Nations Development Assistance Framework for Pakistan	United Nations (UN) Pakistan	2018	Planning	docx
64	Pakistan Country Office Country Programme Management Plan 2018-2022	United Nations Children's Fund (UNICEF) Pakistan	May 2017	Planning	docx
65	UNICEF Pakistan Country Programme 2018-2022 Budget and Utilization	United Nations Children's Fund (UNICEF) Pakistan	n.d	Planning	xlsx

66	Planning Country Programme Evaluations 2020 Summary Guidance	United Nations Children's Fund (UNICEF)	2020	Evaluation	docx
67	UNICEF Guidance on Gender Integration in Evaluation	United Nations Children's Fund (UNICEF)	September 2019	Guide	docx
68	UNICEF Procedure for Ethical Standards In Research, Evaluation, Data Collection and Analysis	United Nations Children's Fund (UNICEF)	2015	Guide	docx
69	UNICEF-Adapted UNEG Evaluation Reports Standards	United Nations Children's Fund (UNICEF)	n.d	Standard and Guide	docx
70	Planning and Managing Country Programme Evaluations 2020 Technical Guidance	United Nations Children's Fund (UNICEF)	2020	Planning	docx
71	CPE Template 3: Standard outline for the Inception Report	United Nations Children's Fund (UNICEF)	2020	Planning	docx
72	CPE Tool 1: Sample evaluation questions	United Nations Children's Fund (UNICEF)	2020	Evaluation	docx
73	CPE Template 4: Format for preliminary reporting at the end of the field data collection phase	United Nations Children's Fund (UNICEF)	2020	Reporting	docx
74	CPE Template 5: Format for CPE final Report	United Nations Children's Fund (UNICEF)	2020	Reporting	docx
75	Preliminary stakeholder map of the Pakistan Country Programme (PCP)	United Nations Children's Fund (UNICEF) Pakistan Country Office	n.d	Planning	docx
80	List of UNICEF Partners	United Nations Children's Fund (UNICEF) Pakistan Country Office	n.d	Planning	xlsx
81	WASH Stakeholders	United Nations Children's Fund (UNICEF) Pakistan Country Office	n.d	Planning	xlsx

82	UNICEF Strategic Plan 2022–2025, draft for review	United Nations Children’s Fund (UNICEF)	2021	Planning	docx
83	Draft results framework of the UNICEF Strategic Plan, 2022–2025	United Nations Children’s Fund (UNICEF)	April 2021	Strategy	docx
84	RAM 2018 Outcome or Outputs and Indicators status	United Nations Children’s Fund (UNICEF) Pakistan Country Office	2018	Assessment	xlsx
85	RAM 2019 Outcomes Indicators status	United Nations Children’s Fund (UNICEF) Pakistan Country Office	2019	Assessment	xlsx
86	RAM End of Year 2020 Outcome and Outputs	United Nations Children’s Fund (UNICEF) Pakistan Country Office	2020	Assessment	docx
87	RAM End of Year Operational Effectiveness	United Nations Children’s Fund (UNICEF) Pakistan Country Office	2020	Assessment	docx
88	RAM Indicators status 2020	United Nations Children’s Fund (UNICEF) Pakistan Country Office	2020	Assessment	xlsx
89	RAM End of Year 2020- PE Outputs 5 (Social Policy and Communication for Development)	United Nations Children’s Fund (UNICEF) Pakistan Country Office	2020	Assessment	docx
90	Child Protection Programme Strategy Note: Children Protected from Violence, Exploitation and Neglect	United Nations Children’s Fund (UNICEF)	2017	Strategy	docx
91	Education Programme Strategy Note	United Nations Children’s Fund (UNICEF)	2017	Strategy	docx
92	Nutrition Programme Strategy Note: Nutritional Status of Girls and Boys.	United Nations Children’s Fund (UNICEF)	2017	Strategy	docx

93	Health Programme Strategy Note – Neonatal and Child Survival	United Nations Children’s Fund (UNICEF)	2017	Strategy	docx
94	Country Programme Document Pakistan – Executive Board Regular Session 2017	United Nations Children’s Fund (UNICEF)	2017	Planning	docx
95	New Country Programme Evaluation Guidelines	Esther B. Kaggwa PhD United Nations Children’s Fund (UNICEF)	n.d	Guide	pptx
96	Pakistan Country Office – Country Programme Management Plan 2018-2022	United Nations Children’s Fund (UNICEF)	2017	Planning	docx
97	PCO Scoping Sheet: Identification of Key Area of Focus	United Nations Children’s Fund (UNICEF) Pakistan	n.d	Assessment	docx
98	End Year Review – Sector Briefs, Punjab	United Nations Children’s Fund (UNICEF)	November 2018	Reporting	docx
99	Country Annual Office Report	United Nations Children’s Fund (UNICEF) Pakistan	2018	Reporting	docx
100	End of Year Results Summary Narrative	United Nations Children’s Fund (UNICEF) Pakistan	2019	Reporting	docx
101	Programme Achievements for The Year 2019	United Nations Children’s Fund (UNICEF) LAHORE FIELD OFFICE	2019	Reporting	docx
102	End of Year Results Summary Narrative	United Nations Children’s Fund (UNICEF) Pakistan	2020	Reporting	docx
103	Assessing the extent to which the MTR answers typical questions of CPE	United Nations Children’s Fund (UNICEF) Pakistan	n.d	Assessment	xlsx
104	Final Report of the Internal Mid-Term Review Report.	United Nations Children’s Fund (UNICEF) Pakistan	2020	Reporting	docx

105	Evaluation Report United Nation Maternal & Child Stunting Reduction Programme in three Target District in Sindh	United Nations Children's Fund (UNICEF) Pakistan	2019	Evaluation	docx
106	Gender review	United Nations Children's Fund (UNICEF) Pakistan	2020	Assessment	docx
107	UNICEF Pakistan Country Programme 2018-2022: Gender programmatic review	United Nations Children's Fund (UNICEF) Pakistan	2020	Assessment	docx
108	Gender Programme Review UNICEF Pakistan 2020	United Nations Children's Fund (UNICEF) Pakistan	2020	Assessment	docx
109	Health and immunization services for the urban poor in Pakistan: A summary report of health profiles, health service assessments and immunization coverage surveys in the ten largest cities of Pakistan (Draft report version 11 March 2020)	Children's Fund (UNICEF) Pakistan	2020	Monitoring and reporting	docx
110	Integrating Human Rights and Gender Equality in Evaluations	United Nations Evaluation Group (UNEG)	2014	Standard/Guide	docx
112	UNICEF-Adapted UNEG Evaluation Reports Standards	United Nations Children's Fund (UNICEF)	2017	Standard/Guide	docx
113	Norms and Standards for Evaluation	United Nations Evaluation Group (UNEG)	2017	Standard/Guide	docx
114	United Nations response to Covid-19 in Pakistan	United Nations Pakistan (UN)	2020	Standard/Guide	docx
115	Multiple Indicator Cluster Survey	United Nations Children's Fund (UNICEF) Pakistan		Monitoring and reporting	docx
116	Integrated KAP Survey Knowledge, Attitudes, and Practices	United Nations Children's Fund (UNICEF) Pakistan	December 2016	Reporting	docx

	Jamshoro District, Sindh Province, Pakistan				
117	Integrated KAP Survey Knowledge, Attitudes, and Practices Tharparkar District, Sindh Province, Pakistan	United Nations Children's Fund (UNICEF) Pakistan	December 2016	Reporting	docx
118	Landscape Analysis to Provide Insight on Barriers and Facilitators to Policy Translation and Commodity Access in the Public and Private Sector for Child Survival in Pakistan	Contech International, Pakistan for United Nations Children's Fund (UNICEF) Pakistan	December 2017	Reporting	docx
119	Situation of Children in Pakistan	United Nations Children's Fund (UNICEF) Pakistan	2017	Monitoring and reporting	docx
120	Hand Washing Promotion: Monitoring and Evaluation Module	United Nations Children's Fund (UNICEF)	2013	Evaluation	docx
121	Everything you need to know about washing your hands to protect against coronavirus (Covid-19)	United Nations Children's Fund (UNICEF)	2020	Guide	docx
122	Strategy for Water, Sanitation and Hygiene 2016-2030	United Nations Children's Fund (UNICEF)		Strategy	docx
123	Balochistan Water, Sanitation and Hygiene Programme 2018 – 2019: 2018 Annual Review	Public Health Engineering Department, Govt of Balochistan and United Nations Children's Fund (UNICEF) Pakistan	November 2018	Reporting	pptx
124	Joint End Year Review 2020: Water and Sanitation Hygiene (WASH)	United Nations Children's Fund (UNICEF) Pakistan-Balochistan Office and the Government of Balochistan	December 2020	Reporting	docx

125	Annual Review 2019: Water, Sanitation and Hygiene	United Nations Children's Fund (UNICEF) Pakistan Balochistan Office and the Government of Balochistan	2019	Reporting	pptx
126	Pakistan National Behaviour Change Communication Strategy and Action Plan for Safe Drinking Water, Sanitation and Hygiene 2010 – 2015	Ministry Of Environment, Government of Pakistan and United Nations Children's Fund (UNICEF)	n.d	Strategy and Planning	docx
127	Adolescent Girls Information Needs regarding Menstrual Hygiene Management: The Sindh Experience	Real Medicine Foundation (Pakistan), Canada, United Nations Children's Fund (UNICEF) Pakistan, University of Alberta and Columbia University	2017	Reporting	docx
128	UNICEF Comparative Data Analysis of Essential Health Services	United Nations Children's Fund (UNICEF) Pakistan	July 2020	Monitoring and Reporting	docs
129	Community Engagement (CE) Strategy	United Nations Children's Fund (UNICEF) Pakistan	December 2019	Strategy	docx
130	Joint End Year Review 2019	United Nations Children's Fund (UNICEF) Quetta Field Office and Government of Balochistan (GoB)	2019	Reporting	docx
131	Joint End Year Review 2019	United Nations Children's Fund (UNICEF) Pakistan Balochistan Office, Quetta Field Office and Government of	2019	Reporting	pptx

		Balochistan (GoB)			
132	Joint End Year Review: Government of Balochistan- UNICEF Country Programme 2018-2022	United Nations Children's Fund (UNICEF) Quetta Field Office and Government of Balochistan	November 2018	Reporting	pptx
133	UNICEF Peshawar FO's- Annual Programme Review& Results	United Nations Children's Fund (UNICEF) Pakistan And the Government of Khyber Pakhtunkhwa	December 2020	Monitoring and Reporting	docx
133	Education Sector Plan 2019/20- 2023/24	United Nations Children's Fund (UNICEF) Pakistan And the Government of Punjab	n.d	Planning	docx
134	End of Year Review 2018	United Nations Children's Fund (UNICEF) Pakistan	2018	Monitoring and Reporting	docx
135	Progress against Annual Results Education 2018	United Nations Children's Fund (UNICEF) Pakistan	2018	Reporting	pptx
135	Annual Review 2018 – Polio	United Nations Children's Fund (UNICEF) Pakistan	2018	Reporting	pptx
136	Child Protection End of Year Review	United Nations Children's Fund (UNICEF) Pakistan	2018	Reporting	pptx
137	Report Of Child Protection System Mapping and Assessment In Fata	FATA Secretariat	n.d	Reporting	docx
138	Punjab Province Overview	United Nations Children's Fund (UNICEF) Pakistan	2018	Reporting	pptx

139	Progress against Annual Results Health and Polio	United Nations Children's Fund (UNICEF) Pakistan	2018	Reporting	pptx
140	2018 Annual Review Peshawar Field Office Khyber Pakhtunkhwa	United Nations Children's Fund (UNICEF) Pakistan	2018	Reporting	pptx
141	KP Office Annual Update Jan 1 – Oct 31, 2018	United Nations Children's Fund (UNICEF) Pakistan	2018	Reporting	pptx
142	Annual Provincial Review 2018	United Nations Children's Fund (UNICEF) Pakistan	2018	Reporting	docx
143	Joint End of Year Review: Government of Balochistan-UNICEF Country Programme 2018-2022	United Nations Children's Fund (UNICEF) Pakistan-Quetta Field Office	November 2018	Reporting	pptx
144	Let's Reflect UNICEF Pakistan Annual Review, 2018 Nutrition Section	United Nations Children's Fund (UNICEF) Pakistan	December 2018	Reporting	pptx
145	UNICEF Pakistan Operations Annual Review 2018	United Nations Children's Fund (UNICEF) Pakistan	December 2018	Reporting	pptx
146	Balochistan Provincial Overview	United Nations Children's Fund (UNICEF) Pakistan	December 2028	Reporting	pptx
147	Pakistan Country Office Sindh Field Office Overview 2018	United Nations Children's Fund (UNICEF) Pakistan	2018	Reporting	pptx
148	Let's Reflect UNICEF Pakistan Annual Review, 2018 WASH Section	United Nations Children's Fund (UNICEF) Pakistan	December 2018	Reporting	pptx
149	Advocacy and Communication: Public Advocacy & Communication in support of children & Adolescents	United Nations Children's Fund (UNICEF) Pakistan	2018	Reporting	pptx
150	Parenting package-examples of good case studies	United Nations Children's Fund (UNICEF) Pakistan	2018	Reporting	pptx

151	Let's Reflect UNICEF Pakistan Annual Review, 2018 Communication for Development	United Nations Children's Fund (UNICEF) Pakistan	December 2018	Reporting	pptx
152	Mainstreaming gender in UNICEF programming	United Nations Children's Fund (UNICEF) Pakistan	2018	Reporting	pptx
153	UNICEF Pakistan End Year 2018 Social Policy	United Nations Children's Fund (UNICEF) Pakistan	December 2018	Reporting	pptx
154	UNICEF's Pakistan Programme Guidance For Early Childhood Development	United Nations Children's Fund (UNICEF) Pakistan	2018	Reporting	pptx
155	Second Decade of Life: Working with and for Adolescents	United Nations Children's Fund (UNICEF) Pakistan	2018	Reporting	pptx
156	UNICEF Pakistan End-Year Review 2018 Planning, Monitoring, Evaluation & Reporting	United Nations Children's Fund (UNICEF) Pakistan	December 2018	Reporting	pptx
157	WASH And Adolescents	United Nations Children's Fund (UNICEF) Pakistan	2018	Reporting	docx
158	End Year Review – Sector Briefs, Punjab	United Nations Children's Fund (UNICEF) Pakistan Lahore Field Office	November 2018	Reporting	docx
159	Guidelines for the 2019 Annual Review and End-Year Reporting UNICEF Pakistan Country Office	United Nations Children's Fund (UNICEF) Pakistan	October 2019	Guide	docx
160	UNICEF Pakistan Country Office Annual Review 2019	United Nations Children's Fund (UNICEF) Pakistan	2019	Reporting	pptx
161	Pakistan Country Office End-Year Review	United Nations Children's Fund (UNICEF) Pakistan	December 2019	Reporting	pptx

162	Pakistan Sindh	Country Field	Office Office	United Nations Children's Fund (UNICEF) Pakistan	2019	Reporting	pptx
	Annual Overview	Review	2019				
163	UNICEF Pakistan 2019	Annual Review Achievements		United Nations Children's Fund (UNICEF) Pakistan	December 2019	Reporting	pptx
164	Annual Review 2019 Polio			United Nations Children's Fund (UNICEF) Pakistan and Pakistan Polio Eradication Programme	2019	Reporting	pptx
165	UNICEF Country		Pakistan Office	United Nations Children's Fund (UNICEF) Pakistan	2019	Reporting	pptx
	Annual Review 2019 Nutrition Section						
166	Programme Achievements for The Year 2019			United Nations Children's Fund (UNICEF) Pakistan Lahore Field Office	2019	Reporting	docx
167	UNICEF Country		Pakistan Office	United Nations Children's Fund (UNICEF) Pakistan	2019	Reporting	pptx
	Annual Review 2019 Child Protection		Child				
168	UNICEF Country/Provincial Annual 2019 Education		Pakistan Office Review	United Nations Children's Fund (UNICEF) Pakistan	2019	Reporting	pptx
169	UNICEF Country/Provincial Annual 2019		Pakistan Office Review	United Nations Children's Fund (UNICEF) Pakistan	2019	Reporting	pptx
	Social Policy						

170	UNICEF Country Annual Review 2019  Pakistan Office Review  Planning, Monitoring & Reporting	United Nations Children's Fund (UNICEF) Pakistan	2019	Reporting	pptx
171	UNICEF Pakistan, Mid Year Review Disaster Risk Management	United Nations Children's Fund (UNICEF) Pakistan	December 2019	Reporting	pptx
172	UNICEF Pakistan Annual Review, GenU Pakistan: Status and Way Forward	United Nations Children's Fund (UNICEF) Pakistan	December 2019	Reporting	pptx
173	UNICEF PAKISTAN Adolescents Development and Participation ADAP - TWG Annual Review 2019	United Nations Children's Fund (UNICEF) Pakistan	2019	Reporting	pptx
174	UNICEF Country/Provincial Annual Review 2019  Pakistan Review	United Nations Children's Fund (UNICEF) Pakistan	2019	Reporting	pptx
175	OUTPUT 880-004: Effectively advocate and partner on child-rights issues with stakeholders	United Nations Children's Fund (UNICEF) Pakistan	2019	Reporting	pptx
176	Let's Reflect Annual Risk Assessment UNICEF Pakistan 2019 Annual Review	United Nations Children's Fund (UNICEF) Pakistan	December 2019	Reporting	pptx
177	Study on budgetary gap analysis of Diarrhoea and Pneumonia commodities at provincial/region level	n.a	September 2019	Reporting	docx
178	Annual Program Review UNICEF Contribution in 2019	United Nations Children's Fund (UNICEF) Pakistan and the Government of Khyber Pakhtunkhwa	November 2019	Reporting	pptx

179	A Situational Analysis on Stillbirths, Newborn Deaths and Small and Sick Newborn Care Key Findings from Pakistan – 2019	United Nations Children's Fund (UNICEF) Pakistan, Government of Pakistan, The Aga Khan University	2019	Reporting	docx
180	ROSA ADAP Knowledge Management	Center For Evaluation and Development United Nations Children's Fund (UNICEF) Pakistan	December 2019	Reporting	docx
181	Guidelines for 2020 End-of-Year Country Office, Regional Office and Headquarters Divisions' Results Reports	United Nations Children's Fund (UNICEF)	2020	Guide	docx
182	COVID-19 Standard Indicator Monitoring, Analysis and Reporting	United Nations Children's Fund (UNICEF) Pakistan	2020	Standard and Guide	docx
183	Understanding Youth Perceptions Of Covid-19	UNICEF, UNDP and UNFPA Pakistan	2020	Reporting	docx
184	2020 Gender Annual Results Reporting: Guidance and Best Practice	United Nations Children's Fund (UNICEF) Pakistan	November 2020	Reporting and Guide	docx
185	Pakistan Country Office Sindh Field Office Snapshot of Main Priorities for 2020	United Nations Children's Fund (UNICEF) Pakistan	2020	Reporting	pptx
186	Country Office Annual Reporting on Gender 2020 Guidance to Regional and Country Offices UNICEF Gender Action Plan (2018 – 2021)	United Nations Children's Fund (UNICEF) Pakistan	2020	Reporting, Guide and Planning	docx
187	Guidance on the Mid Term Review 2020	United Nations Children's Fund (UNICEF) Pakistan	2020	Guide	pptx

188	Guidelines Annual Review and End-Year Reporting, 2020	United Nations Children's Fund (UNICEF) Pakistan Country Office	October 2020	Guide	docx
189	Lahore Field Office End of Year Report	United Nations Children's Fund (UNICEF) Pakistan	November 2020	Reporting	docx
190	End of Year Review 2020 Social Policy Section	United Nations Children's Fund (UNICEF) Pakistan Country Office	2020	Reporting	docx
191	Joint End of Year Review Government of Balochistan- UNICEF Country Programme 2018-2022	United Nations Children's Fund (UNICEF) Pakistan Quetta Office	2018		
192	Annual Review 2020 Polio Eradication Programme	United Nations Children's Fund (UNICEF) Pakistan Country Office	2020	Reporting	pptx
193	Annual Review 2020 Nutrition Section	United Nations Children's Fund (UNICEF) Pakistan Country Office	2020	Reporting	pptx
194	Annual Review 2020 WASH Section	United Nations Children's Fund (UNICEF) Pakistan Country Office	December 2020	Reporting	pptx
195	UNICEF Pakistan Balochistan Office Joint End Year REVIEW 2020 Water And Sanitation Hygiene (WASH)	United Nations Children's Fund (UNICEF) Pakistan- Balochistan Office and the Government of Balochistan	December 2020	Reporting	pptx
196	Annual Review 2020 Planning, Monitoring & Reporting	United Nations Children's Fund (UNICEF) Pakistan Country Office	2020	Reporting	pptx

197	Country Programme Overview and Implementation Status, 2020	United Nations Children's Fund (UNICEF) Pakistan	2020	Reporting	pptx
198	End Year Review 2020	United Nations Children's Fund (UNICEF) Quetta Field Office	2020	Assessment	pptx
199	Annual Program Review UNICEF Contribution in 2020	United Nations Children's Fund (UNICEF) Pakistan and the Government of Khyber Pakhtunkhwa	December 2020	Reporting	pptx
200	Consolidated Report For Assessment Of Mass Media Campaign Of Polio Eradication Initiative (Pei) For The Year 2019	United Nations Children's Fund (UNICEF) Pakistan	March 2020	Reporting	docx
201	Way Forward 2020	United Nations Children's Fund (UNICEF) Pakistan And the Government of Balochistan	2020	Reporting	pptx
202	UNICEF Supported Mental Health & Psychosocial Support (MHPSS) COVID-19 Emergency Response in Khyber Pakhtunkhwa	UKAID	March 2021	Assessment	docx
203	A Snapshot of Sanitation And Hygiene In South Asia	United Nations Children's Fund (UNICEF) Regional Office of South Asia	n.d	Reporting	docx
204	Wash Early Recovery Project By AKRSP In Selected Areas of Chitral Qualitative Research On The Outcomes	United Nations Children's Fund (UNICEF)	2020	Reporting	docx
205	Water Sanitation data by wealth quintile in South Asia	United Nations Children's Fund	n.d	Monitoring and Reporting	xlsx

		(UNICEF) Regional Office of South Asia			
206	Khyber Pakhtunkhwa	United Nations Children's Fund (UNICEF) Regional of South Asia	June 2021	Assessment	pptx
207	Annual Program Review UNICEF Contribution in 2019	United Nations Children's Fund (UNICEF) Pakistan and the Government of Khyber Pakhtunkhwa	November 2019	Assessment	pptx
208	UNICEF Child Protection Strategy (2021-2030)	United Nations Children's Fund (UNICEF)	January 2021	Strategy	docx
209	Child marriage, adolescent pregnancy and school dropout in South Asia	United Nations Children's Fund (UNICEF) Region of South Asia	2019	Monitoring and Reporting	docx
210	Adolescent Girls intentional programming in Pakistan  Strategic Framework	United Nations Children's Fund (UNICEF) Pakistan	2021	Strategy	docx
211	Summary Analysis of Child Protection Data (January – June 2021)	United Nations Children's Fund (UNICEF) Pakistan	2021	Reporting	docx
212	Balochistan IMS Assessment Report	United Nations Children's Fund (UNICEF) Pakistan	n.d	Reporting	docx
213	Appendix 1: Balochistan IMS Assessment Methodology	United Nations Children's Fund (UNICEF) Pakistan	n.d	Reporting	docx
214	Community-Led Total Sanitation	Petra Bongaartz	2012	Reporting	docx
215	Technical Guidance for Communication For Development Programmes Addressing Violence Against Children	Suruchi Sood, Carmen Cronin, Ami Sengupta, Sarah Stevens, Michelle Gordon, Nina Figueroa and Dawn Thomas	2019	Guide	docx

216	Prevailing Situation of Violence against Children in Pakistan	Prof. Dr. Muhammad Zakria Zakar	2016	Reporting	docx
217	A Guide to Integrated Handwashing with Soap Communication for use by commune and village health workers	Phu, T. D.	n.d	Guide	docx
218	Report Childhood Vaccination Coverage Survey in Slums of Karachi & Hyderabad, Sindh Province of Pakistan	United Nations Children's Fund (UNICEF) and Gavi	July 2020	Reporting	docx
219	Report of Coverage Survey in Slums/Underserved Areas of 10 Largest Cities of Pakistan Punjab (Lahore, Rawalpindi, Multan, Gujranwala, Faisalabad), Sindh (Karachi & Hyderabad), Khyber Pakhtunkhwa (Peshawar), Balochistan (Quetta), Federal Capital (Islamabad)	United Nations Children's Fund (UNICEF) and Gavi	July 2020	Reporting	docx
220	Report of Profile of Slums/Underserved Areas of Islamabad City – The Federal Capital of Pakistan	United Nations Children's Fund (UNICEF) and Gavi	July 2020	Reporting	docx
221	Report of Profiles of Slums and Underserved Areas of Five Largest Cities of Punjab, Pakistan	United Nations Children's Fund (UNICEF) and Gavi	July 2020	Reporting	docx
222	Report of Profiles of Slums/Underserved Areas of Quetta City of Balochistan, Pakistan	United Nations Children's Fund (UNICEF) and Gavi	July 2020	Reporting	docx

223	Report Profiling of Slums and Underserved Areas of Peshawar City of Khyber Pakhtunkhwa Province of Pakistan	United Nations Children's Fund (UNICEF) and Gavi	July 2020	Reporting	docx
224	C4D Strategic Framework UNICEF Pakistan Country Programme (2018-2022)	Management & Development Consulting, Inc.	n.d	Reporting	docx
225	UNICEF Pakistan Country Office C4D Framework Final Report and Operational Guidance	Management & Development Consulting, Inc.	n.d		
226	Annex I Recommendation with suggested responsibilities and time line	Management & Development Consulting, Inc.	n.d	Reporting	docx
227	Annex II Pakistan C4D Summary Planning Table, CP 2018 -2022 Communication Analysis and Strategies	Management & Development Consulting, Inc.	n.d	Reporting	docx
228	Annex III Pakistan C4D Summary Planning Table, CP 2018 -2022 Cross-sectoral Convergence Areas and Sample Activities	Management & Development Consulting, Inc.	n.d	Reporting	docx
229	Pakistan Change Strategies	United Nations Children's Fund (UNICEF) Pakistan	2018	Monitoring	docx
230	Pakistan Cross-cutting	United Nations Children's Fund (UNICEF) Pakistan	2018	Monitoring	docx
231	Pakistan Goal Area 1- Survive and Thrive	United Nations Children's Fund (UNICEF) Pakistan	2018	Monitoring	docx
232	Pakistan Goal Area 2- Learn2	United Nations Children's Fund (UNICEF) Pakistan	2018	Monitoring	docx

233	Pakistan Goal Area3- Protection from Violence and Exploitation	United Nations Children's Fund (UNICEF) Pakistan	2018	Monitoring	docx
234	Pakistan Goal Area 4-Safe and Clean Environment	United Nations Children's Fund (UNICEF) Pakistan	2018	Monitoring	docx
235	Pakistan Goal Area 5-Equitqble Chance in life	United Nations Children's Fund (UNICEF) Pakistan	2018	Monitoring	docx
235	SMQ	United Nations Children's Fund (UNICEF) Pakistan	2019	Monitoring	xlsx
237	SMQ	United Nations Children's Fund (UNICEF) Pakistan	2020	Monitoring	xlsx
238	End Year Review Report	United Nations Children's Fund (UNICEF) Pakistan	2018	Monitoring	docx
239	UNICEF Pakistan Guidance: Options for Remote Programmatic Monitoring in Response to Covid-19 Pandemic	United Nations Children's Fund (UNICEF) Pakistan		Guide	docx
240	Multiyear (Rolling) Work Plan	Government of Balochistan and United Nations Children's Fund (UNICEF) Pakistan	January 2018 to December 2019	Planning	docx
241	FATA Child Protection Rolling Work Plan Cover Note: Children Protected from Violence, Exploitation, and Neglect	United Nations Children's Fund (UNICEF) Pakistan- Peshawar Field Office	January 2018 to December 2019	Planning	docx
242	Education Section Rolling Work Plan Cover Note: FATA	United Nations Children's Fund (UNICEF) Pakistan- Peshawar Field Office	January 2018 to December 2019	Planning	docx
243	Health Section Rolling Work Plan Cover Note: FATA	United Nations Children's Fund (UNICEF) Pakistan-	January 2018 to December 2019	Planning	docx

		Peshawar Field Office			
244	Health and Polio Rolling Work Plan Cover Note	Ministry of National Health Services Regulations & Coordination and United Nations Children's Fund (UNICEF) Pakistan Country Office Islamabad	January 2018 to December 2019	Planning	docx
246	Nutrition Federal Rolling Work Plan Cover Note	Ministry of National Health Services Regulations & Coordination and United Nations Children's Fund (UNICEF) Pakistan Country Office Islamabad	January 2018 to December 2019	Planning	docx
247	UNICEF Programme of Cooperation Rolling Work Plan WASH	United Nations Children's Fund (UNICEF) Pakistan Country Office Islamabad	January 2018 to December 2018	Planning	docx
248	UNICEF Programme of Cooperation Rolling Work Plan Child Protection	United Nations Children's Fund (UNICEF) Pakistan	January 2018 to December 2022	Planning	docx
249	WASH Section Rolling Work Plan Cover Note: FATA	United Nations Children's Fund (UNICEF) Pakistan-Peshawar Field Office	January 2018 to December 2019	Planning	docx
250	KP Child Protection Section Rolling Work Plan Cover Note: Children Protected from Violence, Exploitation, and Neglect	United Nations Children's Fund (UNICEF) Pakistan-Peshawar	January 2018 to December 2018	Planning	docx
251	Health Section Rolling Work Plan Cover Note- Khyber Pakhtunkhwa	United Nations Children's Fund	January 2018 to December 2019	Planning	docx

		(UNICEF) Pakistan-KP Field Office			
252	Nutrition Section Rolling Work Plan Cover Note- Khyber Pakhtunkhwa	United Nations Children's Fund (UNICEF) Pakistan-KP Field Office	January 2018 to December 2019	Planning	docx
253	Education Section Rolling Work Plan Cover Note- Khyber Pakhtunkhwa	United Nations Children's Fund (UNICEF) Pakistan-KP Field Office	January 2018 to December 2019	Planning	docx
254	WASH Section Rolling Work Plan Cover Note- Khyber Pakhtunkhwa	United Nations Children's Fund (UNICEF) Pakistan-KP Field Office	January 2018 to December 2019	Planning	docx
256	Child Protection Section Rolling Work Plan Cover Note	United Nations Children's Fund (UNICEF) Pakistan-Punjab Field Office	January 2018 to December 2019	Planning	docx
257	Health Section Rolling Work Plan Cover Note	United Nations Children's Fund (UNICEF) Pakistan-Punjab Field Office	January 2018 to December 2019	Planning	docx
258	Nutrition Section Rolling Work Plan Cover Note	United Nations Children's Fund (UNICEF) Pakistan-Punjab Field Office	January 2018 to December 2019	Planning	docx
259	Education Section Rolling Work Plan Cover Note	United Nations Children's Fund (UNICEF) Pakistan-Punjab Field Office	January 2018 to December 2019	Planning	docx
260	WASH Section Rolling Work Plan Cover Note	United Nations Children's Fund (UNICEF) Pakistan-Punjab Field Office	January 2018 to December 2019	Planning	docx
261	Social Policy, Monitoring & Reporting Section Rolling Work Plan Cover Note	United Nations Children's Fund (UNICEF) Pakistan	January 2018 to December 2019	Planning	docx
262	Education Federal Annual Work Plan	United Nations Children's Fund (UNICEF) Pakistan	May 2019	Planning	docx

		and the Ministry of Federal Education and Professional Training			
263	Rolling Work Plan	United Nations Children's Fund (UNICEF) Pakistan	January 2019 to December 2020	Planning	docx
264	Revised SPPME Rolling Work Plan	United Nations Children's Fund (UNICEF) Sindh	January 2019 to December 2020	Planning	xlsx
265	Revised Education Rolling Work Plan	United Nations Children's Fund (UNICEF) Sindh	January 2019 to December 2020	Planning	xlsx
266	Revised Nutrition Rolling Work Plan	United Nations Children's Fund (UNICEF) Sindh	January 2019 to December 2020	Planning	xlsx
267	Revised Health Rolling Work Plan	United Nations Children's Fund (UNICEF) Sindh	January 2019 to December 2020	Planning	xlsx
268	Revised Child Protection Rolling Work Plan	United Nations Children's Fund (UNICEF) Sindh	January 2019 to December 2020	Planning	xlsx
269	Revised WASH Rolling Work Plan	United Nations Children's Fund (UNICEF) Sindh	January 2019 to December 2020	Planning	xlsx
270	Final Review of Consolidated Punjab Rolling Working Plan	United Nations Children's Fund (UNICEF) Punjab	January 2019 to December 2020	Planning	xlsx
271	Government Of Pakistan And Unicef Programme Of Cooperation 2018-2022 UNICEF Punjab Rolling Work Plan – Briefing Note	United Nations Children's Fund (UNICEF) Punjab Field Office	January 2019 to December 2020	Planning	docx
272	Rolling Work Plan	United Nations Children's Fund (UNICEF) KP	January 2019 to December 2020	Planning	xlsx
273	Revised Rolling Work Plan Federal level Child Protection	United Nations Children's Fund (UNICEF) Pakistan Country Office	January 2019 to December 2020	Planning	xlsx

2734	Revised Rolling Work Plan Gilgit-Baltistan Child Protection	United Nations Children's Fund (UNICEF) Pakistan Country Office	January 2019 to December 2020	Planning	xlsx
275	Federal Disaster Risk Management Multi-Sectoral Working Rolling Work Plan	United Nations Children's Fund (UNICEF) Pakistan Country Office and the Natural Disaster Management Authority Collaboration	January 2019 to December 2020	Planning	xlsx
276	Revised Education Federal Rolling Work Plan	United Nations Children's Fund (UNICEF) Pakistan Country Office	January 2019 to December 2020	Planning	xlsx
277	Revised Nutrition Federal Rolling Work Plan	United Nations Children's Fund (UNICEF) Pakistan Country Office	January 2019 to December 2020	Planning	xlsx
278	Revised Social Policy Federal Rolling Work Plan	United Nations Children's Fund (UNICEF) Pakistan Country Office	January 2019 to December 2020	Planning	xlsx
279	Revised WASH Federal Rolling Work Plan	United Nations Children's Fund (UNICEF) Pakistan Country Office	January 2019 to December 2020	Planning	xlsx
280	Rolling Work Plan: Briefing Note	United Nations Children's Fund (UNICEF) Pakistan Balochistan Field Office and the Government of Balochistan	January 2019 to December 2020	Planning	docx
281	Government of Pakistan and UNICEF Programme of Cooperation 2018-2022 UNICEF Balochistan Rolling Work Plan	United Nations Children's Fund (UNICEF) Pakistan Balochistan Field Office and the	January 2019 to December 2020	Planning	docx

		Government of Balochistan			
282	Government Of Pakistan and UNICEF Programme of Cooperation 2018-2022 Education Section Rolling Work Plan	United Nations Children's Fund (UNICEF) Pakistan Balochistan Field Office and the Government of Balochistan	January 2019 to December 2020	Planning	docx
283	Government Of Pakistan and UNICEF Programme of Cooperation 2018-2022 Health and Polio Section Rolling Work Plan	United Nations Children's Fund (UNICEF) Pakistan Balochistan Field Office and the Government of Balochistan	January 2019 to December 2020	Planning	docx
284	Government Of Pakistan and UNICEF Programme of Cooperation 2018-2022 Nutrition Section Rolling Work Plan	United Nations Children's Fund (UNICEF) Pakistan Balochistan Field Office and the Government of Balochistan	January 2019 to December 2020	Planning	docx
285	Government Of Pakistan and UNICEF Programme of Cooperation 2018-2022 Social Policy Section Rolling Work Plan	United Nations Children's Fund (UNICEF) Pakistan Balochistan Field Office and the Government of Balochistan	January 2019 to December 2020	Planning	docx
286	Government Of Pakistan and UNICEF Programme of Cooperation 2018-2022 WASH Section Rolling Work Plan	United Nations Children's Fund (UNICEF) Pakistan Balochistan Field Office and the Government of Balochistan	January 2019 to December 2020	Planning	docx
287	Revised Education Balochistan Rolling Work Plan	United Nations Children's Fund (UNICEF) Pakistan-	January 2019 to December 2020	Planning	xlsx

		Balochistan Field Office			
288	Revised Nutrition Balochistan Rolling Work Plan	United Nations Children's Fund (UNICEF) Pakistan-Balochistan Field Office	January 2019 to December 2020	Planning	xlsx
289	Revised Health Balochistan Rolling Work Plan	United Nations Children's Fund (UNICEF) Pakistan-Balochistan Field Office	January 2019 to December 2020	Planning	xlsx
290	Revised WASH Balochistan Rolling Work Plan	United Nations Children's Fund (UNICEF) Pakistan-Balochistan Field Office	January 2019 to December 2020	Planning	xlsx
291	Revised SP PME Balochistan Rolling Work Plan	United Nations Children's Fund (UNICEF) Pakistan - Balochistan Field Office	January 2019 to December 2020	Planning	xlsx
292	UNICEF Pakistan, Federal Health and Polio Rolling Work Plan	United Nations Children's Fund (UNICEF) Pakistan	January 2019 - December 2020	Planning	xlsx
293	UNICEF Pakistan, Federal Nutrition Rolling Work Plan	United Nations Children's Fund (UNICEF) Pakistan	January 2019 - December 2020	Planning	xlsx
294	UNICEF Pakistan, Federal Education Rolling Work Plan	United Nations Children's Fund (UNICEF) Pakistan	January 2019 - December 2020	Planning	xlsx
295	UNICEF Pakistan, Federal WASH Rolling Work Plan	United Nations Children's Fund (UNICEF) Pakistan	January 2019 - December 2020	Planning	xlsx
296	Quality Assessment of UNICEF's 2018-2019 Annual Work Plans	Leslie Fox, Principal Investigator	2019	Reporting	docx

297	National Epi Policy And Strategic Implementation Plan Pakistan 2021-2025	Dr Ejaz Ahmad Khan	February 2021	Planning and Strategy	docx
298	GDP (Current USD)	World Bank (WB)	February 2019	Monitoring and Reporting	docx
299	Adolescents Girls Voices on Enhancing their own Productivity in Pakistan	Iram Kamran, Tahira Parveen, Maqsood Sadiq and Rehan Niazi	December 2018	Reporting	docx
300	Web-Based Poll Survey To Assess Impact Of Covid-19 On Rmncah&N Services: Perceptions Of Key Informations	Dr. Sheh Mureed	n.d	Assessment	docx
301	Handbook A Guide To Integrated Hand Washing With Soap Communication	Tran Dac Phu, PhD	n.d	Guide	docx
302	The World Bank in Pakistan	World Bank (WB)	2019	Reporting	docx
303	Joint Monitoring Programme Progress on Water and Sanitation	World Health Organization (WHO) and United Nations Children's Fund (UNICEF),	2017	Assessment	docx
304	International Code of Marketing of Breast Milk Substitutes	World Health Organization (WHO)	n.d	Guide	docx
305	Pakistan Infant and Young Child Feeding Strategy, 2016- 2020	World Health Organization (WHO)	2015	Strategy	docx
306	Pakistan Current Account	Trading Economics	2021	Monitoring and Reporting	docx

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## **Annex 2: Terms of Reference**

### **Rationale**

The revised UNICEF Evaluation Policy issued by in 2018 requires Country Programmes (CP) to undergo a Country Programme Evaluation (CPE) at least once every two programme cycles or once in a programme cycle if monitoring and audit information points to a significant shift in the programming context or a significant increase in the level of risks. Based on this guidance, a country programme evaluation generally seeks to assess 1) Whether the Country Programme results have been/are likely to be delivered as planned (both quantitatively and qualitatively) and explanatory factors in achieving these results or not; b) Whether the Country Programme has critically contributed to the intended and planned national results, including SDG-focused results, in the context of UNSCDF outcome(s); c) Whether the Country Programme has enhanced or is enhancing UNICEF's strategic positioning to advance the realization of children's rights in the country. The question of strategic positioning addresses issues related to relevance, i.e. Is the country office doing the right programming to meet the needs of children in the country. Is the theory of change relevant to meet the needs of children in the country is a key aspect to be addressed in the CPE.

The operationalization and extent to which the above general questions are addressed in any CPE depends on the country programme that is being evaluated, the country context, the needs for the development of the incoming CP as well as existing data and evidence. However, the CPE is not intended to measure the full results framework, an undertaking that would take considerable resources and time, limiting the chances of findings to be available in time for the development of the CP.

The UNICEF- Government of Pakistan Country Programme 2018- 2022, was approved in 2017 by the Executive Board. While the country office conducted a mid-term review, it has not undergone a CPE in the last two cycles making a CPE necessary before the next CP is developed. Emphasize. The evaluation findings—including findings on results, and interventions/programmes--- will feed into the preparation of a new CP.

The Pakistan Country Office (PCO) has expressed interest in a truncated country programme evaluation that meets the tight timelines for the development of the CP. The need to rely heavily on existing evidence and evaluations has been expressed to the regional office. This interest also is in line with the general guidance of the CPE, i.e., the guidance indicates that the CPE should not duplicate existing evidence. Instead, it should use and incorporate existing evidence to answer the relevant questions.

The above request will be accommodated within the general framework of the guidelines without compromising aspects related to accountability and results.

PCO has conducted seven thematic evaluations within this cycle. In addition, the office has conducted a comprehensive midterm review. These evaluations and midterm reviews have been analysed to assess the existing gaps in available data for the CPE. The analysis revealed that while the evaluations, MTSR and data reported in RAM may be able to provide answers to questions around results (including contribution to the national results and priorities), raw data is needed to address issues around positioning and relevance.

### **Context**

Pakistan has an estimated population of 212 million; 45 per cent are children and 22.7 per cent are adolescents aged 10-19 years. With an annual growth rate of 2.4 per cent, the population doubles every 29 years, increasing pressure on social systems, which is compounded by rapid urbanization. Since 2018, the government has driven socioeconomic reforms especially in poverty alleviation, malnutrition, climate change and fiscal policy stabilization. According to the World Bank, the annual GDP growth rate increased from 5.6 per cent (2016) to 5.8 per cent (2018); and thereafter declined to 0.98 per cent (2019).

A negative outlook of -0.4 per cent is projected for 2020 due to the impact of the COVID-19 pandemic. A quarter (24.3 per cent) of the population in 2015/16 lived below the poverty line. The Consumer Price Index inflation rose to 12.6 per cent (2019) from 5.4 per cent in 2018. Pakistan ranked 152nd of 189 countries on

the Human Development Index of 2019, and 151st out of 153 countries on the Global Gender Gap Index in 2020. As of 31 December 2020, Pakistan had 479,715 confirmed cases of COVID-19, with 10,105 deaths. Public Sector Development Programme (budget) allocations, which accounted for 8 per cent of the GDP in 2018/19, have been increasingly reprioritized towards pro-poor spending. Public expenditure on health and nutrition is 1.1 per cent of GDP, far below the 5 per cent recommended by the World Health Organization. An important step in 2020 was the transfer of immunization financing from development to recurrent budget.

Expenditure on water, hygiene and sanitation (WASH) in 2018/19 stood at PKR 62 billion (US\$387 million), a seventh of the annual investment need. Education sector expenditure accounted for 2.6 per cent of GDP in 2019, short of the 4-6 per cent recommended in the Education 2030 Framework for Action. In response to the pandemic, the Government presented a PKR 1.2 trillion social protection stimulus package (US\$7.5 billion), which included an emergency cash transfer targeting 16.9 million families. Pakistan's neonatal mortality rate is 42 deaths per 1,000 live births and under-five mortality rate is 74 per 1,000 live births. It is estimated that one in every 14 Pakistani children does not survive to his or her fifth birthday.

Penta-3 vaccination coverage is 75.4 per cent. (PDHS 2017-2018). Maternal health has improved, and the maternal mortality rate has fallen to 186 deaths per 100,000 live births (2019) from 276 deaths per 100,000 live births in 2004/06 (Pakistan Maternal Mortality Survey 2019). Inequity across geographic (urban/rural) locations and wealth quintile and poor quality of care in the perinatal period contributes to high rates of stillbirth, neonatal death and maternal death. There were 83 wild and 121 vaccine-derived poliovirus cases reported in 2020, compared to 147 and 22 respectively in 2019.

The COVID-19 pandemic led to decreases of 30 per cent in family planning services, 19 per cent in skilled attendance at birth, 10 per cent in newborn care and 26 per cent in vaccination coverage and almost 40 million children did not receive polio vaccination between April and June, when polio campaigns were suspended. Pakistan is experiencing a triple burden of malnutrition, with undernutrition and micronutrient deficiencies increasingly accompanied by overweight. About 40.2 per cent of children are stunted, and 28.9 per cent underweight. Wasting, which is associated with increased child mortality, has increased from 15.1 per cent (2011) to 17.7 per cent in 2018. More than half (56.6 per cent) of adolescent girls in Pakistan are anemic. (NNS 2018). In Pakistan, 92 per cent of households have access to improved drinking water, and over 70 per cent to improved toilet facilities.

Open defecation is practiced by 10 per cent of households in Pakistan, largely in rural areas (JMP, 2019). The Government of Pakistan has renewed its commitment on WASH and environmental issues through the launch of the Clean and Green Pakistan movement. In the COVID-19 context especially, disruptions and lack of WASH services in health facilities, schools and communities undermine infection prevention and control (IPC) measures and the promotion of hand hygiene. While children of school-going age comprise over a quarter of Pakistan's population, an estimated 22.84 million children are out of school, including 12.16 million girls (EMIS, 2016/17).

Amongst those in school, 65 per cent do not achieve minimum proficiency by the end of primary education (World Bank, 2019). Poverty, constraining social norms, and ethnic/ language contribute to drop-out and inequities in education participation and learning outcomes. Gender gap in retention and enrolment continues to be a major concern with Gender Parity Index of 0.92 in primary schools (Living Standard Survey, 2018/19). The sector is further impeded by the COVID-19 outbreak which interrupted schooling for 42 million learners. Birth registration of children under-five improved from 34 per cent (2012/13) to 42.2 per cent (2017/18), with higher registration rates in urban areas. Fifteen per cent of women aged 15-49 years have experienced physical violence in the last 12 months and 18.3 per cent of women aged 20-24 years were married before 18 years (PDHS, 2017/18). Restrictions due to COVID-19, loss of income, isolation, and high levels of stress are increasing the likelihood of violence and mental health concerns in children.

### **The Pakistan Country Programme**

A description of the country programme is included below. The programme focuses on the following:

#### **Every Child Survives and Thrives:**

The aim of the health programme component is that, by 2022, the most at-risk newborns and children benefit from integrated newborn and child health interventions and healthy behaviours. The programme will work closely with nutrition, and WASH programmes and will be, aligned with the National Health Vision 2016-2025. It will address two deprivations: (a) poor access to quality immunization services; and (b) poor access to safe deliveries for newborns and the high maternal mortality rate. The component will prioritize: (a) the poorly performing polio tier 1 districts, urban slums and union councils, targeting 800,000 children under the age of one year through the use of polio infrastructure; and (b) using immunization as the platform to deliver an integrated package encompassing immunization, neonatal services and pneumonia, diarrhea and HIV prevention. To reach all children, immunization programming will shift the paradigm from “covered children” towards “continuously missed children,” including often-inaccessible urban slums. Priority will be given to supporting female frontline workers to reach these children.

Based on the national emergency action plans implemented by the Emergency Operations Centers, UNICEF will systematically strengthen operations, risk management, oversight and accountability to significantly reduce missed children and missed virus transmission. The goal is to achieve and sustain zero cases, leading to the interruption of virus transmission and to the certification of Pakistan as a polio-free country. UNICEF community-based vaccinators in the core reservoir zones will support the strengthening of immunization and health-care systems.

The programme will target care in health facilities and at home, reaping a triple return: (a) the improved survival of women during delivery; (b) the prevention of stillbirths; and (c) neonatal survival. Effective interventions, enhanced accountabilities, and attention to quality of care among health-care providers, managers, communities and households will be promoted. Priority will be given to high-impact health-care practices and to working with “Lady Health Workers”, the private sector and civil society to influence positive behaviours among parents and other caregivers, while creating demand for skilled care. The programme component will strengthen the capacity for planning, monitoring and quality assurance, co-create evidence and advocate for increased and sustained budgets for maternal and newborn care and immunization.

The goal of the nutrition component is that, by 2022, the most vulnerable boys and girls as well as pregnant and breastfeeding women through the improved utilization of services and improved practices show a measurable reduction in stunting and wasting. The programme will be focused on: (a) improving the implementation, monitoring and evaluation of multisectoral nutrition strategies, budgets and plans; (b) advocating for and supporting national mechanisms (e.g., SUN and the Sustainable Development Goals at all levels); (c) contributing to addressing legislation gaps and strengthening the formulation of E/ICEF/2017/P/L.24 7/17 comprehensive legal frameworks on breastfeeding and the fortification of staples, including salt and wheat; (d) supporting improved nutrition practices by mothers, especially during the child’s first 1,000 days of life; (e) continued support to the Government in expanding treatment and prevention services; (f) assistance to improving information systems, including disaggregated data and the management of essential nutrition supplies for children; and (g) strong links between health programming, WASH and C4D on behaviours change to reduce stunting.

#### **Every child learns:**

The programme component envisions that, by 2022, more children, particularly girls and those from groups left behind, benefit from equitable and appropriate ECD and basic education services. 19 33. At systems levels, the component will contribute to a greater focus on equity in provincial and district sector planning and budgeting; strengthening data and assessment systems; and evidence-based policy advocacy.

To address education supply-and-demand issues, the component will focus on strengthening the institutional capacity to (a) deliver quality and scalable early-learning models to improve school readiness; (b) expand equitable, quality alternative learning programmes at the basic education levels for out-of-school children and adolescents, particularly girls; and (c) improve public communication efforts and school-community linkages through C4D strategies to increase on-time enrolment, reduce dropout and ensure completion and transition in under-performing schools. UNICEF will work with a variety of partners to drive a quality learning agenda that leaves no child behind.

#### **Every Child is Protected from Violence and Exploitation:**

The protection programme focuses on (a) the right of the child to protection from violence and exploitation, and (b) birth registration. On violence, the aim is that, by 2022, girls' and boys' access child protection preventive and/or response services primarily through public case management and referral systems in at least two provinces of Pakistan, and communities practice positive behaviours contributing towards a protective environment for children. Cross-sectoral work will engage education, health and nutrition programmes.

The component is focused on strengthening child-protection systems and building the capacity of families, communities and Government to promote the right of the child to protection. This approach encompasses (a) advocacy for costed evidence-based laws and policies; (b) preventing abuse; and (c) ensuring that the best interests of the child are considered when violations occur and remedial responses sought. An effective provincial case-management and referral system will bring together appropriate government agencies, civil society and the private sector, encompassing regulation and the monitoring of child protection standards at all levels. Families will have access to adequate support and redress mechanisms, delivered in a child-friendly context with quality standards, by the Government or relevant social service agencies. 19 In accordance with international standards, basic education comprises primary education (first stage of basic education) and lower secondary education (second stage).E/ICEF/2017/P/L.24 8/17

In birth registration, the goal is that, by 2022, 65 per cent of girls and boys under the age of 5 years will be registered, with universal birth registration achieved and embedded within a civil registration and vital statistics system in at least two provinces. UNICEF will support the implementation of a regional action framework to achieve that goal, 20 including the development of a comprehensive national strategy.

Approaches will include systems-strengthening that addresses supply-side barriers (capacity and technology enhancement) and demand-side barriers (increased awareness). UNICEF will build upon the experience of innovative public-private partnerships to assist provincial Governments to implement tailored, equity-sensitive birth registration strategies, especially in the lowest-performing districts.

### **Every Child Lives in a Safe and Clean Environment:**

The aim of the WASH component is that, by 2022, more people in Pakistan including women and children and the most-deprived, stop practicing open defecation and can access and use safely managed water and sanitation services.

UNICEF will focus on (a) eradicating open defecation by improving access to basic sanitation; (b) increasing access to safe water, with special attention to improved drinking water quality; and (c) improving WASH services in institutions. The programme will also address WASH in emergencies as well as in DRR. UNICEF will increasingly work in partnership with relevant provincial government departments, other United Nations agencies and civil society to ensure sustainability.

Interventions include (a) strengthening the enabling environment to replicate or scale up the Pakistan Approach to Total Sanitation; (b) increasing engagement in urban slums, including the promotion of child-responsive actions; (c) addressing sustainability challenges, such as the reverting of communities to open defecation; (d) integrating water safety and security; (e) continuing support for strengthened provincial planning and budgeting; and (f) directly implementing convergent activities with education, nutrition, and health to reach the most in-need..

The WASH programme will increase upstream engagement (evidence co-production, advocacy and resource leveraging of Government and partners, including the private sector, CSOs and provincial Governments) to lead large-scale implementation by building institutional capacity and sector reform. Building upon evidence and lessons from the Pakistan Approach to Total Sanitation, key strategies will include mainstreaming equity, gender and disabilities. UNICEF will advocate in particular for WASH facilities that ensure that adolescent girls can manage menstruation with dignity. Children, families and communities will also be empowered to adopt and sustain positive social norms.

### **Purpose**

#### **Evaluation Purpose:**

The purpose of the SPE is threefold:

1. Inform programme design and support managerial decision-taking at country office level in preparation of the next the country programme. Recommendations are to be provided which must be specific enough that necessary actions can be determined in response.
2. Foster organizational learning about what works and does not work, especially in areas where the country programme components have not achieved the results.
3. UNICEF has an accountability to design and implement programmes at a standard of excellence. The evaluation will support accountability by providing an independent assessment of how selected results were achieved (or not) and the factors that contributed to the achievement or lack of.

#### **Specific Objectives:**

- Provide an independent assessment of the relevance of the country programme—focusing on specific programmatic areas—to local needs and context. The focus in this question will be on areas that have not fully achieved results based on results in the UNICEF RAM for 2020; i.e. Early childhood education, polio elimination; stunting and wasting.
- Provide an independent assessment of results achieved—focusing on specific programmatic areas—and explanatory factors for their achievement.
- Provide an independent assessment of the internal and external coherence of the programmatic focus areas and whether UNICEF is well positioned to play a strategic role to advance the goals in the country.

#### **Intended Utilization:**

In 2022, the PCO Programme will be in its last year of implementation. The PCO is preparing for the next Country Programme cycle, with the planning process that is already on going. By looking at the completing CP while at the same time focusing on issues of strategic positioning and relevance, the proposed CPE has a forward-looking lens that will enable PCO to learn from its implementation as a new CP is planned and developed. The CPE will compliment findings from the Situation Analysis, the MTSR and other assessments in providing information that will be used in planning the next CP. The intended results of the evaluation will be available for the development and fine-tuning of the objectives, components and strategies for the new Country Programme, which will cover the period of 2022-2026.

#### **Scope of Work:**

- i. Theory of Change for the Country Program. While the Theory of Change for the Country Programme (implicit or not), will be necessary, the CP will focus on the theory of change for the areas that will be explored for a deeper dive under relevance and strategic positioning. Changes in the TOC across the cycle, including the extent to which these changes were implemented and the extent to which the implemented TOC is relevant to meet the needs of children will be explored.
- ii. Results levels: The CPE is not meant to be an assessment of the full results framework. It therefore will not look at all results achieved (or not) from all components of the CP. Focus will be put on the four big budget consumers:
  - a. Health;
  - b. Polio;
  - c. Nutrition and
  - d. WASH
  - e. Education
- iii. **Sectors plus:** Programming sectors are an important but not exclusive analytic frame. Depending on the topic the frame may be programmes and sectors, or the linkages within the overall country programme. The sectors and areas of focus noted above will be at the core of this CPE.

- iv. **Geographic and chronological scope:** The principal focus will be on the present country programme from 2018 to the on-going final year of the cycle. Information pre-dating this period should be considered insofar as it illuminates issues in the current programme. The scope of the evaluation will be national but is also expected to have a strong focus on how the programming is in the poorest and remotest areas. Specific focus will be paid to districts where the above selected programmes converge.
- v. **Participants:** Because a critical purpose of the evaluation is to inform UNICEF's next country programme, UNICEF stakeholders at country and regional level will be primarily involved in the design and governance of the evaluation. However, given that the evaluation has a focus on the positioning of UNICEF and its Country Programme, the consultation of external stakeholders is critical to addressing the evaluation questions.

### **Evaluation Issues and Questions**

Below are the questions to be explored in each domain:

#### **Dimensions of Effectiveness**

1. To what extent have UNICEF PCO's programs managed to reach the most disadvantaged sections of the communities to improve the lives of children and women. This question will focus on the areas that consume the biggest budget, Health; Polio; Nutrition, WASH and Education.
2. To what extent were programme (/intermediate results) delivered and did they contribute to progress toward the stated programme outcomes. This question will focus on the areas that consume the biggest budget, Health; Polio; Nutrition; WASH and Education.
3. To what extent has the UNICEF country office contributed to the achievement of national results and priorities?
4. Were there positive/negative unintended outcomes? Could they have been foreseen and managed?
5. What are the major factors influencing the achievement (or not) of the Pakistan Country Programme outputs? (e.g. external factors - political, social economic etc., internal factors – quantity, quality, timeliness of delivery etc.) What influence did these factors have on achievement (or not) of Country Programme outcomes? Were there factors outside of UNICEF's control which had an impact of the implementation of the Country Programme?

#### **Dimensions of Relevance**

1. Are the implemented programs for Early child hood education, polio elimination; stunting and wasting and new born mortality adequate to address the needs and achieve the intended goals?
2. To what extent has UNICEF ensured that the needs of children, adolescents and young people, especially the most marginalized, have been taken into account in the planning and implementation of programmes on ECE, polio elimination, stunting and wasting and new born mortality?
3. To what extent has the Country Office been able to adapt ECE, polio elimination, stunting strategies to changes in needs and priorities caused by changing in context and government priorities, particularly following COVID-19?
4. How UNICEF's strategic engagement(s) has helped and/or is helping to leverage policies and resources for children. How has UNICEF's role and positioning in the social sector mandate been impacted in post 18<sup>th</sup> amendment scenario, given that social sector mandates are with the provincial governments?
5. What critical interventions or result areas have been missing or received little attention in the country programming in light of national priorities and UNICEF's mandate?

#### **Dimensions of Coherence**

1. To what extent are the objectives of UNICEF's Pakistan country programme consistent with the priorities set in national policy frameworks? [PCO Needs to identify key government priorities]

2. Did the Country Office's strategic approach to address the challenges of equity and gender equality play a complementary role to that of Government and other development actors, e.g. linking UNICEF initiatives to government policies or coordination of development actors?

### **Methodology**

The section below describes the proposed methods to be used in implementing the CPE. The methodology described below is not intended to be conclusive. Therefore, the team of consultants will be required to enhance and tailor it in agreement with ROSA during the inception process.

- Desk Reviews from existing evaluations, studies and reports: The PCO has conducted a total of 7 evaluations this cycle. In addition, the office conducted a comprehensive MTSR and also has studies and other assessments that will be critical in answering the questions above. In addition, other planning and reporting documents including the CP, programme strategy notes, rolling work plans, annual reports and others will be reviewed. In particular, desk review will play an important role in answering questions related to results achieved by the PCO as well as the PCO contribution to c country priorities.
- Abstraction and review of UNICEF administrative and reporting data: UNICEF can provide data from its administrative information systems that are used for planning, monitoring, reporting and performance management for use in this CPE. These will be used to further assess results in specified areas can be used to map and analyze achievements
- Key Informant Interviews: A selected number of key informant interviews will be conducted to answer questions around relevance. Given the short time frame for implementation of the CPE, prioritization of who to interview will be conducted in collaboration with ROSA, the PCO. Key informant interviews will include those with UNICEF PCO staff, government, non-government and other implementing partners. To prioritize who to interview, a mapping of partners will be developed from which key stakeholders will be selected for the interviews.
- Brief Perception Survey via Survey Monkey: In addition to the above, data will be collected from some stakeholders using a survey monkey survey. This will ensure that more stakeholders than those who can be interviewed using the key informant interviews are reached. The survey also will primarily focus on issues of positioning and relevance as described in the sections above.

It is not expected that primary data will need to be collected from end beneficiaries among the population. However, efforts will be made to include representatives of beneficiaries.

### **Key Assignments/Tasks**

1. Provide advice on the health issues targeted in the country programme evaluation. These will include: Health; Polio; Nutrition. This advice will include advising the team on critical issues that need to be explored and how to best assess matters around effectiveness, relevance and coherence in the health thematic areas.
2. Spear head efforts in developing question items and domains that seek to solicit data on health areas that are focused on during the CPE. Items will be incorporated in the key informant guides, and perception survey.
3. Support development of the inception report, particularly preparing and/or providing input on aspects that are specific health for integration in the inception report
4. Provide advice and feedback on persons who should be interviewed to effectively assess health issues explored in the CPE
5. Work with the team lead and other team members to collect data needed for the CPE. This will include conducting key informant interviews with UNICEF, government and donor stakeholders.
6. Under the guidance of the team lead, lead efforts to analyze and interpret data collected on the health thematic areas.
7. Provide support in preparing dissemination power point and participate in validation, sense making and dissemination webinars. Work with the team lead and other members to prepare the

draft CPE report. The health experts role will primarily focus on the health issues that are a focus in this evaluation.

### **Child Safeguarding**

Is this project/assignment considered as “Elevated Risk Role” from a child safeguarding perspective?

Yes  No If YES, check all that apply:

Direct contact role  Yes  No

If yes, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediately physical proximity, with limited supervision by a more senior member of personnel: Click or tap here to enter text.

Child data role  Yes  No

If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos): Click or tap here to enter text.

More information is available in the Child Safeguarding SharePoint and Child Safeguarding FAQs and Updates.

**Key Deliverables<sup>1</sup>**

#	Deliverables	Estimated Number of Working Days	Due Date/Latest Date for Completion of Deliverable (If Unsure About Specific Calendar Dates, put Number of Days After Contract Start and Actual Dates Only in CIC)
1	Contribution to the development of CPE methodology and design including in the selection of respondents, development of data the collection tools and guides , particularly those related to health	1	May 16, 2021
2	Input on health issues in the Inception Power point presentation fully describing methodology and approach, evaluation matrix, persons to interview and other critical aspects as outlined in the UNICEF guidelines.	2	May 21, 2021
3	Input in the inception report with key input related to health issues targeted in the CPE	1	N/A
4	Completed Key informant interviews and perception survey for respondents providing data on health issues targeted in the CPE	25	June 15, 2021
5	Input in Power point presentation that highlights core findings	3	June 20, 2021
6	Participation in validation, sense making and other dissemination fora	1	June 25, 2021
7	Contribution to draft evaluation report with key findings, conclusions, preliminary recommendations, and lessons. The health expert's contribution will focus on the key health issues that are a focus in the CPE	6	July 15, 2021
8	Input in the final evaluation report	1	July 30, 2021
	<b>Total</b>	<b>40</b>	

**Planned Budget**

- a) Professional Fee (Lump Sum): Amount                      currency \_\_\_
- b) This estimate is based the following considerations: Click or tap here to enter text. Consultants' fees are based on all deliverables. For contractors with attendance requirements, assume a 21-day work week for fee calculation, minus anticipated time-off.
- c) Travel cost
- a. Travel cost estimate (Lump Sum):                      Amount                      currency \_\_\_

OR

- b. Best estimate of required travel at the time of TOR preparation:
- d) USD / Local currency Click or tap here to enter text.

If not lump sum: the travel cost estimate is based the following considerations:  
itemize planned travel and costs here.

Note: Due to the Regional Office role, exact travel needs may vary throughout the consultancy/contract.

<sup>1</sup> The calendar given in this table was modified after the inception phase

Air travel will be in economy class. DSA, Terminal, etc., will be as per UNICEF travel policy for consultants/contractors. Consultants/contractors on travel status must complete the BSAFE course prior to travel. No DSA is payable for consultants/contractors to be based in a particular location/duty station as those costs should be included in the fee lump sum.

If travel costs are not based on the preferred lump sum approach, reimbursement will be based on actual costs, not to exceed standard travel costs applicable to staff travel (economy class).

If there is a high likelihood of change-in-travel plans, the TOR budget estimates should aim at the highest potential travel costs to avoid cost-based extensions.

**Total Estimated Cost of the Consultancy/Contract:**

Deliverables	Amount (in USD)
1 to 3	Click or tap here to enter text.
4	\$
5 to 8	\$
Total	\$

Although this is a combination of research, study, and evaluation methods, it will be held to the highest standards employed by UNICEF for the conduct of evaluations and research. This means it will abide by the following:

- United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation in the UN System, 2016
- Ethical Guidelines for UN Evaluations; Ethical guidance for Research in UNICEF
- The final report is expected to meet the UNICEF-adapted UNEG Evaluation reports standards as well as benchmarks used in UNICEF’s Global Evaluation Reports Oversight System (GEROS).

Payments are due upon timely completion of each deliverable or contracted function certified as satisfactory by the supervisor/manager.

- The consultant will be paid upon satisfactory completion of assigned tasks and receipt of key deliverables and as certified by the Supervisor/Manager. A contractor will be paid as per the agreed schedule for performance of the contracted functions or activities.
- UNICEF reserves the right to withhold payment or partial payment for deliverables that are of poor quality or that do not meet the deadline stated in the contract.
- If deliverables are submitted before the end of the contract, payment will be processed.
- Final payment may not be less than ten per cent of the total value of the contract.
- The final payment will be processed within 30 days of the expiry date of the contract upon confirmation of satisfactory delivery of services.

**Consultant/Contractor Will:**

- Work remotely and no office space is required.
- Work from ROSA office and office space is required (hiring office must contact Operations Section before committing to contract dates).
- Has particular IT, logistics, transport, insurance and security requirements that apply:

Provide details here on the particular needs marked above

Budget code for ICT equipment:

**For contractors only:**

The contractor’s attendance requirements are:

Specify attendance requirements, if any. Include any time-off, for example 1 ½ days per month for a 5-day work week, that was agreed to with the contractor (which must be considered in the fee calculation if it was based on working days).

**Minimum Requirements:**

- At least eight years of professional experience in evaluations/strategic analytic review exercises, with evidence of understanding global standards, theories, models and methods related to evaluations and research;
- Experience in conducting evaluations within the health sector
- Knowledge and understanding of key health issues targeted in the evaluation. These include nutrition, polio; stunting and wasting and new born mortality
- Understanding of the health sector and systems in Pakistan
- Experience developing tools including questionnaires on health related issues for research and/or evaluation purposes
- Excellent written and oral communication skills in English required.
- Demonstrated teamwork skills

1) Education:

- a) Masters Degree in Public Health or other health science field

2) Work Experience:

- a) At least eight years of professional experience in evaluations/strategic analytic review exercises, with evidence of understanding global standards, theories, models and methods related to evaluations and research;
- b) Experience in supporting large evaluations with multi-programme evaluations, with multiple workstreams. Experience and understanding of at least one thematic area targeted in this evaluation. These include Health; Polio; Nutrition, WASH and Education.
- c) .Experience with interaction and data collection with different level of government counterparts
- d) Excellent written and oral communication skills in English required.
- e) Previous work or consultancy experience with UNICEF (and UN systems) and understanding of UNICEF's mandate is desirable;
- f) Experience evaluating programmes in Pakistan
- g) Demonstrated teamwork skills and ability to work with people from different walks of life
- h) Excellent written and oral communication skills in English required;
- i) Strong interviewing skills including skills to conduct key informant interviews with government officials and leaders in the not for profit and donor community

3) Competencies:

- a) Ability to achieve evaluation related goals in a limited time frame
- b) Ability to understand and evaluate interventions based on a given theory of change
- c) Ability to lead and facilitate discussions with a diversity of stakeholders including government and other officials

4) Language Proficiency:

- a) Excellent English speaking and writing skills- is a requirement
- b) Knowledge of the languages spoken in the South Asia Region- an asset

Please note that the hiring manager is required to review profiles of eligible candidates from the spouse and partner employment/dual career support roster maintained by ROSA. Recommended candidates will be vetted against the United Nations sanctions lists.

Clearance and Endorsement

	Name	Signature	Date
Submitted by (Section Chief)	Esther Kaggwa	<i>E Kaggwa</i>	May, 5, 2021
Cleared by (Human Resources) (HR will put in name of approver)			
Reviewed/comments by Operations	Comments		
Endorsed by (DRD / RD)			

**Annex 3: Inception Report**

UNICEF Pakistan

INCEPTION REPORT

Country Programme Evaluation of the UNICEF Pakistan Country Programme 2018-2022

May 2021

## Introduction

The UNICEF- Government of Pakistan Country Programme 2018- 2022, was approved in 2017 by the Executive Board. While the country office conducted a midterm review, it has not undergone a CPE in the last two cycles making a CPE necessary before the next CPD is developed. As per the Revised UNICEF Evaluation Policy<sup>2</sup> the PCO is required to undertake a country programme evaluation at least once every two programme cycles. According to the revised policy, a UNICEF evaluation, “serves interrelated purposes in support of the organization’s mandate. It supports learning and decision-making, which in turn support better results for children.” The Pakistan Country Office (PCO) has expressed interest in a truncated country programme evaluation that meets the tight timelines for the development of the CPD.

Please note that the inception report’s own annexes have not been included, as the updated annexes in the final report provide more relevant information.

## Evaluation Purpose

The TOR for this CPE lists the following areas that are to be assessed:

1. Whether the PCP results have been/are likely to be delivered as planned (both quantitatively and qualitatively) and [what the] explanatory factors are.
2. Whether the PCP has enhanced or is enhancing UNICEF’s strategic positioning to advance the realization of children’s rights in the country.

The TOR for this evaluation provides the following guidance with respect to the purpose of the evaluation:

1. The CPE should inform programme design and support managerial decision-taking at the country office level in preparation for the next country programme. Recommendations are to be provided which must be specific enough that necessary actions can be determined in response.
2. The CPE should foster organizational learning about what works and does not work, especially in areas where the country programme components have not achieved the results.
3. The CPE should support accountability by providing an independent assessment of how selected results were achieved (or not) and the factors that contributed to the achievement or lack [there]of.

The TOR builds on the purpose statements and defines the following specific objectives for the evaluation.

1. The CPE should provide an independent assessment of the relevance of the country programme – focusing on specific programmatic areas – to local needs and context. The focus in this question will be on areas that have not fully achieved results based on [the] results in the UNICEF RAM for 2020 i.e., ECE, polio elimination, stunting and wasting.
2. The CPE should provide an independent assessment of results achieved – focusing on specific programmatic areas – and explanatory factors for their achievement.
3. The CPE should provide an independent assessment of the internal and external coherence of the programmatic focus areas and whether UNICEF is well positioned to play a strategic role to advance the goals in the country.

## Evaluation Scope

Geographically, this evaluation covers all four provinces (Balochistan, Khyber Pakhtunkhwa, Punjab and Sindh) as well as the territories of GB and AJK. In each of the four provinces, the focus is on evaluating the activities of the UNICEF FOs. In addition, the PCO, located in the capital remains at the centre of the evaluation.

In terms of the time range covered by the evaluation, it covers the formal start of the programme in 2018 through the current moment (2021, when the evaluation is being conducted) and looks forward to what is expected to be achieved

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<sup>2</sup> United Nations Children’s Fund (UNICEF), 2018. *Revised Evaluation Policy of UNICEF*. Available at: [https://www.unicef.org/evaluation/media/1411/file/Revised%20Policy%202018%20\(Interactive\).pdf](https://www.unicef.org/evaluation/media/1411/file/Revised%20Policy%202018%20(Interactive).pdf) [Accessed 22 August 2021].

by the formal end of the programme in 2022. However, the evaluation also covers the period preceding 2018 when the PCP was designed.

Thematically, the evaluation covers the following sections within UNICEF. Some of the key activity areas (not a comprehensive list) under each section are also mentioned:

1. Education: upstream education and ALP
2. Health: MNCH and EPI<sup>3</sup>
3. Nutrition
4. WASH: ODF and HWWS
5. Child Protection: Birth Registration and Violence Against Children, CP-CMRS

### Stakeholder Analysis

A variety of stakeholders were engaged at various levels of the Country Programme. As part of the shift towards increasing UNICEF's focus on upstream activities,<sup>4</sup> the CP emphasized engagement with government stakeholders. This included working with government entities at the federal, provincial and local levels. At the federal and provincial levels, UNICEF engaged with departments such as the PHED and the education ministries in order to advocate for and support the development of national and provincial sectoral plans and to provide technical support and conduct capacity building activities. As an example, each FO sought to engage with the provincial PHED in order to support the development of drinking water and sanitation policies. At the local government level, direct engagement was limited and conducted mainly through line ministries at the provincial level, but UNICEF nevertheless engaged government stakeholders at this level to e.g., provide C4D materials. Aside from government stakeholders, UNICEF also continued to engage with NGOs/CSOs, although at a smaller scale than in previous CPs, e.g., by working with the Indus Resource Centre in Sindh to support ALP activities or by engaging BRSP in Balochistan in relation to WASH. Finally, there was also a limited degree of involvement of private sector stakeholders. For example, UNICEF worked to connect Telenor, a telecommunications company together with NADRA and local governments in order to support the upscaling of digital birth registration systems. In addition, the private sector was contracted for some downstream activities such as the direct construction of handwashing stations and water supply schemes. Beneficiary communities and community-based development stakeholders were generally not directly involved in the CP and were instead engaged through partnership with government stakeholders under various projects.

### Evaluation Approach and Methodology

The evaluation is a summative evaluation aimed at informing future programming. Special emphasis will be given to identifying lessons learned and recommendations for the next UNICEF Pakistan Country Programme

The overall methodological approach for this evaluation will be based on a theory of change approach which aims to assess the extent to which the supporting activities have contributed to the achievement of the outputs and these in turn have contributed to the achievement of the expected outcomes. In this sense, the evaluation will analyze the processes and strategies implemented during the programme period, with the objective of understanding the extent to which the results have been achieved (or not) and the role that the programme has played as well as other internal or external factors that have or have not allowed the results to be achieved.

To this end, the following OECD DAC<sup>5</sup> criteria will be assessed during the evaluation: relevance, coherence, effectiveness. Efficiency, impact and sustainability are not analyzed in this evaluation due to time constraints and priorities set by the Pakistan Country office. In addition, aspects of human rights and gender mainstreaming will be

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<sup>3</sup> Polio has been integrated into the health analysis

<sup>4</sup> United Nations Children's Fund (UNICEF), 2017. *Pakistan Country Office – Country Programme Management Plan – 2018-2022*.

<sup>5</sup> Organization for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC)

assessed. The evaluation will specifically assess how gender equality, human rights and disability aspects have been addressed by and mainstreamed into the country programme. Furthermore, lessons learned, and good practices will be identified and recommendations, including for the next country Programme, will be formulated based on the evaluation findings.

### **Relevance:**

Relevance will be analyzed by assessing whether applied theory of change (not necessarily proposed one) was relevant and adequate to address the needs of children, adolescents and youth, with a particular focus on marginalized groups. Theory of change as applied will be deduced from programme documents and interviews key stakeholders, UNICEF staff in particular, but also other stakeholders.

UNICEF's programming planning processes will be explored determine through review of secondary data and data collected from secondary sources to determine whether process were inclusive and took on board the perspectives of different stakeholders e.g. different types of institutions, but also who within institutions (women), and target communities for downstream activities (men, women, other disadvantaged people with disabilities and affectees of violence)

The analysis will assess whether UNICEF has leveraged its potential generate increased policy support or resources for interventions in UNICEF's key thematic areas (i.e., WASH, Education, Health, Polio, Nutrition and Protection). This be done by verifying claims made about contribution to this area in the project documents and in interviews by crosschecking with other sources.

Missing or neglected areas will be identified by comparing national and provincial priorities and UNICEF mandate with what was actually done. Apart from document review some of the stakeholders who have sound knowledge of the sector (people who have a helicopter view of the sector) will be also to see gaps. UNICEF staff members and other stakeholders can also identify areas which for justifiable or un-justifiable reasons did not receive enough attention

### **Coherence**

The evaluation will also analyze the extent to which objectives of UNICEF's Pakistan country programme are consistent with the priorities set in national policy frameworks and to what extent equity concerns, human rights and gender equality are consistently integrated in all aspects of programming and implementation, including policy and advocacy. Under the coherence criteria, the evaluation will assess the complementary role of UNICEF CO to that of Government to address the challenges of equity and gender equality

### **Effectiveness:**

Each results area will be explored to in depth to determine the extent to which UNICEF contributed to achieve that particular result. The team will try gather evidence to support claims made about the contribution of UNICEF. The analysis will explore which other actors contributed to the reported achievements to determine relative contribution of UNICEF. The analysis will also try to establish to what extend other actors (particularly Govt) acknowledge UNICEF's reported contribution. Through triangulation (both of method and sources) the analysis to try to ensure that other actors do not under report achievement of UNICEF

The analysis of effectiveness will also involve success in reaching out to disadvantaged/marginalized segments of society. It would involve analysis of whether there is shared meaning among staff a about who constitute disadvantaged group and how that meaning is applied in the practice.

Effectiveness will also cover analysis of unintended positive and negative outcomes with respect to different results for each sector. For example, a potential consequence of remote programme delivery (e.g., for awareness sessions) can further exclude "digitally poor" people (may include older persons, extremely poor, particularly women)

The analysis of achievements and lack of achievements, analysis of enabling and hindering factors, those which are external to programme and UNICEF or internal to it (though internal factors mentioned in the ToR may need some review or at least an explanation)

## Triangulation of Data

The evaluators will conduct an in-depth analysis of all quantitative and qualitative data collected through the different instruments and from different data sources. For this purpose, the evaluation team will introduce all collected data into a data processing template that allows for data aggregation, analysis, and the elaboration of graphics. Aggregated data will then be included in the evaluation matrix with the specific evaluation questions that will be used to assess the implementation and results of the project. All processed data will be cleared by the evaluation expert to guarantee the highest quality of data.

Triangulation techniques will ensure the reliability of information whilst increasing the validity of findings and conclusions. In this regard, the evaluation team will check whether given information is confirmed across data sources and collection methods used.

After data processing, the evaluation team will proceed to conduct an in-depth analysis of all quantitative and qualitative data. Data analysis will be conducted taking into account evaluation criteria and questions as defined in the evaluation matrix. Data analysis will include the analysis of the primary data that will be compared against the secondary data obtained through the desk review to validate preliminary findings.

The final evaluation results and recommendations will be presented by the lead evaluator to the evaluation manager of the UNICEF Country office and the regional office (ROSA) and other key stakeholders through a power point presentation and remotely after the final evaluation report has been cleared by ROSA. These findings will incorporate human rights and gender equity criteria.

The data analysis will result in the elaboration of three products: (1) evaluation draft report, (2) final evaluation report with an executive summary, 3) PowerPoint slides.

## Data Collection Instruments

Different instruments will be developed taking into account the different types of information sources. They will be designed in accordance with the guiding principles of security, confidentiality, respect and non-discrimination.

The data collection instruments will be based on the evaluation questions included in the evaluation matrix and related indicators that will be translated into specific questions to evaluate the implementation and results of the project. The instruments will include a gender equity and human rights approach

**Table 1: Evaluation data collection instruments**

Instrument	Purpose	Data Sources
1. Desk Review	Desk review will be used to find quantitative and qualitative evidence related to all evaluation questions.	See the List of Documents (Annex-1) for the secondary sources reviewed.
2. Online survey to external stakeholders	The survey will be mostly quantitative but will also include some open-ended questions to collect qualitative information from IPs mainly about questions related to relevance, coherence, but also will include some related to effectiveness and lessons learned	Selected UNICEF Pakistan staff and IPs survey responses
3. Semi structured interview to selected UNICEF Pakistan staff and UNICEF ROSA staff,	Semi-structured interview guides will collect qualitative in-depth information on the viewpoints of different key informants regarding all evaluation criteria. Information gathered from selected UNICEF staff and Ips will serve to address evaluation questions on relevance,	Selected UNICEF Pakistan staff

	coherence, effectiveness, gender and human rights and lessons learned.	
4. Semi structured interview to selected government counterparts, selected UN agencies and IPs and partners	Semi-structured interview guides will collect qualitative in-depth information on the viewpoints of different key informants regarding all evaluation criteria. Information gathered from selected UNICEF staff and Ips will serve to address evaluation questions on relevance, coherence and effectiveness,	Selected Government counterparts, UN Agencies and selected Ips and partners

Data collection will be done online. In order to ensure a smooth data collection process, some preparatory steps will be taken to establish a relationship of trust with key stakeholders.

- **Online surveys will be conducted through Google forms:**

- ✓ The project managers will reach out to all stakeholders to inform them of the upcoming evaluation and then also introduce the names of the evaluation team and that the evaluation team will reach out directly with the surveys.
- ✓ Consultants will elaborate one on-line surveys, one that will be sent out to external stakeholders (Government counterparts, UN agencies, IPs and partners). Surveys will be sent via email by the evaluation team, with names and contact details of the lead evaluator, explaining the purpose of the evaluation as well as clarifying matters of confidentiality etc.
- ✓ In all cases, the evaluation team will establish a deadline before the end of the data collection phase by which time the target groups should answer the surveys, ensuring sufficient time in this process
- ✓ Evaluators will try to encourage the number of responses by developing a simple and easy to complete questionnaire. In case where there is a low number of responses, reminders will be sent to increase the number and as a mitigating action, the evaluation team will interview some stakeholders from which no response has been obtained via online or telephone.

- **Semi-structured interviews will take place online:**

- ✓ The evaluation team will arrange all interview schedules in line with a discussion with the evaluation manager. The schedules should be confirmed and ready ahead of the start of the data collection phase.
- ✓ For additional stakeholders to be added for interviews, the evaluation team will inform the evaluation manager

**Evaluation Questions**

Based on the review of relevant documents, inception interviews with key informants and discussions with the UNICEF Pakistan evaluation manager, the consultants developed the evaluation matrix that contains the evaluation criteria with specific evaluation questions, assumptions, indicators and data sources to answer different information needs. While developing the evaluation matrix the evaluation questions included In the ToR had synthesized them into 3 key question questions. The table below provides the official DAC definitions for each of the three criteria as well as the main evaluation questions formulated under them. The full evaluation questions will be developed

**Table 1: Evaluation Criteria and Questions**

Criteria	Definition	Evaluation Question
Relevance	<b>Is the intervention doing the right thing?</b> The extent to which the intervention objectives and design respond to beneficiaries' global, country and partner/institution needs, policies and priorities, and continue to do so if circumstances change	<b>EQ1:</b> To what extent UNICEF's Country Programme objectives and design respond to beneficiaries' (children, adolescents, young people, especially marginalized segments), global, country and partner/institution needs, policies and priorities, and continue to do so if circumstances change?
Coherence	<b>How well does the intervention fit?</b> The compatibility of the intervention with other interventions in a country, sector or institution	<b>EQ2:</b> To what extent is UNICEF's Country Programme consistent with national priorities and has played a complementary role to government and other development actors in addressing gender equity and equality challenges?
Effectiveness	<b>Is the intervention achieving its objectives?</b> The extent to which the intervention achieved, or is expected to achieve, its objectives and its results including any differential results across groups.	<b>EQ3:</b> To what extent UNICEF Country Programme intervention achieved, or is expected to achieve, its objectives and its results, including any differential results with respect to health, child protection, nutrition, WASH and education?

### Sampling Strategy

The sampling for data collection has been based on a thorough stakeholder analysis containing a list of all internal and external stakeholders and their categorization, according to their type of relationship with the UNICEF and their relevance to the data collection process. The review of background documentation and inception interviews with UNICEF Pakistan PCO and FOs staff has resulted in a stakeholder classification with the following categories.

**Table 2: Stakeholder categories**

Category of stakeholder	Type of stakeholder	Level
<b>Primary (internal)</b>	UNICEF PCO	National
<b>Primary (Internal)</b>	UNICEF FO's	Provincial
<b>Primary (internal)</b>	UNICEF ROSA	Regional
<b>Primary (external)</b>	UN Agencies	National
<b>Secondary</b>	Implementing Partners- Governments at federal and provincial level	National/Provincial
	Implementing Partners- NGOs	National/Provincial

The evaluation aims to take a participatory and inclusive as well as gender and human rights-based approach by ensuring that the views of a wide range of stakeholders, including those whose voices are usually not heard, are

included. In this regard, the evaluation team aims to include all stakeholder types identified, including among them the most important partners of UNICEF Pakistan

The evaluation will apply a set of mixed methods for data collection to make sure that all stakeholder types can participate in one way or the other. These include:

Online surveys

Semi-structured interviews (online/phone)

Relevance/rationale of chosen sampling techniques

The sample selection will be carried out through a mix of randomized and purposeful sampling processes, depending on each data collection method. The following table provides an overview on data collection methods, means of implementation and targeted stakeholder groups.

**Table 3: Data collection methods and target groups**

<b>Data Collection instruments</b>	<b>Description</b>	<b>Implementation</b>	<b>Sampling method</b>	<b>Target group</b>
Online Surveys	Online surveys are an efficient tool to collect quantitative as well as qualitative data from different target groups.	Online	Purposeful (surveys will be sent out to all available contacts with the aim to achieve a high number of responses.)	Government at federal and provincial level Implementing partners- NGO, Associations UN agencies
Semi-structured interviews (individual and group interviews)	Online semi-structured interviews allow for a more qualitative data collection.	Phone or online interviews	Purposeful (interviewees will be selected to represent the whole range of implementing partners, according to their level of engagement with the UNICEF Pakistan)	Government at federal and provincial level Implementing partners- NGO, Associations UN Agencies Selected UNICEF Pakistan staff at PCO and FOs

**a) Online Surveys**

The evaluation team will elaborate one survey that will be sent out to most of the UNICEF IPs.

During the collection of responses from online surveys, follow up will be made regarding which type of IPs respond to the surveys (Government/NGO) and what geographical area they represent. If a bias is detected in the sense that responses are dominated by a certain type of organization or certain geographical region, an effort will be made to follow up with type organizations or regions that are under-represented in order to increase the number of responses from these groups.

**b) Semi-Structured Interviews**

Semi-structured interviews will be conducted with selected UNICEF CO and field office staff, Government representatives at federal and provincial level, selected NGOs, UNICEF CO and field office staff and donors.

These interviews will take place online/via telephone and are intended to complement the online survey responses with greater in-depth qualitative information.

- ✓ Purposeful sampling will be applied to select a number of key Government representatives at federal and provincial level, selected NGOs, UNICEF CO and field office staff and donors
- ✓ Selection criteria to be applied will include:

**Table 6: Selection criteria to interview IPs and UNICEF staff**

IPs	UNICEF CO staff
<ul style="list-style-type: none"> <li>▪ Geographic representation (federal and provincial level)</li> <li>▪ Level of engagement with UNICEF CP</li> <li>▪ Position</li> <li>▪ Gender</li> <li>▪ Availability</li> </ul>	<ul style="list-style-type: none"> <li>▪ Experience in the thematic areas that are being evaluated</li> <li>▪ Position</li> <li>▪ Gender</li> <li>▪ Availability</li> </ul>

Interviews will be conducted in groups when the people to be interviewed work in team (e.g., UNICEF staff). Group interview will be facilitated by using the same interview guide than individual interview. They will be conducted in a way to promote active participation from all participants, and they will allow for collecting in-depth qualitative information on priority aspects.

In addition, more stakeholders can be included for semi-structured interviews through a snowball system: during data collection, stakeholders might indicate other relevant interviewees that are currently unknown and thus will need to be added to the list. Information regarding the total number of people interviewed their gender and their type of stakeholder category will be included in the Annex of the evaluation report

## Evaluation Limitations and Mitigation Measures

The limitations to the evaluation and mitigation measures are the following:

#	Limitations	Mitigation Measures
1	Time constraints due to UNICEF administrative delays.	Evaluation team has initiated a document review and has conducted preliminary interviews with some key UNICEF staff
2	Challenges in securing participation for primary data collection due travel restriction/remote work.	The team will work closely with ROSA and PCO to engage with participants, such as the survey and support for key informant interview engagement.
3	Potential gaps in the quantity and quality of the collected information and availability of stakeholders.	The evaluation team will rely significantly on the UNICEF PCO to get the involvement of the stakeholders in the evaluation. The evaluation manager should inform all stakeholders ahead of time of the upcoming evaluation.
4	There is a risk that stakeholders will not be motivated to complete the online survey, possibly making it difficult to collect information from them.	The evaluation manager should inform all stakeholders ahead of time of the upcoming survey in order to encourage participation. Consultants will send reminders.
5	The evaluation doesn't include beneficiaries of the programme.	Beneficiaries' perspectives included in past evaluations will be taken into consideration.
6	The themes covered by the evaluation have been selected because they are the major budget consumers. Other topics that have not been included, such as Child Protection which may be strategic for the next country programme.	The evaluation will seek to cover child protection issues in a cross-cutting manner.

## Evaluation Workplan

Timeframe	Key Deliverables and Associated Activities	Roles and Responsibility
End of May 2021	Desk review summary, stakeholder analysis, methodology and evaluation matrix	Team leader designs the methodology and evaluation matrix with the support of Senior Consultant, Health Consultant and Junior Consultant. 4 members of the team participate in preliminary meetings.
2 June 2021	Inception Power Point presentation to evaluation manager and ROSA	Team leader, Senior consultant and health expert present methodology to UNICEF ROSA and CO.
9 June 2021	Preparation and submission of Data Collection Tools	All experts, the Team Lead and the Senior consultant design data collection instruments with the support of junior consultants. UNICEF ROSA and PCO review these tools.
7 to 25 June 2021	Data collection phase: Send out the surveys and conduct semi-structured online interviews	Evaluation leader sends the survey and Senior consultant, and junior consultant provides follow up on the number of responses. Evaluation leader, health specialist and senior consultant conduct semi structured interviews with selected stakeholders with the support of Junior Consultant
19 July 2021	Draft comprehensive Power Point presentation with preliminary findings	Team leader, Senior consultant and health expert presents preliminary findings to UNICEF ROSA and CO. ROSA and PCO provide feedback.
13 August 2021	Elaboration and submission of Draft Evaluation Report (first round)	Team Lead, Senior Consultant, Health Expert and junior consultants conduct data processing and analysis and develop the draft evaluation report.
22 August 2021	Evaluation Draft Report reviewed by ROSA and UNICEF Pakistan CO	The draft report first undergoes a review by ROSA and UNICEF Pakistan CO.
29 August 2021	Final Evaluation Report, Evaluation Power Point Presentation	Evaluator leader, senior consultant, health expert and junior consultant incorporates feedback and submits final report, and Power Point presentation (slides with findings and recommendations).



Annex 4: Evaluation Matrix

Evaluation Criteria	Sub-Questions	Data Sources	Specific Areas of Inquiry	Data Collection Methods
<b>Relevance</b>				
<p>EQ 1: To what extent UNICEF’s Country Programme objectives and design respond to beneficiaries’ (children, adolescents, young people, especially marginalized segments), global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change?</p>	<p>1. Are components of UNICEF programs selected for the evaluation (i.e., ALP, Upstream Education Activities, child protection; birth registration, stunting, wasting and newborn health, handwashing with soap, ODF) address the needs and achieve the intended goals?</p>	<p>Country Programme Document Pakistan Theories of Change of Change of WASH, education, nutrition, child protection and health Pakistan CP results Matrix Key national and international reports SDG and MDG reports Key national strategies and plans Mid Term Reviews and reviewed TOC COAR End Year reviews Evaluation Reports RAM 2018, 19, 20</p>	<p>Extent to which implemented “selected UNICEF programme components at different levels contribute to the overall goal and adequate to achieve intermediary outcomes? Extent to which the documented theories of change and/or implicit theories of change for the ‘selected components of the programme’ adequate to address the needs the programme components intend to address Extent to which assumptions formulated in PSNs and TOCs were valid</p> <p>Extent to which the selected programme interventions have remained appropriate in the face of external challenges, particularly Covid Pandemic? Extent to which the selected components of</p>	<p>Documentary review –  Individual and group interviews with key informants representing, ROSA, UNICEF PCO, UNICEF FOs, government agencies, IPs and others</p>

Evaluation Criteria	Sub-Questions	Data Sources	Specific Areas of Inquiry	Data Collection Methods
			<p>the programme for the evaluation identify and implement different strategies according to the needs of provinces (upstream work balanced with service delivery)</p>	
	<p>2.To what extent has UNICEF ensured that the needs of children, adolescents and young people, especially the most marginalized, have been taken into account in the planning and implementation of programmes on ECE, child protection elimination, stunting and wasting and newborn mortality?</p>		<p>Extent to which the selected programme components identified, assessed and addressed the needs of children, adolescents and young people, especially the most marginalized, at the planning and implementation stages</p> <p>Extent to which UNICEF identified and targeted the most vulnerable</p>	<p>Documentary review –</p> <p>Individual and group interviews with key informants representing, ROSA, UNICEF PCO, UNICEF FOs, government agencies, IPs and others</p> <p>Survey of stakeholders</p>

Evaluation Criteria	Sub-Questions	Data Sources	Specific Areas of Inquiry	Data Collection Methods
	<p data-bbox="489 625 894 862">3 To what extent has the Country Office been able to adapt ECE, child protection elimination, stunting strategies to changes in needs and priorities caused by changing in context and government priorities, particularly following COVID-19?</p>		<p data-bbox="1260 256 1564 618">based various dimensions, including geographic, age, gender, disability, ethnicity, economic status. Extent to which UNICEF has provided an integrated programmatic response to the need of the most vulnerable children, adolescents and young people?</p> <p data-bbox="1260 625 1564 1229">Extent to which the selected programme components of UNICEF Pakistan contributed to identifying, assessing and addressing changes in needs and priorities caused by changing in context and government priorities, particularly following Covid-1 Capacity of response to changing scenarios and to requests made by national partners Degree of flexibility in redirecting funds and adapting objectives and interventions to changing national priorities.</p>	<p data-bbox="1585 625 1879 954">Documentary review –  Individual and group interviews with key informants representing, ROSA, UNICEF PCO, UNICEF FOs, government agencies, IPs and others  Survey of stakeholders</p>

Evaluation Criteria	Sub-Questions	Data Sources	Specific Areas of Inquiry	Data Collection Methods
	<p>4 How UNICEF's strategic engagement(s) has helped and/or is helping to leverage policies and resources for children. How has UNICEF's role and positioning in the social sector mandate been impacted in post 18th amendment scenario, given that social sector mandates are with the provincial governments?</p>		<p>Degree and effectiveness of UNICEF's involvement into development of national legislation and policies addressing inequalities and child rights at the national and provincial level Extent to which partnership arrangements at the national and provincial level have contributed to leverage policies and resources for children. Extent to which UNICEF's role and positioning in the social sector mandate been impacted in post 18th amendment scenario</p>	<p>Documentary review  Individual and group interviews with key informants representing, ROSA, UNICEF PCO, UNICEF FOs, government agencies, IPs and others  Survey of stakeholders</p>
	<p>5 What critical interventions or result areas have been missing or received little attention in the country programming in light of national priorities and UNICEF's mandate?</p>		<p>Extent to which some critical interventions and result areas have been missing or received little attention during the implementation of the UNICEF CP at national and provincial level Extent which strategies have been adequate to deliver program priorities according to each province.</p>	<p>Documentary review  Individual and group interviews with key informants representing, ROSA, UNICEF PCO, UNICEF FOs, government agencies, IPs and others  Survey of stakeholders</p>

Evaluation Criteria	Sub-Questions	Data Sources	Specific Areas of Inquiry	Data Collection Methods
<b>Coherence</b>				
Q 2. To what extent is UNICEF's country programme consistent with national priorities and has played a complementary role to government and other development actors in addressing gender equity and equality challenges?	6. To what extent are the objectives of UNICEF's Pakistan country programme consistent with the priorities set in national and provincial policy frameworks?	Country Programme Document Pakistan Theories of Change of Change of WASH, education, nutrition, and health Pakistan CP results Matrix Key national and international reports SDG and MDG reports Key national strategies and plans Mid Term Reviews and Reviewed TOC Country Annual Report (2018, 2019, 2020) End Year reviews Evaluation Reports RAM 2018, 19, 20	Extent to which components of UNICEF programs selected for the evaluation (i.e. ALP, Upstream Education Activities, child protection; birth registration, stunting, wasting and new born health, handwashing with soap, ODF) are consistent with the relevant priorities set in international, national and provincial policy frameworks, including, but not limited to, SDGs, Pakistan Vision 2025, Constitution of Pakistan, relevant sectoral policies	Documentary review –  Key semi-structured Individual interviews: UNICEF PCO/ROSA staff and selected STAKEHOLDERS, UN agencies,  Survey to Stakeholders
	7. To what extent are equity concerns, human rights and gender equality consistently integrated in all aspects of programming and implementation, including policy and advocacy?		Extent to which the programme and its strategies address relevant international human rights and gender conventions and are consistent with UNICEF gender regional and national action plans Extent to which the programme has incorporated gender-based indicators Extent to	Documentary review –  Key semi-structured Individual interviews: UNICEF PCO staff and selected STAKEHOLDERS, UN agencies

Evaluation Criteria	Sub-Questions	Data Sources	Specific Areas of Inquiry	Data Collection Methods
	8. Did the Country Office's strategic approach to address the challenges of equity and gender equality play a complementary role to that of Government and other development actors, e.g. linking UNICEF initiatives to government policies or coordination of development actors?		Extent to which UNICEF has played a complementary role to that of government and other development actors to address challenges of equity and gender equality	Documentary review –  Key semi -structured Individual interviews: UNICEF PCO staff and selected STAKEHOLDERS, UN agencies  Survey to Stakeholders
<b>Effectiveness</b>				
EQ 3: To what extent UNICEF Country Programme intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results with respect to health, child protection, nutrition, WASH and Education?	9.. To what extent have UNICEF PCO's programs managed to reach the most disadvantaged sections of the communities to improve the lives of children and women.	Country Programme Document Pakistan 2018-2022 (CCPD) Country Annual Report (2018, 2019, 2020) RAM analytical statements of progress Project Evaluation Report MTR Project documents RAM 2018, 19, 20	Extent to which the implementation of different UNICEF thematic areas (Health; Child protection; Nutrition, WASH and Education) have reached the most disadvantaged sections of the communities to improve the lives of children and women  Level of implementation of the CP at the provincial or community level  Extent to which UNICEF stakeholders have facilitated to reach the most vulnerable children and women	Documentary review –  Key semi-structured Individual interviews: UNICEF PCO staff and selected STAKEHOLDERS  Survey to Stakeholders

Evaluation Criteria	Sub-Questions	Data Sources	Specific Areas of Inquiry	Data Collection Methods
	<p>10.. To what extent were programme outputs (short-term/intermediate results) delivered and did they contribute to progress toward the stated programme outcomes. This question will focus on the areas that consume the biggest budget, Health; Child protection; Nutrition; WASH and Education.</p>		<p>Extent to which outputs of the CP have been achieved and extent to which outputs have contributed to achieve outcomes, according to the measurement of defined indicators            Extent to which Stakeholders are satisfied with results achieved            Challenges and Limitations for effective implementation            Effective communication and advocacy strategies at national and provincial level.</p>	<p>Documentary review –            Key semi-structured Individual interviews: UNICEF PCO staff and selected STAKEHOLDERS            Survey to Stakeholders</p>

Evaluation Criteria	Sub-Questions	Data Sources	Specific Areas of Inquiry	Data Collection Methods
	11. . Were there positive/negative unintended outcomes? Could they have been foreseen and managed?		Positive/negative outcomes per theme Capacity to respond to changes and needs	Documentary review –  Key semi-structured Individual interviews: UNICEF PCO staff and selected STAKEHOLDERS Survey to Stakeholders

Evaluation Criteria	Sub-Questions	Data Sources	Specific Areas of Inquiry	Data Collection Methods
	<p>12.. What are the major factors influencing the achievement (or not) of the Pakistan Country Programme outputs? (e.g., external factors - political, social economic etc., internal factors – quantity, quality, timeliness of delivery etc.) What influence did these factors have on achievement (or not) of Country Programme outcomes? Were there factors outside of UNICEF's control which had an impact of the implementation of the Country Programme?</p>		<p>Level of influence of external factors (political, social economic etc.) on achievement (or not) of Country Programme outcomes  Level of influence of internal factors (quality, timeliness of delivery etc.) on achievement (or not) of Country Programme outcomes</p>	<p>Documentary review –  Key semi-structured Individual interviews: UNICEF PCO staff and selected STAKEHOLDERS  Survey to Stakeholders</p>

## Annex 5: Evaluation Tools

### Consent Form (Online – Google Forms)

Assalam-o-Alaikum sir/madam. We are conducting an evaluation of the UNICEF Country program (2018-2022) in Pakistan. Our team of consultants has been contracted by UNICEF for this purpose. UNICEF hopes to learn from this study to improve its programming in the future. In connection with this evaluation, we are conducting individual and group interviews with various stakeholders. You are one such individual/group selected to be interviewed for this evaluation. We would like your permission for an interview which is expected to last for approximately 1 to 2 hours (unless otherwise discussed), depending on the level of details you share with me.

It is our general practice to make audio and video recordings of interviews for internal use. These recordings are made because note-taking during the interview does not always capture the full discussion and the recordings are used solely in support of the evaluation. They will not be shared outside of the team, not even with UNICEF, without written permission from you. You will not receive any compensation for your participation, nor will there be any cost for participating. The study does not include any procedures that are likely to cause harm. Your involvement is entirely voluntary, and you may withdraw at any time for any reason.

Any information and/or recordings obtained from you in connection with this evaluation that can be used to identify you will remain confidential. Anonymity will be maintained through the use of codes during reporting, data securing procedures and other measures.

Please ask questions if you are not certain about any aspect of this event. If you are clear on everything that we have conveyed to you and consent to participate, please provide your email, fill in the information requested and agree to the two questions below:

\* Required

Email \*

\_\_\_\_\_

Please enter your full name:

Please enter the name of the organization that you work for. If your place of work has changed between 2018-2021, please indicate the place of work that is most relevant to UNICEF: \*

Please enter your position/job description in the organization you listed above: \*

\_\_\_\_\_

Please provide a contact number (include the nation code e.g. +92 for Pakistan): \*

\_\_\_\_\_

Having read and understood the information presented above, do you consent to participating in the interview? \*

Yes

No

Do you consent to the interview call being recorded (both audio and video)? \*

Yes

No

## **Interview Guide – UNICEF Health Programme Staff**

### **Guidance Regarding Arrangement of Questions**

The TOR provides the basis for the evaluation questions (EQs). For analytical purposes, EQs are listed under each of the three criteria. The first level bullets list the actual leading questions to be asked, followed by a cluster of probing questions separated by a second level bullet.

Note: This guideline is design for the interview of stakeholders of both neonatal and child health and immunization programme. The interviewer will flip the question based on the on-ground situation to get the proper answer theme wise.

#### Opening Questions:

- UNICEF Pakistan's Country Programme 2018-2022 has prioritized Neonatal Survival and immunization to improve maternal, newborn and child health in Pakistan. To what extent do you think it has been implemented in the country?
- What are the major activities of the Health programme? In particular, what are the activities supported by UNICEF in regards to neonatal survival and immunization? What are upstream activities? What are downstream activities? Is the balance of upstream (planning, policy level) and downstream (on-ground implementation in communities) activities as supported by UNICEF adequate? Were there any differences in its implementation by province? Or by districts with in provinces? Were there any difficulties/barriers in its implementation? What were they? Were they over come? If yes, how? If not, why?
- Political will and support are essential for implementing such social programmes. How far you have been successful in getting that support? Which provinces or districts were most supportive than others? Did that help in improving the programme outcomes in those areas? Did that also help improve the health status of marginalized communities in targeted districts or urban slums in cities? Has political will differed by province when it comes to Neontal mortality and immunization? What government ministries have particularly been helpful
- Behaviour Change Communication is important for social mobilization. How far this strategy has been adopted in the programmes being supported by UNICEF, especially those seeking to reduce neonatal mortality and enhance immunization? our health system?Which provinces or districts are active in BCC? What health topics do they cover? Has it helped move communities to demand for health services? In what ways has behavior change been used to enhance accessing of services in the delivery and post-delivery periods What more could be done around behavior change to enhance its effectiveness in reaching mothers who need to access cost natal and immunization services?
- Integration among health and other social programmes is key to success? How has UNICEF promoted/ supported integration, especially in its efforts to enhance child survival and immunization? How and what levels was this integration done? Did it work? Which programmes worked for integration? Which part of the country this focused integration among programmes worked the best? Why? In which provinces or districts, it failed? Why? Can you comment about how integration or convergence of programmes has benefited or hindered enhancing of neonatal, child survival and immunization?

- What has been your role as monitor for neonatal survival or immunizations? What means of monitoring has been most effective for the focused approach? Where in the country this has worked the best? Is DHIS an effective tool for tracking neonatal survival and/or immunization? If yes, why? If not, why not?
- Evidence based data is considered as important to develop health policies, strategies and planning implementation. How far this has been used by UNICEF to support follow-up on neonatal mortality or tracking of children who have not been fully immunized is important to achieving immunization targets? In what ways are the data systems in country helping to achieve this goal? What are the most important sources of health data you look for? How far the strategies are developed based on this data? How do you ensure implementation? Are there issues in implementing these strategies? If yes, what are the problems?

## Relevance

1. How relevant was the UNICEF's Theory of Change (ToC) to increase child survival in Pakistan? How about the theory of change for enhancing immunization for each of these two areas, Was the applied theory of change supportive to neonatal survival? Did the focused strategy helped improve immunization services? In what ways? Do you think that this theory of change was in line with strategies of the existing public sector MNCH, EPI, Nutrition and other similar programmes? Was anything new or different in this ToC? What in the ToC did not work? Why? What could have been done differently?
- To what extent do the interventions supported by UNICEF to reduce neonatal mortality address the driver/ causes of deaths among neonates in Pakistan? Do you think there were any gaps in ToC? What were they? Over the five-year period of the ToC were any changes made to various pathways? If yes, what were they? what was the reason to make such a change? Did this change help improve implementation? Outcome? How? How appropriate was UNICEF's role in providing Technical Assistance (TA) for data, equity and bottleneck analysis? Was it useful for the government to formulate policies and implement related MNCH programmes neonatal survival/immunization, based on the evidence? If yes, how? If not, why?
  - Health is a provincial subject in Pakistan. Was advocacy for increased financing for MNCH, incorporating social policy and gender considerations helpful? Did it work all across the country? If not, which provinces could not focus on this aspect of MNCH? Why? What alternatives do you propose for them to focus on improving financing for social policy and gender issues? What obstacles did you have to overcome?
  - ToC proposes customized approach for service delivery to urban slums? Is that fair approach? Was it adaptable? If yes, what worked well? Was it possible for all the provinces to adapt this approach? Any differences? If it did not work, what solution do you propose to reach the marginalized communities

living in target districts and urban slums? Do you think the solutions will be different for different provinces? In what ways?

- For better immunization coverage, supply chain and vaccine management optimization is highly important. Do you think that aspect of the ToC was appropriate? How well it was incorporated into the provincial health policies? Where was it adopted best? How? Which province failed? Why? What was the problem in adopting this aspect of the ToC? How that can be overcome?

- Scaling up of appropriate and workable quality of care models for maternal, new-born and child health in target districts was an area of focus for UNICEF. What has been done in this area, what more could have been done?

- 

2. ToC proposed to provide TA for Communication for Development (C4D) for social mobilization and Behaviour Change Communication (BCC). Was the TA appropriate? Was it adapted by all provinces across Pakistan? What worked well? What did not work? Any gaps in the TA? How should it be done differently?

- Was training on C4D appropriate. How well it supported government efforts to enhance demand for MNCH services, immunization, Nutrition and WASH? Were there gaps in the training? What needs to be done differently?

- Was high level advocacy through SDG parliamentarians Task Force a fair strategy. How well it was adopted? Did this strategy work in all provinces/districts? If it did not work, why? Any different approach you could suggest?

4. UNICEF supported establishing Quality of Care (QoC) model to improve QoC approaches for implementing quality MNCH, immunization services. Was this strategy appropriate for improving these services?

- What were the gaps? How best QoC for MNCH, immunization be approached? Were provinces ready to adapt the approach? If not, why? Do you have alternatives to do that?

- Clinical audits for treatment of ARI and integrated service delivery are relevant in a reduction to neonatal mortality and child mortality? Do you think they are relevant and applicable? Have appropriate measures been taken to make them effective? Were there challenges? What?

5. What are the implementation challenges of these activities? The document shows that UNICEF provides support for strengthening the management of pneumonia and diarrhea in children under five in Sindh (all 29 districts) and Punjab (five districts).

- How are similar health-related activities handled in other provinces or districts?

- What challenges do you face when it comes to identifying specific newborn and child health needs?

6. What opportunities and challenges did the 18th Amendment scenario impact created for UNICEF in general and neonatal and child survival and immunization programme in particular, in terms of

coordination between federal and provincial level and within the provincial health department, advocacy for policy making, design of strategies and its endorsement, service delivery, health manager and worker capacity and implementation of the programme activities?

- What role does UNICEF play in the health sector (neonatal and child survival and immunization) at the national and provincial level? What could have been done differently in terms of UNICEF's strategic position?

7. Poor access to MNCH health services is one of the main barriers to receive health care. How has the UNICEF supported programme improved/or not improve access to health services for mothers, newborns and children? What measures you think should be further taken to increase access? In which parts of the country this is needed most? What would be most important strategy to improve access in marginalized districts and communities?

- To what extent needs of mothers, newborns and children are taken on board, especially the needs of adolescent pregnant and adolescent mothers? To what extent the programme addressed the needs of marginalized groups? Who does UNICEF identify as marginalized groups? Did needs differ among provinces in meaningful ways? How were those differentiated needs addressed?

8. To what extent has COVID-19 had an impact on UNICEF's Neonatal and Child Survival and immunization programme activities, such as newborn care, postnatal care, mother and child vaccination, and treatment for acute respiratory infections, institutional births, demand and supply, social mobilization?

- What was the initial response, given the limited accessibility (for example, during lockdowns), the scarcity of neonatal health and vaccination services, and the high Covid-19 infection rates among health workers?
- Did you come up with any new ideas? What are the key lessons learnt in post -covid scenario?

9. What would you do differently if you had the chance to re-design the neonatal and child health and immunization programme strategy? In view of national priorities and UNICEF's mandate, what essential interventions or result areas have been overlooked or gotten little attention in designing the following programme.

- Newborn and child health
- Maternal health
- Immunization

## **Coherence**

10. UNICEF Pakistan ToC proposes integration among MNCH programmes, immunization, Global Newborn Action Plan, WASH and Nutrition to improve neonatal and child survival. Is this appropriate to have such an integration amongst various health programmes? Do you think this integration will help improve the health outcomes in newborns and children under five years old? How? How this policy has been adapted province wise? Was it difficult to have such an integration? What issues/challenges came up? How they were overcome? Are there gaps in the proposed integration? How it can be done differently?

- Do you think integration of immunization services by targeting under 1 child in polio tier 1 districts was a good strategy? In what ways? Was it fair to adopt such approach to improve routine immunization? Have all tier 1 districts been able to apply this approach? If not, what were the reasons in failing to adopt this strategy? In what ways, positive or negative, did it help routine immunization coverage? Has it helped improve dropouts from the routine immunization schedule? Do you propose anything different to improve routine immunization?

- Pneumonia followed by diarrhea are leading causes of under-five mortality in Pakistan. Is it appropriate to integrate with Nutrition and WASH programmes to improve child survival? Why do you think it is important to have this integration? Has this integration worked? If not, why? What are the issues? Where are the problems for integration? Do you think there is gap in the strategy? What would you propose differently?

- Low birth weight (LBW), stunting and underweight are still nutritional issues here in Pakistan leading to poor child survival. How they can be overcome? Besides integrating with Nutrition and WASH programmes do you think integration with other programmes is also important? Which are they? What role you think Family Planning programme can play in improving MNCH outcomes? What strategy you propose to have such integration? Are there gaps you feel in integration which can further improve maternal and child survival?

- In what ways integration among different programmes for improving newborn and child health and immunization programme aligned with national policy and priorities? What policy changes had to be made to bring about integration among different programmes? Was UNICEF strategy helpful in bringing about this integration? Was it smooth among provinces? What were the issues? How they were managed? What different could have been done?

## **Effectiveness**

11. How effective was UNICEF's ToC to the Federal, Provincial and District level in benefitting the most disadvantaged newborns, children from integrated newborn and child health interventions and healthy behaviors?

- How effective was the neonatal and child health and Immunization programme in reaching the most disadvantaged sections of the communities (particularly Children under 5 years, their mothers and adolescents in targeted districts and high-risk urban areas)? How these groups were identified?
- What does UNICEF mean when it says "the most disadvantaged"?
- Which of these sections were reached? Which ones were unable to reach?
- What could UNICEF do to improve its outreach to disadvantaged groups?
- What could have been done differently?
- To what extent they have access to integrated MNCAH and immunization services in development and emergencies situation?

12. How effective was UNICEF programme in delivery of the health services to newborns and children

- How many children received post-natal care within two hours after delivery? How many mothers had the benefit of having a skilled birth attendant? Percentage of children aged 12-23 months fully immunized? Are there any signs of improvements over the last five years in proportion of fully immunized children?
- How has tier 1 polio districts and urban slums responded to these services? Is there a progress on dropout rate for DPT1 and DPT3 coverage? What proportion of children missed OPV due to non-availability in tier 1, 2 and 3 districts? Why? Are there differences in achieving above indicators by provinces? If not, do you think service delivery to newborns and children in urban slums should be done differently? How?
- What proportion of health facilities now have cold chain equipment with electronic continuous temperature monitoring system? Have these EPI facilities improved across provinces, target districts or urban slums? Which areas lag behind? Why? What may be done to improve upon the situation?

13. How effectively understanding and demand of communities have increased for quality MNCH services especially in the targeted districts and high-risk urban areas?

- Has the comprehensive RMNCAH communication plan been developed? Have the appropriate health workers been trained on communication skills based on the above plan? Is necessary policy endorsement for C4D regarding RMNCAH been done across provinces? If not, why?
- What proportion of workers are conducting health education sessions for caregivers of newborns and children in targeted districts and urban slums? Are you satisfied with the quality and content of these BCC materials? If not, why? Would you propose something different?

- Are these communication messaging materials integrated with nutrition, WASH and health. Health workers trained and equipped to deliver integrated health education in targeted districts and urban slums? Has appropriate policy matters amongst program for developing integrated materials been achieved? If not, why? If materials are available, with what frequency caregivers are trained on these messages? What number/proportion of caregivers have been trained? Are there issues regarding these trainings? Where? What?

- Do you think that care-seeking behavior of caregivers has improved? Has there been more demand for quality newborn and child health services at health service outlets especially in target districts and urban slums? If not, where do you think is the gap? How this health communication may be improved?

14. How effectively the Quality of Care (QoC) models for maternal, newborn and child health have been developed and applied at health facilities across target districts and urban slums?

- Are these QoC models available and scaled up to health facilities in target districts and urban slums? What proportion of these facilities across programme districts using these models to treat newborns and children? have health workers adequately trained on the models? How many workers have been trained? If not, why? Where is the gap? How differently it should have been done?

- Are registered facilities under UNICEF programme applying national service QoC and clinical care models? If not, why?

- Are clinical audits being conducted for QoC in registered facilities? Do you think these are real reflections of quality services being given at these health facilities registered with the programme? Clinical audits being done across all province? Who reviews these audits? Is appropriate feedback provided by respective programmes on these audits for improving QoC? If not, why? What should be done differently to improve QoC?

15. In selected districts and high-risk urban areas, to what extent UNICEf has contributed to strengthen the capacities of provincial governments to deliver, monitor, and improve the quality of MNCAH services using a health systems approach?

- How effective was the transitioning from HMIS to DHIS2 in the selected provinces (Punjab and Sindh)? What were the implementation challenges? Is there any variance in the DHIS-2 design, indicator selection, or implementation method between provinces? Is it planned to roll out DHIS 2 in other provinces? What are the most important aspects that influence achievement and the lesson learned?

- How effectively provincial health department use DHIS2 data for monitoring the quality of care, of MNCAH services and informed decisions, planning, resource allocation and corrective actions? If not, why? How can this be improved?

Core Delivery Framework

16. In the following areas, how effective was UNICEF Pakistan's Neonatal and Child Survival and Immunization Program?

- To address gaps, how can you influence laws, policies, and systems for child-centered planning, budgeting, multi-sectoral approaches, delivery, and monitoring?
- Moving away from a project-based approach and toward a program-based approach that leverages resources from several sectors and partners to achieve at-scale benefits.
- Achieving a balance between development and humanitarian work.
- Engaging in partnerships with different stakeholders (Government, NGOs, other civil society actors, UN System, multilateral and bilateral donors, and private sector).
- Increasing the ownership and accountability of the government.
- Introducing new ideas (particularly partnership with the private sector).

#### Perspectives of Next Country Programme

1. What lessons that you learnt can be usefully applied to the next country programme?
2. What would you do differently in future? Why?
3. What challenges do you foresee for the next country programme?

## **Interview Guide – UNICEF Nutrition Programme Staff Guidance Regarding Arrangement of Questions**

EQs or Evaluation Questions are taken from the TOR. EQs are listed under each of the three criteria for indicative purposes. Actual leading questions to be asked are listed with the first level bullets, followed by a cluster of probing questions separated with a second level bullet.

### **Introductory Questions (partly covered during the preliminary interview)**

- What are the major activities of the Nutrition programme? What type of upstream activities do you conduct? What type of downstream activities, if any did you conduct? What are those activities?
- What is the balance between prevention, detection and treatment interventions supported by UNICEF in country?
- What is the geographic scope of Nutrition programme? How many provinces and regions do work in? How were these districts and specific areas of interventions were selected for undertaking downstream activities?
- What is population coverage? (distribution in terms of men, women, adolescent girls and boys and children). How many direct beneficiaries and how many indirect beneficiaries? How is population coverage calculated?
- What is the representation of marginalized groups in the total population covered by WASH interventions? How many are people with disability (men and women)? What dimensions are marginality used? How are those dimensions addressed?
- Who are the key stakeholders of Nutrition Intervention? Which stakeholders did you work with? Which stakeholders did you work with most intensively? Which stakeholders that wanted work with but could not so and why?
- Which specific stakeholders (Govt, NGOs, UN Agencies, private sector, other civil society actors and others) we as evaluators should talk to understand achievements of country programme?
- Which stakeholders would be most useful to engage with get insights about future strategy? (within Govt, NGOs, UN Agencies, private sector and other civil society organizations)
- Who should be engage with and talk to within UNICEF ROSA, CO, field offices?

### **Relevance:**

1. Do you think that UNICEF's Nutrition strategy adequately reflects and addresses the most impactful ways to reduce wasting in the country and achieve the intended goals?
  - Are UNICEF's interventions addressing the drivers of wasting and stunting in the country? Is there enough evidence for identifying the drivers of wasting and stunting based on which nutritional interventions are being proposed and implemented?
  - Are there any gaps? Is this a fair strategy or does it need change? Do you think it adequately takes into account geographical areas, urban, rural populations or provinces? Are seasonal variations in the drivers of wasting considered and appropriately addressed? Which assumptions were realistic and which assumptions proved rather unrealistic? How are ground realities different from the one proposed in the strategy?
2. Is the strategy implemented to sufficient scale to ensure that wasting and stunting is reduced in the country in combination with what other partners are doing?
3. To what extent has UNICEF ensured that the needs of most vulnerable boys and girls, as well as pregnant and breastfeeding women especially the most marginalized, have been taken into account

in the planning and implementation of programmes on stunting and wasting? (Special reference to South Pakistan and Newly Merged district in KP which are most affected by undernutrition)

- How are different programme components and activities selected? What was the role of other stakeholders in identification of needs? What was the role of Govt agencies? Which Govt agencies did you engage with? How were needs of vulnerable boys and girls, as well as pregnant and breastfeeding women determined? Were they consulted? How? Which programme activities were influenced by their views? How needs were identified during the programme and were translated into different programme components and specific activities? Are these needs identified and documented?
4. Are UNICEF supported interventions accessible by those who need these interventions in order to make difference in wasting and stunting in the country? What factors are influencing access to these interventions?
  5. How was Nutrition support impacted by Covid-19? Were any changes made in the Nutrition support to Covid-19 considering that it has stretched health system capacity to deliver nutrition services?
    - What major changes in this context were made in your approach and delivery of nutrition services? How did it affect the Nutrition programme? How did the programme respond to these changes? How was Nutrition Programme impacted by Covid-19? What was the immediate response (e.g. during lockdowns)? How did it gradually adapt optimize programme delivery? Did you introduce any innovations? Looking back, what would you do differently? What are the lessons learnt?
  6. How did UNICEF contributed to position nutrition within provincial Ministries of Health? to increase government ownership, and change the thinking from nutrition as a response to SAM (severe acute malnutrition) to nutrition as a multi-sectoral programme for the good nutrition, health and productivity of the population.
    - To what extent UNICEF has contributed to position nutrition a mainstream rather than vertical and primarily emergency treatment approach (establishment of Nutrition Units and Scaling Up Nutrition (SUN) coordination groups in all provinces)?
  7. What synergies/ collaboration between Nutrition and other UNICEF component e.g. Health, Polio and WASH are built into the design of ECE programme? How is this collaboration seen at the governmental level
  8. What did UNICEF do to leverage policies and/or resources for children? Legislations regarding fortifications, drug list changes for inclusion of essential nutritional items (how did it use strategic engagements/ partnership arrangements with government?) What is the strategic positioning of UNICEF to work with the private sector considering that more Pakistanis get their food from stores and consumption of non-nutritious and, cheap food is increasing?
  9. How did post 18<sup>th</sup> Amendment scenario impacted UNICEF's role and positioning?
    - a. What opportunities and challenges it created for UNICEF in general, and for Nutrition programming in particular? In what ways UNICEF viewed itself differently compared to pre-18<sup>th</sup> Amendment Scenario? What was lost and what was gained in terms of UNICEF's strategic positioning? Did it strengthen its mandate and position or diluted it? Are there any

- province-wise differences? How does UNICEF position itself within the nutrition sector? What could have been improved with respect to strategic position of UNICEF?
10. If you were to design Nutrition Programme again, what would you do differently? Or what could have been done differently?
- What was missing in the design, in particular, what interventions that are known to reduce stunting and wasting could have been supported by UNICEF but were not? Which national priorities received little or no attention? Which aspect of UNICEF mandate receive little or no attention and why?

### **Coherence**

11. To what extent are the objectives of UNICEF's Pakistan country programme consistent with the priorities set in national policy frameworks?
12. In what ways nutrition programming consistent with the policy priorities of Government of Pakistan and international frameworks?
- Which particular policies and frameworks did you use as reference for your programme? Which relevant policies remained unaddressed?
  - How well the strategy is integrated with other public sector programmes like MNCH, WASH, immunization, ECD, IYCF? How are they integrated? What is their working relationship?
  - How are social protection programmes contributing towards nutrition programme objectives? Are they on board for improving nutritional services? How? If not, why?
13. To what extent are UNICEF's strategy's coherent with other UN partners and other stakeholders to make sure that stunting and wasting is sufficiently addressed in Pakistan?
14. To what extent UNICEF's approach to address equity and gender equality aligned with the priorities and approaches of the federal and different provincial governments?
- How are equity concerns, human rights and gender equality integrated in nutrition programme design?
  - What are the areas of alignment with the governments? Did you experience any stresses in promoting UNICEF mandate of equity and gender equality? What could have been done differently?

### **Effectiveness**

15. How effective Nutrition programme was in reaching to the most disadvantaged sections of the community in essential nutrition services, especially with young and adolescent girls and pregnant and lactating women?
- How does UNICEF define as most disadvantaged? Which of these sections were reached? Which ones could not reach? Is nutrition part of the Primary Health Care (PHC) component? How? if not why? Has 1000-day window taken hold as an important opportunity to address wasting and stunting? How it is incorporated into the health system? If not, were are the problems? How could UNICEF be more effective in reaching out to disadvantaged groups? What could have been done differently?

16. How effective UNICEF was in strengthening national and provincial governments mechanisms to legislate, plan and coordinate and budget for gender to enable quality, multi-sectoral nutrition services?
  - a. Which legislation mechanisms were improved and where? Which planning processes were strengthened and of which government? Which coordination and budget mechanisms were improved? What results did these improvements achieve? What evidence is there to support your claim about contribution? Which other actors contributed to these achievements? What was relative contribution of UNICEF? Does government recognize this? Is there any evidence of other actors recognizing the relative contribution of UNICEF? (ask for both humanitarian and development contexts)? What were some of unintended results (positive and negative) of this process?
  
17. How effective was UNICEF in empowering families and communities (including in schools) contributed to increase understanding and resilient practices of good nutrition behaviors? (considering Malnutrition, including overweight and obesity)
  - To what extent UNICEF has raised awareness among policy makers at national and provincial levels?
  
18. How effective was UNICEF in strengthening capacities of institutions and service providers to deliver, monitor and report on quality, essential nutrition services to young and adolescent boys, girls and pregnant and lactating women?
  - What enabling factors contributed to achievement or otherwise of Nutrition Programme's outputs? What were hindering factors that may have prevented achievement of some outputs? Which of these factors in control of UNICEF and which were outside the control of UNICEF?
  
19. How effectively integrated communication messages, including nutrition component were developed? Were they delivered to intended audience appropriately? Did that help raise the demand for quality nutrition services and management of young boys and girls with wasting and stunting? If not, where was the gap?
  
20. How effective was strategy to built capacities of stakeholders in delivering nutritional services, especially practitioners and community-based health workers; coordination with SUN and CMAM programmes; M&E of specific nutritional activities and inclusion of nutrition in DHIS/LHWMIS? If not, why? What should be done?
  
21. Having talked about achievements of the Nutrition programme, can you please also tell us about major influencing factors that either facilitated the achievements of results or hindered them?
  - Facilitating or enabling factors? External factors as well as internal factors (quantity, quality, timeliness and delivery)? May be discuss these each of the three result areas? How did this affect the programme delivery? How did UNICEF respond constraining factors to these? Which factors were outside the control of UNICEF?
  
22. Please explain lessons learned for the planning of the next CPD

Additional Questions Related to Core Delivery Framework that can be addressed during the interview

- What did ECE programme do to influence legislation, policies and to strengthen systems for child-focused planning, budgeting, multisectoral approaches, delivery and monitoring to address disparities? What evidence was this based on?
- One of the expectations of country program was to move away from a project-oriented approach towards a programme approach for at-scale results that leverage resources across many sectors and partners. What was done to address this expectation? How effective was UNICEF in addressing this? What were the results? Were changes made in the system to facilitate this? What were those changes? What challenges did you face?
- How was balance between development and humanitarian work was struck? What challenges did you face? How did Covid-19 affect your work?
- What types of partnerships did UNICEF ECE programme engage in? (Government, NGOs, other civil society actors, UN System, multilateral and bilateral donors and private sector)
- What strategies were used to strengthen government ownership and accountability?

What innovations were introduced? What innovations were introduced in partnership with private sector? What was the result of ownership?

## **Interview Guide – UNICEF Education Programme Staff**

### **Scope of Work**

- What are the major activities of the Education programme? What are upstream activities? What are downstream activities?
- It seems that the upstream activities conducted by the Programme are relevant for all the provinces, but did Education Programme relatively focused more on one or more provinces compared to the others? Which upstream activities are more directly linked to addressing the issue of out of school children, especially through application of alternative pathways (ALP)?
- What are some of the downstream activities? Where were downstream activities conducted? Who did you work with? How many partners? How were districts for downstream activities identified? How were districts and areas within the districts prioritized? How were areas for COVID-response prioritized?
- UNICEF works with a large group of stakeholders, which stakeholders did you work with more intensively and why?

### **Relevance**

1. The theory of change for upstream activities is entails evidence generation on OOSC and equity financing for policy advocacy, equity focused and risk-informed provincial education sector planning, budgeting and implementation, and improved data and information systems and assessments.
  - How robust was this theory of change for upstream activities? What were missing links? Which assumptions were proven wrong and which assumptions were proven right?
  - How was the applied theory of change different from what was on paper? Were any changes introduced to the theory of change for upstream activities? What were the drivers behind the changes?
  - Having engaged with the government under the current country programme, what is your sense of how change happen in the government? Which assumptions were realistic, and which were not? Which assumptions remained unstated or understated? Is it relevant for all the provinces?
  - ALP is one the three pieces under output 2, others being availability of effective ECCE models, increased safety and protective school environment to enable duty bearers to deliver, equitable, gender sensitive and safe early learning and basic education. Based on your experience, are there any missing pieces in the puzzle to delivery output 2? On its own, how important ALPs are in providing non-formal early learning and basic education, especially for girls? How much ALPs contribute to the whole? What are the missing elements? Which assumptions regarding ALP were proven right and which were proven wrong? Government support, its interest and appropriate investment of resources remains a key assumption? Were these assumptions realistic?
2. How were needs related to policy environment and systems strengthening identified? Which specific needs identified at the planning stage were addressed during the implementation? Which needs could not be addressed and why?
3. To what extent needs of children, adolescents and young people are taken on board, especially the needs of adolescent girls (young pregnant women, girls that marry before 18 and drop out from school)? To what extent the programme addressed the needs of marginalized groups? Who does UNICEF identify as marginalized groups? Did needs differ among provinces in meaningful ways? How were those differentiated needs addressed?

4. UNICEF intended to embed some its initiatives in District Education Sector Plans and hoped to establish linkages with WASH and social protection programmes, and prioritise underperforming primary schools, and ECCE and ALP centres located in the most deprived districts of Pakistan. To what extent this intention was materialized?
5. What major changes in the context were noted by the programme? How did it affect the programme? How did you respond to these changes? How did the Education programme overcome the challenges presented by COVID-19? How effective were these strategies? What innovative strategies were used? What are the lessons learnt?
6. How did post 18th Amendment scenario impact UNICEF's role and positioning, particularly its ability to influence policy and planning processes related to education? What opportunities and challenges it created for UNICEF in general, and for Education Programme in particular? In what ways UNICEF view itself differently compared to pre-18th Amendment Scenario? Did it strengthen its mandate and position or did dilute it? Are there any province-wise differences? Does having different governments at the center and province present any challenges? How does UNICEF positions itself within the Education sector? What could have been improved with respect to strategic positioning of UNICEF, in general, and UNICEF position vis a vis Education, in particular?
7. What did UNICEF Education Programme (on its own and in concert with other programmes) to leverage policies and resources to strengthen systems (upstream work) to address the issue of out of school children, particularly through ALPs? What was the result of leveraging? What evidence? is there to show contribution of UNICEF? Which other players contributed to this? Considering that in Pakistan, a third of girls have never enrolled in school. How UNICEF addressed the interrelationships between child marriage, adolescent pregnancy and educational attainment?
8. If you were to design the Education Programme again, what would you do differently, to influence policy environment and to provide early education opportunities to out of school children? Did you miss any critical interventions?

### **Coherence**

9. How are your upstream work and ALP initiatives to address the issue of out of school children aligned with the policy priorities of the government? Which particular policies and national policy frameworks do you use a frame reference for your programme? Obviously, article 25A of the constitution, priorities defined by SDG and vision 2025 are key reference points. What else? Which interventions remained unaddressed in the light of national priorities and UNICEF's mandate, with a particular focus on Education programme's upstream work and ALP initiatives?
10. How did the Education programme address concerns regarding equity and gender equality? How did this complement the Government and other development actors' efforts? Did you experience any stresses in promoting UNICEF's mandate of equity and gender equality? What could have been done differently to create even better alignment?

### **Effectiveness**

11. How effective Education programme was, through its upstream and downstream activities, in reaching the most vulnerable boys and girls, particularly adolescent girls and disadvantaged and marginalized communities? How does UNICEF define as the most disadvantaged? Given that the problem of out of school children is quite widespread, how were potential areas for service delivery prioritized? Which ones could not be reached? How could UNICEF be more effective in reaching out to disadvantaged groups? What could have been done differently?  
How effective UNICEF has been in 1) enrolling out of school children, particularly in increasing gender parity in education; 2) increasing enrolment ratio in pre-primary education: 3) supporting early childhood education through alternative approaches (such as home-based provision of ECD, accelerated school readiness models, parent education, among others). What was contribution of UNICEF? What evidence is there to support your claim about contribution? Which other actors may have contributed to these achievements? Do other actors, especially government agencies, recognize this? Is there any evidence of other actors recognizing the relative contribution of UNICEF? (ask for both humanitarian and development contexts)? What do you think, UNICEF could have done better?
12. Did improvement in learning outcome have a role in increasing enrollment of children? How successful UNICEF was in improving average learning outcome results in core subjects (English, Maths, Science and Urdu) How effective have been learning programmes or continuing education programmes for out-of-school girls and women who are beyond school-going age to enable basic literacy, numeracy and life skills?
13. In your view, what could UNICEF have done better to support early childhood education through alternative approaches (such as home-based provision of ECD, accelerated school readiness models, parent education, among others)? In reference to a recent study, it has been demonstrated that interventions addressing only supply-side barriers are less effective at improving learning than those that address social norms and tradeoffs affecting the demand for education (open-ended question)
14. How effective was UNICEF in ensuring participation of communities and to support on-time enrolment, retention, completion and transition to post-primary, especially for girls. How successful was UNICEF ensuring active involvement of school management committees at primary and secondary levels in the development of school improvement plans and monitoring of schools?
- How successful UNICEF has been in introducing cost-effective innovations to improve access and learning for the most disadvantaged children? What are some of the examples of the innovations?
  - How effective UNICEF was strengthening provincial policies, education sector plans and strategies that promote equity in terms of access and learning targets
  - Obviously, it is very important to have policies and strategy documents in place, but having a policy or strategy is one thing, but implementing the policies in letter and spirit is quite another. Some development agencies find it challenging to ensure ownership of the products by the govt? I think this is also one of the challenges documented by UNICEF Country Programme MTR as well? What has been your experience? Can you share examples of successfully overcoming this challenge? Don't you think transfer and posting of key officials play role in whether work is owned by the government agencies or not?
  - What are some of the outcomes of your upstream work e.g. developing education sector plans, evidence generation, advocacy? Were there unintended negative or positive outcomes resulting from UNICEF's interventions? If yes, what are those?

15. To what extent has the UNICEF country office contributed to the achievement of national results and priorities?
16. What have been the major influencing factors that either facilitated the achievements of results or hindered them? External factors as well as internal factors? How did UNICEF respond constraining factors? Which factors were outside the control of UNICEF?
17. Covid being a huge, unsettling force, not just for UNICEF, but for the entire world, may be you can elaborate more how did COVID affect the programme delivery and how did UNICEF respond to it?

#### Perspectives of Next Country Programme

1. What lessons that you learnt can be usefully applied to the next country programme?
2. What would you do differently in future? Why?
3. What challenges do you foresee for the next country programme?

#### Additional Questions Related to Core Delivery Framework that can be addressed during the interview

- One of the expectations of country program to was to move away from a project-oriented approach towards a programme approach for at-scale results that leverage resources across many sectors and partners. What was done to address this expectation? How effective was UNICEF in addressing this? What were the results? Were changes made in the system to facilitate this? What were those changes? What challenges did you face?
- How was balance between development and humanitarian work was struck? What challenges did you face?
- What types of partnerships did UNICEF Education programme engage in? (Government, NGOs, other civil society actors, UN System, multilateral and bilateral donors and private sector)
- What strategies were used to strengthen government ownership and accountability?

What innovations were introduced? What innovations were introduced in partnership with private sector? What was the result of ownership?

## **Interview Guide – UNICEF WASH (Water, Sanitation and Hygiene) Programme Staff**

### **Relevance**

18. How were needs related to WASH services, particularly ODF and handwashing with Soap identified? Which specific needs identified at the planning stage were addressed during the implementation? Which needs could not be addressed and why? To what extent needs of children, adolescents and young people are taken on board? To what extent the programme addressed the needs of marginalized groups? Did needs differ among provinces in meaningful ways? How were those differentiated needs addressed?
19. How robust was theory of change documented in PSN? Key assumptions in the documented theory of change related to upstream activities are increase commitment of the govt, as expressed in increased allocations and commitment to SWA and SACOSAN; JSRs taking on views of stakeholders representing social sector, and creation of an enabling environments. Which of these assumptions were proven wrong and which assumptions remained unstated or understated?
20. Having engaged with the government under the current country programme what is your sense of how changes happen in the government?
21. How was work, particularly the part that has direct implications for ODF and handwashing with soap, was affected by changes in the context? Obviously, one risk was realized in the form of COVID-19? How did it impact WASH programming? How did post 18th Amendment scenario impact UNICEF's role and positioning? [Rd2]? Did new political configuration after the 2018 election affect WASH programming? Any effects of local government elections because local Govts have a role in WASH?
22. What did UNICEF WASH Programme (on its own and in concert with other programmes) leverage policies and any additional resources to reduce open defecation and to promote health hygiene behaviors, particularly handwashing with SOAP? What was the result of leveraging? Is there evidence to show contribution of UNICEF? Which other players contributed to this?
  - If you were to design the WASH Programme again, what would you do differently, reduce open defecation and promote handwashing with Soap? Did you miss any critical interventions?

### **Coherence**

23. How are reducing defecation and promoting handwashing (or generally promoting healthy behaviors), aligned with the policy priorities of the government? Which particular policies and frameworks did you use a frame reference for your programme? Obviously, priorities defined by SDG, vision 2025 and Clean and Green Initiative are important. What else? Which relevant policies remained unaddressed?
24. How did UNICEF address equity, gender equality and human rights concerns through its upstream work? Obviously, gender responsiveness remains an overreaching criterion for policies, strategies, and plans? How much of this is aligned with the government priorities? How about alignment with institutional practices, I am sure, you know better that practices in do not necessarily align with policy pronouncements, esp in the public sector? Did you experience any stresses while working with the govt agencies? What could have been done better?

### **Effectiveness**

25. How effective WASH programme was in reaching to the most disadvantaged sections of the communities to in pursuit of improving the lives of children and women? How does UNICEF define as most disadvantaged? Which of these sections were reached? Which ones could not reach? Did it also reach out to children and women affected by violence? How could UNICEF be more effective in reach out to disadvantaged groups? What could have been done differently?
26. Given the focus on ODF and handwashing, the key question would be what extent UNICEF has been able to contribute to reducing open defecation and promote handwashing? The key question is how to did UNICEF determine the contribution?
27. To what extent has the UNICEF country office contributed to the achievement of national results and priorities? Are there any government priorities with respect to ODF and promotion of hand washing that received little or no attention in UNICEF WASH programming? If yes, what are those? And how can this issue be addressed?
28. How effective was UNICEF through its upstream activities to ensure that WASH services, particularly ODF and services related to promotion of handwashing, are delivered to the most disadvantaged sections of the communities? [E,a] How could UNICEF be more effective in reaching out to disadvantaged groups? What could have been done differently?
29. How effective UNICEF was in strengthening national and provincial governments mechanisms to legislate, plan and coordinate and budget for gender responsive safely managed water and sanitation facilities in development and humanitarian situations? Which legislation mechanisms were improved and where? Which planning processes were strengthened and of which government? Which coordination and budget mechanisms were improved? What results did these improvements achieve? What evidence is there to support your claim about contribution? Which other actors contributed to these achievements? What relative contribution of UNICEF? Does government recognize this? Is there any evidence of other actors recognizing the relative contribution of UNICEF? (ask for both humanitarian and development contexts)? What were some of unintended results (positive and negative) of this process?
30. How effective was UNICEF in strengthening the systems and capacities of duty bearers to deliver equitable, gender responsive safely managed water and sanitation services (schools, ECDCs & HCF included) including for those affected by emergencies?
31. Which duty bearers UNICEF worked with to improve capacities? Which systems were strengthened and how? What did UNICEF do to strengthen capacities (in different provinces both in development and humanitarian settings?) What challenges were faced? Isn't rather simplistic to assume that developing capacities would translate into improved performance? Similarly, individual learning does not necessarily translate into organizational learning? What was your experience? How did you overcome these challenges, and with what results? What were some of unintended results (positive and negative) of efforts to develop capacities and strengthening systems?
32. How effective was UNICEF in empowering families and communities (including in schools, ECDCs & HCF) adopt positive WASH practices and also demand for better WASH Service?
33. What was done to achieve this? How effective were innovative platforms such as Rapid pro and U-report galvanize community and youth-based networks to promote meaningful engagement of citizens,

including youth demand WASH services? What some of the challenges in using such platforms, particularly in the context of UNICEF's attempts to reach out to marginalized segments of the society? What were results of achieved? What challenges were faced? Were there an intended and unintended outcome related to this?

34. Were there any positive and negative unintended outcomes related to UNICEF's upstream work and work focused on reduction in open defecation and promotion of handwashing with Soap?
  35. Having talked to about achievements of the WASH programme, can you please also tell us what are the major influencing factors that either facilitated the achievements of results or hindered them? First something about facilitating or enabling factors? External factors as well as internal factors? May be discuss these each of the three result areas? How did this affect the programme delivery? How did UNICEF respond to constraining factors to these? Which factors were outside the control of UNICEF?
- Covid being a huge, unsettling force, not just for UNICEF, but for the entire world, maybe you can elaborate more how did COVID affect the programme delivery and how did UNICEF respond to it? (E,e2)

Additional Questions Related to Core Delivery Framework that can be addressed during the interview

- One of the expectations of country program to was to move away from a project-oriented approach towards a programme approach for at-scale results that leverage resources across many sectors and partners. What was done to address this expectation? How effective was UNICEF in addressing this? What were the results? Were changes made in the system to facilitate this? What were those changes? What challenges did you face?
- How was balance between development and humanitarian work was struck? What challenges did you face?
- What types of partnerships did UNICEF ECE programme engage in? (Government, NGOs, other civil society actors, UN System, multilateral and bilateral donors and private sector)
- What strategies were used to strengthen government ownership and accountability?

What innovations were introduced? What innovations were introduced in partnership with private sector? What was the result of ownership?

## **Interview Guide – UNICEF Child Protection (Violence Against Children) Programme Staff**

### **Relevance of UNICEF Vac Strategy**

Considering By 2022, children access appropriate child protection preventive and/or response services, primarily through public case management and referral system in at least two provinces, and communities' practice positive behaviors contributing towards a protective environment for children

1. Please explain how is UNICEF's has conducted upstream work in several key reform areas, the main being child protection case management and referral mechanism development in Balochistan (Child Protection Case Management and Referral Model in (CP-CMRM) but also the child protection legislative reforms in Sindh, KP, Punjab (draft bills) and PAK and how these upstream work has contributed to achieve intended outcome?

- What are some of the outcomes of your upstream work? To what extent technical guidance was provided to relevant provincial/regional institutions to leverage resources for effective planning, financing and delivery of a child protection case management and referral system?
- To what extent this work is addressing the needs of different provinces?
- Were these activities sufficient to achieve intended goals? What other upstream activities did UNICEF conduct?
- What role it played in Baluchistan in the design and implementation of CP-CMRS design? What challenges did you face? What lessons learned?
- To what extent UNICEF strategic plan is aligned with government priorities regarding VAC and child marriage? In case priorities are not aligned, how UNICEF approaches the government on sensitive issues regarding VAC (sexual violence, child marriage?)

In order to expedite the legislative reform process, a strategic note has been developed which entails broadening partnerships, including with civil society and NCRC, among others to ensure common messages and platforms and reinforce advocacy.

- What role did UNICEF actually in the coordination with other stakeholders to reinforce this advocacy?
- What is the level of acknowledgement of UNICEF's role at the government level?
- What other actors play an important role formulation, endorsement of key policies?

2. Please explain how these upstream activities have been combined with downstream (humanitarian work and behavioural change) How these downstream activities were selected? according to what indicators?

- What other initiatives to promote/support technically the delivery of promotive/preventive services have been implemented, including efforts to change attitudes and behaviors with regard to violence against children and increase demand for protection services in each province?
- How these efforts addressed the specific needs of girls and boys? To what extent they include adolescent participation (especially girls)?
- What are the Levels of influence in the social ecological model - violence against children?
  - o Influence at individual level- Education and life-skills training
  - o Family- Examines relationships (family, friends, peers) that increase the risk of experiencing or perpetuating Violence

- o Community- Looks at connected groups either based on geography or other common characteristics to determine what factors are associated with likelihood of experiencing violence or being a perpetrator of violence. Address norms and community engagement
- o Institutional- Looks at places such as schools and workplaces to see what resources can be leveraged to address violence

3. Note: Cross-sectoral linkages with education and health were established through partnership with Ministry of Education for addressing violence against children in educational settings, and with KP health department to integrate MHPSS within the child protection response system. Were the partnership strategies implemented in all provinces? if not why? were those adequate to address the different needs in provinces? Are these partnerships helping to prevent and respond to VAC? What role UNICEF played engaging different stakeholders on this in each province? how UNICEF contributed to improve coordination and dialogue with education and health sectors?

Note: Specific mention to MTR recommendation: Do more collaboration with the Education programme to leverage platforms such as ALP and schools to stop sexual harassment and violence, where systems can be strengthened to identify, report and refer violence, exploitation and other abuse cases. Girls' education and learning goals cannot succeed without stronger collaboration on addressing gendered social norms that negatively affect girls. Use the "Safe to Learn: Diagnostic Study of National Efforts to Prevent and Respond to Violence in Schools in Pakistan" that has recently been drafted. It has recommendations to collaborate on prohibition of corporal punishment, develop school rules, establish child protection mechanisms at school level and raise awareness.

4. Note: A qualitative assessment to review the situation of children living in alternative care facilities generated evidence on violence against children during COVID-19, revealing a lack of proper monitoring and follow-up mechanisms on wellbeing of children in facilities and those sent home due to the pandemic, creating a strong argument for linking with CP-CMRS. To what extent the case management system of Balochistan was linked to available alternative care facilities through private-public partnerships, and services to children were provided accordingly?

5. Considering that during covid pandemic, Social welfare departments were declared non-essential, hampering the child protection response to the pandemic., and the fact that the pandemic probably worsened the prevalence of violence and exploitation of children, to what extent has the Country Office/ FOs been able to adapt this challenges? Has this pandemic affected boys and girls in a different manner? If yes, How UNICEF has been able to respond to those differences? Did you introduce any innovations (online response)? How much of new normal going to be sustained? Looking back, what would you do differently? What are the lessons learnt?

6. Please explain where the critical barriers are in preventing and responding VAC and whether UNICEF is adequately addressing the main barriers with its interventions.

Internal note: Reference to different barriers identified through desk review

- High level of violence against children (average 76 percent of children experienced psychological aggression (74 percent in Punjab, 78 percent in Sindh), 66 percent physical punishment (68 percent in Punjab, 63 percent in Sindh) and 31 percent severe physical punishment)
- Lack of child protection policies and weak laws (except in Balochistan and GB); very weak capacity of government institutions to provide child protection services including prevention;
- Data gaps/evidence of VAC/no official data on sexual violence against children
- Increase of child marriage due to covid pandemic
- VAC in Humanitarian response situations in different areas of country

What would you do differently to address those challenges? What was missing in the design? Why are the reasons behind the missing elements? in addition, which priorities received little or no attention

#### Child Protection Case Management and Referral Model (CP-CMRM) in Baluchistan (case study)

1. what was de contribution of UNICEF in the creation of this model?
2. What government institutions participate in this model? Explain roles, responsibilities, scope of work
  - Is the mapping of the social service workforce (SSWF), including public, private foundations and charities and civil society organizations well identified? Who is missing?
  - Has the mapping also ensured adequate assessment of the capacities of these actors for case management and referral service provision? How are you identifying and addressing capacity building gaps?
  - Are the partnership strategies adequate to implement this model? Please provide examples on how these organizations are involved. Can you distinguish examples of collaboration among the various government institutions in the implementation of this model? (cross collaboration)
  - How is the education sector involved? In the identification but also in the prevention and response? (ALP and schools to stop sexual harassment and violence, where systems can be strengthened to identify, report and refer violence, exploitation and other abuse cases. use of "Safe to Learn: Diagnostic Study of National Efforts to Prevent and Respond to Violence in Schools in Pakistan" to collaborate on prohibition of corporal punishment, develop school rules, establish child protection mechanisms at school level and raise awareness.
  - How is the health sector involved in this model? in the identification of violence against children but also in the prevention and response
  - How are the children living in alternative care facilities linked to this model? To what extent the case management system of Balochistan was linked to available alternative care facilities through private-public partnerships, and services to children were provided accordingly?
3. Are there measures in place for the Referral System to identify and overcome gender barriers and inform programme, planning, implementation and decision making? Please describe.
  - Has this model used gender disaggregated data to identify the barriers, to inform monitoring and decision making
  - Are there unexplored gender-based barriers in accessing violence prevention and response services? E.g girls not reporting due to fear of victim shaming, male officers running services for women, lack of services targeting boys, etc.
  - How is this model addressing those barriers? For instance, with identification of VAC in health services and in schools and in the prevention of VAC with social mobilization and community engagement? capacity building of health workers, social workers and educators to identify and address VAC and the gender-based barriers in accessing violence prevention and response

- Probe for the needs of the most marginalized and how these are taken into account: adolescents girl
4. Please explain main results achieved since this model started to be implemented in Baluchistan.
- How does the integrated model function in practice bringing multiple sectors?
  - Do you note any immediate benefits from the integrated system? Please provide concrete examples
5. What are the strengths, weaknesses, opportunities and threats of this model (SWOT) of this model?
- What challenges were encountered, and how were these overcome?
  - Are there any distinguishing features that you would like to share of this model that make it innovative, a promising or good practice in the effort of ensuring children's access to appropriate child protection preventive and/or response services in Balochistan?
  - How do you link this model with domestic violence, what challenges, overcome strategies do you encounter/identify?
6. Please explain main lessons learned of this model, how can it be replicated in other provinces?
- In what ways can the model be adapted in the future?
  - Considering the context of Baluchistan, do you see it possible for this model to be replicated in other provinces? Please explain your answer. what elements could be replicated?
  - What is needed to make the model sustainable?
  - Are there any other details that are important to know about the model?
  - Are you aware of feedback by beneficiaries/users that this model met their needs and has there been any expert validation?

## **Interview Guide – UNICEF Child Protection (Birth Registration) Programme Staff Relevance**

The CP aims, that 65 % of girls and boy's under-5 are registered in Pakistan, with universal birth registration achieved and embedded within civil registration and vital statistics (CRVS) systems in two provinces, by 2022. In 2020, boys: 55 per cent; girls: 45 per cent) gaining recognition through birth registration in all provinces, of whom 71 per cent were under five (boys: 53 per cent; girls: 47 per cent).

1. To what extent UNICEF's upstream work in terms of legislation, planning, budgeting, in combination with downstream interventions to scale up birth registration has significantly contributed to achieve to achieve this goal?

To what extent this work is addressing the needs of different provinces?

*I understand that one of the key upstream activities are formulation of different policies, including high-level political ownership In Punjab, Sindh and Khyber Pakhtunkhwa (KP), translated into allocations of public spending from the annual provincial budgets and systems strengthening, resulting in scale up of birth registration*

Were these activities sufficiently contributing to achieve intended goals? What other upstream activities did UNICEF conduct? What role did UNICEF actually play in formulation, endorsement and implementation of these public spending allocations? What is the level of acknowledgement of UNICEF's role at the government level? What other actors play an important role formulation, endorsement of key policies? What challenges did you face?

How UNICEF combined upstream activities with and downstream, activities (*capacity strengthening of local government staff/systems for BR delivery, demand generation and behavioural change*). Are these downstream activities implemented in each province? If not, why is that difference?

*Partnerships with government and private sectors to accelerate BR: application of digital mobile phone technology in collaboration with Telenor Pakistan (a telecommunication company) **Were the partnership strategies adequate to address the different needs in provinces?*** Are these partnerships helping to accelerate BR?

Considering that after devolution in 2010, there were disconnects between the centre and provinces, to what extent UNICEF's facilitated inter-provincial coordination with the federal MoPDSI, private partners and UN agencies to improve clarity, focus and overall design of the CRVS implementation process, how this coordination led to greater information sharing, sustaining momentum even during the COVID-19 emergency?

What role UNICEF played engaging different stakeholders on this coordination at the federal and province level? (At provincial dialogues, UNICEF brought together the Chief of Health at the federal ministry with provincial planning and development departments). In this regard, how UNICEF contributed to improve coordination and dialogue on CRVS?

*2. Following recommendations of the CRC Committee (2009) and Considering that Children living in urban areas are far more like to be registered – 83 per cent, as compared to 68 per cent in rural Punjab. Under-5 birth registration rates are also negatively correlated to wealth quintiles, (poorest at 46 per cent and richest at over 90 per cent). Sex-disaggregated data from the latest MICS in Punjab (M:73.1%, F:72.2%), Sindh*

*(M:30.3%, F: 29.6%), KP (M:20.2%, F: 19.4%), Balochistan (M:23.7%, F: 22%) and AJK (M:23.9%, F: 24.4%) reveal that the disparity in birth registration between male and female is less than 1 percentage point, highlighting that parents' decision-making for registering their children is gender-neutral.*

Given differences between urban and rural areas, To what extent UNICEF childbirth registration strategy is addressing the registration of children belonging to rural areas, un-educated families, especially about the mother, lower income strata, and minorities? To what extent is addressing structural obstacles to birth registrations?

How these needs are considered in the upstream work, in the planning and implementation process? (Advocacy for budget for BR and CRVS; Digital birth registration; Integration of BR with Health care system delivery. Measurement / Information system support for CRVS)

Have interventions and advocacy efforts reached all gender identities?

Probe for the needs of the most marginalized and how these are taken into account.

3. Given that covid has slow down the process of registration, to what extent has the Country Office been able to adapt to Covid-19? Has this pandemic affected boys and girls' registration process in a different manner? If yes, How UNICEF has been able to respond to those differences? Did you introduce any innovations? How much of new normal going to be sustained? Looking back, what would you do differently? What are the lessons learnt?

Given that birth registration was also affected by ongoing local government reforms, and high turnover of government staff. To what extent has the Birth registration programme been able to respond to those changes? (In Punjab, birth registration coverage was affected by the sudden abolition of union councils under the promulgation of the Punjab Local Government Act 2019)

4. What are the critical barriers are to increase birth registration numbers (supply vs demand side) and whether UNICEF is adequately addressing the main barriers with its interventions?

remoteness population: schools epi, bith registration in local centers

connection issue:

capacity material and HR: provided supply on 2 districts but extent ti more district

awareness: IC material, media, schools, religious leaders, they have strategy for that but BR policy has been divided in the federal level, provincial policies and strategies in the next 5 and 10 years to cover the gaps.

Disconnections between national and provincial data basis (CRVS databases are managed by Local Government Departments in all provinces rather than in a centralized database at federal level)

Capacity gaps among the social workforce can slow activities even if available technological tools are effective. The COVID-19 pandemic posed particular challenges spanning the stages of programme implementation, and including bottlenecks related to technological, operational and human resources; however, these backup plans sustained momentum.

Demands bottle necks.

What would you do differently to address those challenges? What was missing in the design? Why are the reasons behind the missing elements? in addition, which priorities received little or no attention?

## **Coherence**

5. What the government priorities and key policy framework is regarding birth registration? How UNICEF has aligned with this in its programming in each province? Probe for provincial variation.

- What are the legislation and policy gaps?
- What are the Overlapping mandates and legislations? What effect have those differences on the managing of BR in each province (disconnections between national and provincial data basis)?
- To what extent UNICEF is advocating for the inclusion of vulnerable groups in legislation

6. Did the Country Office's strategic approach to address the challenges of single or adolescent mother to enhance birth registration, especially those living in rural areas? What are the areas of alignment with the governments? Did you experience any stresses in promoting UNICEF's mandate of equity and gender equality? What could have been done differently?

## **Effectiveness**

7. considering, the (New output) Federal and Provincial governments have improved capacity for management of the CRVS system, with a focus on scaled up coverage of birth registration”,

- 4 provinces (more than the expected 2) have scaled up birth registration, what are the main facilitating factors for achieving this scale up?
- How effective UNICEF was in strengthening national and provincial governments mechanisms to manage the CRVS system? (Upstream strategies advocacy for allocating budgets to CRVS in provincial development plans, advocating for CRVS national reform) Which legislation mechanisms were improved and where? Which planning processes were strengthened and of which government? Which coordination and budget mechanisms were improved? What results did these improvements achieve? What evidence is there to support your claim about contribution? Which other actors contributed to these achievements? What relative contribution of UNICEF? Does government recognize this?
- To what extent social mobilization strategies were effective to facilitate BR? (eg. community-based approaches through engagement with Lady Health Workers (LHW), school management committees and community leaders in awareness-raising, using gender-sensitive messages and providing referrals for processing birth registration)
- Considering that CRVS databases are managed by Local Government Departments in all provinces rather than in a centralized database at federal level, and Databases managed by NADRA, Health and Education are not interoperable and even within NADRA the identification data and the CRVS databases are not interoperable. How is UNICEF addressing this challenge?
- What were the major influencing factors that either facilitated the achievements of results or hindered them?
- What were the main lessons learned?
- Regarding the approval of the minimum care standards, to what extent UNICEF is advocating to implant them into alternative care institutions (public and private), replicating the measures taken in Punjab and working it at provincial rather than federal level?

8. How effective birth registration was in reaching registration of girls, children belonging to rural areas, un-educated families, especially about the mother, lower income strata, and minorities? Why registration of girls is 10% lower than boys? How is UNICEF addressing this gap?

a. How does UNICEF define as most disadvantaged? Which of these sections were reached? Which ones could not reach? How could UNICEF be more effective in reach out to disadvantaged groups? What could have been done differently?

**Interview Guide – UNICEF Government/Civil Society Partners (Health, Polio, Education, Nutrition, WASH)**  
**Initial interview**

**deputy director**

1. Please tell us about your position, role and institution you represent at federal/province/district level?
2. Please explain how long have you been working with UNICEF and the level of engagement? In what projects have you participated in collaboration with UNICEF Country Office? How was it decided to focus on current areas of engagement?

**Relevance**

3. What is your assessment of planning and implementation process of UNICEF Pakistan's interventions that your organization/department was part of, particularly their focus on \_\_\_\_\_adequately address the needs of most disadvantaged newborn and children?
4. What is your assessment of UNICEF's role in general and the work it has done with your organization/department How, if at all, was your work with UNICEF affected by 18th Amendment scenario?
5. To what extent has UNICEF been able to adapt to changes in needs and priorities caused by changing in context and government priorities, particularly following Covid-19? What were challenges presented by Covid Pandemic and what was the quality of the response?
6. Given UNICEF mandate what other areas other than what UNICEF is already supporting UNICEF could have provided support to you? Would rather want UNICEF to focus some other areas, other than what is it already supporting? What are the missing areas in the existing (**Health, Polio, Education, Nutrition, WASH**) programme? Are there any critical interventions or result areas that were missed or received little attention in the in light of national priorities and UNICEF's mandate?

**Coherence**

7. In what ways UNICEF engagement with your organization consistent with the policy priorities of the Government of Pakistan, your agency's priorities and international frameworks? Are the planned outputs and outcomes consistent with the priorities and key development strategies and policy frameworks of your organization, at provincial and national level?
8. To what extent equity and gender equality concerns are addressed in your projects/initiatives you are undertaking with the support of UNICEF? What challenges, if any, do you face in promoting equity and gender equality> Is UNICEF's approach to addressing equity and gender equality aligned with the government and other development actors' initiatives and policies?

**Effectiveness**

9. To what extent does UNICEF contribute to your organization's effective programme delivery/mandate and achievement of results?

10. What is UNICEF's contribution to achieving (**Health, Polio, Education, Nutrition, WASH**) -sector policies, plans and budgets using solid evidence activities? What are the major factors influencing the achievement and lesson learned?
11. How effective was the (**Health, Polio, Education, Nutrition, WASH**) programme in reaching the most disadvantaged sections of the communities? What evidence is there to support this?
12. To what extent were programme outputs (short-term/intermediate results) delivered and did they contribute to progress toward the stated programme outcomes. What were the factors on achievement and non-achievement of outputs?
13. Were there positive/negative unintended outcomes? Could they have been foreseen and managed?
14. What are most significant aspects of the partnership with UNICEF Pakistan? Both positive and those which need to be improved.
15. What aspects would you like to highlight about cross cutting issues: advocacy, communication, humanitarian response, ability to establish effective partnerships and innovation.

#### **Perspectives of Next Country Programme**

16. If you were hat the helm of UNICEF Pakistan, what would you do differently? Why?
17. What lessons that you learnt can be usefully applied for the next county programme?
18. What challenges do you foresee for their next country programme?

**Survey – Email**

Dear Madam/Sir,

UNICEF Regional Office (ROSA) and UNICEF Pakistan Country Office (PCO) are undertaking an Evaluation of the 2018-2022 Country Program, with ROSA playing the leading role. The evaluation is being carried out by an independent evaluation team of 6 consultants.

The purpose of this evaluation is to:

- Inform programme design and support managerial decision-making at the country office level in preparation for the next country programme.
- Foster organizational learning about what works and does not work, especially in areas where the country programme components have not achieved results.
- Assess how selected results were (or were not) achieved and the factors that contributed to the outcomes obtained.

UNICEF PCO has identified you as one of the key stakeholders whose views can greatly benefit the evaluation. Therefore, we are inviting you to fill a short survey in support of the Country Program Evaluation. Your participation would be much appreciated. The survey is available online through the following link:

[https://docs.google.com/forms/d/e/1FAIpQLSeilrRPnI6eZle4znJKcupmeC3rSM2udwAm1N7xJtqAkXIEpw/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSeilrRPnI6eZle4znJKcupmeC3rSM2udwAm1N7xJtqAkXIEpw/viewform?usp=sf_link)

Information regarding consent and privacy is included at the start of the questionnaire as well as guidance on how to complete the survey. All information from the survey will be treated confidentially.

The survey will remain available for approximately 2 weeks (until 26 July 2021). If you have any questions, please do not hesitate to contact us by replying to this email, we would be happy to help you.

Thank you very much for your time.

Kind regards,

## **Survey – Introduction**

### **Introductory Writeup in Survey**

Assalam-o-Alaikum Sir/Madam.

The UNICEF Pakistan Country Office is in the process of undertaking an Evaluation of its Country Programme from 2018-2022. This evaluation has been commissioned by UNICEF Regional Office (ROSA) and the Pakistan Country Office (PCO). The purpose of this Evaluation is threefold: to inform programme design and support managerial decision-taking at country office level in preparation of the next the country programme; to foster organizational learning about what works and does not work, especially in areas where the country programme components have not achieved results; and to assess how selected results were (or were not) achieved (or not) and the factors that contributed to this. The evaluation is being carried out by an independent evaluation team of six consultants.

In connection with this evaluation, we are conducting a survey of stakeholders who have either been supported by UNICEF or who have partnered with UNICEF in various capacities over the course of this Country Program. UNICEF staff you may have worked with or collaborated with have identified you as one the key stakeholders whose views can greatly benefit the evaluation. You are therefore invited to complete this survey and your participation would be greatly appreciated.

Any information that you provide us in this survey will not be shared outside of the team, not even with UNICEF, without written permission from you. You will not receive any compensation for your participation, nor will there be any cost for participating. The study does not include any procedures that are likely to cause harm. Your involvement is entirely voluntary, and you may withdraw at any time for any reason.

You are not required to identify yourself in order to complete this survey. Any information obtained from you through the survey which could be potentially used to identify you will remain confidential. Anonymity will be maintained through the use of codes during reporting, data security procedures and other measures.

We expect that it will take the average user approximately 15-25 minutes to complete the survey.

If you are clear on everything that we have conveyed to you and consent to participate, please select 'yes' below. If you would not like to participate, please select 'no' and submit the form – no information will have been collected:

\*Question consenting to participate in the survey\*

### **Instructions:**

- After consenting to participate in the survey, you will be presented with a list of thematic areas/sections (WASH, education etc.) which were covered by the UNICEF Country Program 2018-

2022 – please select the one most relevant to the partnership between UNICEF and your organization/you. The survey will be tailored to your selected section. If the partnership covered multiple thematic areas/section, please selection the one you consider to be the most important based on factors such as budget, time, activities, specialization etc.

- The survey consists of a mix of multiple choice and open-ended questions.
- In some questions, you will be asked to provide your opinion on a 5-point scale – please respond with the first impression that comes to mind when you read the question.
- If the question is valid for your organization/work, but you do not personally have the knowledge/experience to answer it, please select 'Don't know'.
- If the question is not relevant to the work that you or your organization do, please select 'Not relevant'.
- Please note that all questions relate specifically to the 2018-2022 UNICEF Country Programme in Pakistan.

Survey – General

STAKEHOLDER GROUP: GOVERNMENT, NGO, UN AGENCY (All Sectors)									
Self-ID Questions		Responses							
1	In what area(s) do you currently work? (Multiple Choice)	Islamabad	Sindh	Balochistan	Punjab	KP	AJK	GB	Ex-FATA (Merged Areas)
2	What is/are the programme sector(s) you primarily work in? (Multiple Choice)	Health - Immunization	Health - maternal, newborn and child health (MNC H)	Education	Child Protection - Birth Registration (BR)	Child Protection - Violence Against Children (VAC)	Water & Sanitation	Nutrition	
3	Which gender do you identify with?	Male	Female	Other	Prefer not to say				
4	Please indicate the type of organization you work with.	Government	International organization (IGO)	National NGO	Local NGO/CSO	International NGO	Private company	Other: please specify	
6	How long have you been associated with UNICEF in Pakistan (as an external stakeholder)?	0-1 year	1-2 years	2-3 years	3+ years	5+ years	10+ years	I have never been associated with UNICEF	

Survey – Maternal, Newborn and Child Health

[M] STAKEHOLDER GROUP: GOVERNMENT, NGO, UN AGENCY (MATERNAL, NEWBORN AND CHILD HEALTH - MNCH)	Scale				
QUESTIONS					
1. In your view, to what extent has UNICEF (under the current country programme) been able to contribute to benefiting the most at-risk newborns and children through integrated newborn, child health interventions and healthy behaviours?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
2. To what extent has UNICEF facilitated federal, provincial and district-level health-sector policies, plans and budgets using solid evidence to strengthen integrated health interventions for improved newborn and child survival?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
3. To what extent has UNICEF contributed towards the development of minimum standards and a policy framework, aligned to international standards on alternative care for children?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
4. To what extent has UNICEF contributed to increasing the access of children under 1 year old in targeted districts and urban areas to integrated new-born and child-health interventions in different provinces?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
5. To what extent has UNICEF addressed the needs of newborns in receiving postnatal care within two days of births?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
6. To what extent has UNICEF contributed to ensuring that live births are attended by a skilled health practitioner (doctor, nurse, midwife, or auxiliary midwife)?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
7. In your view, which needs of the at-risk newborns and children have not been able to address adequately? (Open-ended question)	(Open-ended)				
8. To what extent has UNICEF been successful in adapting to changes in the operating context due to COVID-19?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
9. How successful has UNICEF been in supporting the provision of clinical care by primary health care facilities to children under five years old using the IMNCI approach?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
10. What opportunities have not been utilized by UNICEF in its efforts to reduce neonatal mortality? (open-ended question)	(open-ended question)				
11. In your view, what are UNICEF's comparative advantages in addressing polio and other immunizations for children in Pakistan? (Open-ended question)	(open-ended question)				
12. What do you think are the most important internal or external limiting factors / challenges that hinder access of at-risk newborns and children to integrated new-born and child-health interventions? (open-ended question)	(open-ended question)				

13. How successful has UNICEF's Newborn and Child Survival Programme been in the following areas?	N/A				
<ul style="list-style-type: none"> <li>Influencing legislation, policies and strengthening systems for maternal, newborn and child health.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Engaging in partnerships with different stakeholders (Government, NGOs, other civil society actors, UN System, multilateral and bilateral donors, and private sector) for increasing access of at-risk newborns and children to integrated newborn, child health interventions and healthy behaviors.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Registered facilities applying national service quality of care or clinical audit standards, in-service training or clinical supervision at federal and provincial levels.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Developing, budgeting and implementing a comprehensive RMNCAH communication plan (incorporating malaria, pneumonia and diarrhea, PMTCT, immunization, polio and child development).</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Strengthening government ownership and accountability.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Introducing innovations (particularly through partnerships with the private sector).</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
14. What lessons did you learn with respect to newborn and child survival integrated interventions as a result of your collaboration with UNICEF? (Open-ended question)	(Open-ended question)				
15. What would you like UNICEF to do differently, if at all, in the context of partnership/collaboration with your organization and also in general? (Open-ended question)	(Open-ended question)				
16. Please share any other thoughts regarding your assessment of UNICEF's work in Pakistan, with a particular reference to increasing access for at-risk newborns and children under 1 year in targeted districts and urban areas for integrated new-born and child-health interventions in different provinces? (Open-ended question)	(Open-ended question)				

Survey – Immunization

[I] STAKEHOLDER GROUP: GOVERNMENT, NGO, UN AGENCY (IMMUNIZATION)	Scale				
QUESTIONS					
1. In your view, how effective was UNICEF's contribution to increase the number and proportion of children who are fully immunized?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
2. To what extent did UNICEF contribute to improving postnatal care provided to newborns within two days of birth, including zero polio vaccine, in targeted districts and urban slums?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
3. Were there any discrepancies by provinces and/or districts? What was done to overcome them? (Open-ended question)	(Open-ended question)				
4. To what extent did UNICEF contribute to Children 0-59 months vaccinated with polio through a UNICEF-supported programme during campaigns?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
5. How significant was UNICEF's contribution to moving towards the 'zero polio case' approach, especially in targeted districts and from urban communities?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
6. To what extent has UNICEF been successful in providing support for children under 5 years old who miss the polio vaccination due to refusal in order to reduce the rate to less than 1%?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
7. In your view, which needs, specific to polio vaccination, have not been addressed adequately? (Open-ended question)	(Open-ended question)				
8. What opportunities have not been utilized by UNICEF in its efforts to enhance polio and other immunizations in Pakistan? (Open-ended question)	(Open-ended question)				
9. In your view, what are UNICEF's comparative advantages in addressing polio and other immunizations for children in Pakistan? (Open-ended question)	(Open-ended question)				
10. To what extent has UNICEF been successful in adapting to changes in the operating context due to COVID-19?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
11. How successful has UNICEF been in addressing the issue of supply chains for vaccines and related supplies, cold chain and vaccine management?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
12. What do you think are most important internal or external limiting factors/challenges that hinder the effective implementation of polio campaigns and routine health facility based and outreach immunization activities? (Open-ended question)	(Open-ended question)				
13. How successful has UNICEF Pakistan's support to immunization been in the following areas?					

<ul style="list-style-type: none"> <li>Influencing legislation, policies and strengthening systems to establish effective and coordinated mechanisms in support of routine immunization and polio campaigns at national and province level.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Engaging in partnerships with different stakeholders (Government, NGOs, other civil society actors, UN System, multilateral and bilateral donors, and private sector) in support of immunization.at national and provincial levels</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Strengthening government capacity, ownership and accountability</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Communicating for positive change in the social norms and behaviors related to immunization and to help reduce vaccine preventable diseases.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Strengthening government systems for immunization at health facilities and outreach activities.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Introducing innovations (particularly partnership with the private sector)</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
14. What lessons did you learn with respect to polio campaigns and routine immunization as the result of your collaboration with UNICEF? (Open-ended question)	(Open-ended question)				
15. What would you like UNICEF to do differently in the future in the context of partnership/collaboration with your organization and/or in general? (Open-ended question)	(Open-ended question)				
16. Please share any other thoughts regarding your assessment of UNICEF's work in Pakistan, with a particular reference to the establishment of effective mechanisms to receive, monitor and investigate reports of cases of polio including referral and to the social and behavior change communication interventions promoting elimination of polio and other vaccine preventable diseases. (Open-ended question)	(Open-ended question)				

Survey – Nutrition

[N] STAKEHOLDER GROUP: GOVERNMENT, NGO, UN AGENCY (NUTRITION)	Scale				
Questions					
1. To what extent was the UNICEF Nutrition Programme able to contribute to addressing the nutritional needs of the most vulnerable boys and girls, as well as pregnant and breastfeeding women, through improved utilization of services and improved practices?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
2. To what extent has UNICEF been successful in supporting the most impactful interventions seeking to reduce wasting in Pakistan?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
3. To what extent has UNICEF been successful in supporting interventions of sufficient scale to ensure changes in children's nutritional outcomes in Pakistan?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
4. To what degree did UNICEF contribute to the provision of nutrition services, particularly to marginalized communities in rural and urban areas?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
5. To what degree did UNICEF contribute to addressing the nutritional needs of the most vulnerable boys and girls, as well as pregnant and breastfeeding women, especially those from the lowest socio-economic groups and rural areas?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
6. How successful was UNICEF in providing support for identifying, admitting and treating children aged 6-59 months with Severe Acute Malnutrition (SAM)?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
7. How successful was the contribution of UNICEF to ensuring the supply of two annual doses of vitamin A supplements to all children aged 6-59 months?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
8. How successful was UNICEF's Nutrition programme in the following areas?					
<ul style="list-style-type: none"> <li>Fulfilling the nutritional and supply needs of adolescent girls, pregnant and lactating mothers.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Fulfilling the nutritional and supply needs disadvantaged and marginalized communities in general (e.g., ethnic and religious minorities and geographically remote communities)</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
9. How successful has UNICEF been in supporting stakeholders in increasing their capacity to deliver, monitor and evaluate multi-sector plans in all areas, with clear plans for sustainability?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
10. What is the comparative advantage of UNICEF's work in Pakistan, with a particular reference to 1) increasing access to nutrition services to children, especially boys and girls, with impending wasting and	(Open-ended question)				

stunting; 2) increasing demand for nutrition among the poor communities; 3) building the capacities of stakeholders in relation to nutrition; and 4) developing policies, strategies and plans for increasing access to nutrition and promoting healthy behaviors? (Open-ended question)					
11. In your view, what could UNICEF have done better to address the nutritional needs of the malnourished children, adolescent girls and pregnant and lactating mothers through alternative approaches? (Open-ended question)	(Open-ended question)				
12. To what extent has UNICEF been successful in adapting to changes in the operating context due to COVID-19?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
13. How successful was the participation of communities and the on-time support of primary caregivers of children aged 0-23 months who received IYCF counselling and messages through facilities, community outreach, social media and other communication channels with UNICEF support?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
14. How successful was UNICEF in supporting a functional national multi-sectoral committee for nutrition?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
15. How effective has UNICEF been in supporting government for adoption of the International Code on Marketing of Breastmilk Substitutes as legislation and subsequent relevant World Health Assembly resolutions.	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all

16. Which particular innovations that UNICEF introduced to improve access to nutrition services for the most disadvantaged you are aware of? (Open-ended question)	(Open-ended question)					
17. How successful was UNICEF in strengthening provincial policies, nutrition sector plans, legislation and strategies that promote improved equity in terms of access to services.	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all	
18. What do you think are the most important internal or external limiting factors /challenges that hinder the achievement of the expected results established together with UNICEF? (Open-ended question)	(Open-ended question)					
19. How successful has UNICEF Pakistan's Nutrition Programme been in the following areas:						
<ul style="list-style-type: none"> <li>Influencing legislation, policies and strengthening systems for child-focused planning in addressing malnutrition, stunting and wasting with respect to budgeting, multisectoral approaches, delivery, and monitoring to address disparities.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all	
<ul style="list-style-type: none"> <li>Engaging in partnerships with different stakeholders (Government, NGOs, other civil society actors, UN System, multilateral and bilateral donors, and private sector organizations).</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all	
<ul style="list-style-type: none"> <li>Strengthening government ownership and accountability.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all	
<ul style="list-style-type: none"> <li>Communicating for positive behavioral change for care of children.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all	
<ul style="list-style-type: none"> <li>Enabling the most vulnerable boys and girls and their mothers to access essential nutrition services and raising awareness of good nutrition behaviours, with a focus on the first 1,000 days of life "window".</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all	
<ul style="list-style-type: none"> <li>Communicating for positive behavioral change for care of children by developing integrated health care messages, including nutrition.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all	
<ul style="list-style-type: none"> <li>Introducing innovations (particularly through partnership with the private sector).</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all	
20. What lessons did you learn with respect to Alternative Learning Pathways to Nutrition as a result of your collaboration with UNICEF?	(Open-ended question)					
21. What would you like UNICEF to do differently, if at all, in the context of partnership/collaboration with your organization and also in general?	(Open-ended question)					
22. Please share any other thoughts regarding your assessment of UNICEF's work in Pakistan, with a particular reference to 1) increasing children's access to nutrition services, especially boys and girls at risk of wasting and stunting; 2) increasing demand for	(Open-ended question)					

nutrition among poor communities; 3) building the capacities of stakeholders on nutrition; and 4) developing policies, strategies and plans for increasing access to nutrition and promoting healthy behaviors.					
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Survey – Violence Against Children

[V] STAKEHOLDER GROUP: GOVERNMENT, NGO, UN AGENCY (VAC)						
QUESTIONS						
1.	In your view, how effective is UNICEF’s contribution to establish effective mechanisms to receive, monitor and investigate reports of cases of child abuse, at the national and provincial level?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
2.	How effective has UNICEF been in supporting the development of a child protection case management and referral mechanism?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
3.	How effective has UNICEF been in contributing to behavior change initiatives (attitudes and practices) to reduce harmful practices such as violence against children and child marriage?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
4.	How effective has UNICEF been in contributing to supporting girls and boys that live in humanitarian emergencies through psychosocial support and access to child friendly spaces?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
5.	To what extent has UNICEF contributed to addressing the needs of boys and girls subjected to abuse, including violence, exploitation, and neglect?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
6.	In your view, what is the comparative advantage of UNICEF’s work in Pakistan in reference to supporting the establishment of effective Violence Against Children (VAC) case management and referral systems?	(Open-ended question)				
7.	Are there approaches to addressing VAC that you feel that UNICEF has not been able to address adequately? Please describe them. (Open-ended question)	(Open-ended question)				
8.	To what extent has UNICEF been able to adapt to changes in the operating context due to COVID-19?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
9.	How effective has UNICEF been in addressing gender-based barriers in accessing violence prevention and response services?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
10.	What do you think are most important internal or external limiting factors/challenges that hinder the effective prevention of and response to violence against children, including prevention and response to child marriage? (Open-ended question)	(Open-ended question)				
11.	How effective has UNICEF Pakistan’s Violence Against Children (VAC) Programme been in the following areas?					
	<ul style="list-style-type: none"> <li>Influencing legislation, policies and strengthening systems to establish/strengthen effective and coordinated mechanisms in support of promotion, prevention and response to VAC at the national and province levels.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all

<ul style="list-style-type: none"> <li>Engaging in partnerships with different stakeholders (Government, NGOs, other civil society actors, the UN System, multilateral and bilateral donors, and the private sector) in support of promotion, prevention and response to VAC.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Strengthening government ownership and accountability.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Communicating for positive change in the social norms and behaviors in order to reduce VAC.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Strengthening government ownership and accountability.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Introducing innovations (particularly partnerships with the private sector)</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
12. What lessons did you learn with respect to preventing and responding to VAC as the result of your collaboration with UNICEF? (Open-ended question)	(Open-ended question)				
13. What would you like UNICEF to do differently, if at all, in the context of partnership/collaboration with your organization and also in general? (Open-ended question)	(Open-ended question)				
14. Please share any other thoughts regarding your assessment of UNICEF's work in Pakistan, particularly in reference to supporting the establishment of effective VAC case management and referral systems and social and behavior change communication interventions promoting elimination of VAC? (Open-ended question)	(Open-ended question)				

## Survey – Education

<b>[E] Education</b>						
<b>Questions</b>						
1.	In your view, to what extent was UNICEF's Education Programme able to contribute to addressing the education needs of children who are not able to attend regular schools through Alternative Pathways to Education (ALP)?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
2.	How effective was the contribution of UNICEF in enrolling out of school children?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
3.	How effective was the contribution of UNICEF to increasing girls' enrollment in education, particularly those from the lowest socio-economic groups and rural areas?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
4.	How successful was UNICEF in increasing the enrolment ratio in pre-primary education?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
5.	How successful was the contribution of UNICEF in improving average learning outcomes in core subjects (English, Math, Science and Urdu)?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
6.	How effective was UNICEF's education programme in reaching the following?					
	<ul style="list-style-type: none"> <li>Adolescent girls, including pregnant adolescent girls and girls who married before 18 years of age.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
	<ul style="list-style-type: none"> <li>Disadvantaged and marginalized communities in general (e.g., ethnic and religious minorities and geographically remote communities)</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
7.	How effective has UNICEF been in supporting early childhood education through alternative approaches (such as home-based provision of Early Childhood Development (ECD), accelerated school readiness models, parent education, among others)?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
8.	In your view, what are the comparative advantage of UNICEF's work in Pakistan in reference to 1) increasing access to education for out of school children, especially girls, through alternative pathways to education; 2) increasing demand for education among the communities; 3) building the capacities of duty-bearers; and 3) developing policies, strategies and plans for increasing access to education and promoting learning.? (Open-ended question)	(Open-ended question)				
9.	In your view, what could UNICEF have done better to support early childhood education through alternative approaches (such as home-based provision of ECD, accelerated school readiness models and parent education among others)? (Open-ended question)	(Open-ended question)				

10. To what extent has UNICEF been able to adapt to changes in the operating context due to COVID-19?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
11. How effective was UNICEF in ensuring the participation of communities and in supporting on-time enrolment, retention, completion and transition to post-primary education, especially for girls?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
12. How successful was UNICEF in ensuring active involvement of school management committees at primary and secondary levels in the development of school improvement plans and the monitoring of schools?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
13. How effective has UNICEF been in introducing cost-effective innovations to improve access and learning for the most disadvantaged children?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
14. Which innovations that UNICEF introduced to improve access to learning for the most disadvantaged you are aware of? (Open-ended question)	(Open-ended question)				
15. How effective was UNICEF at strengthening provincial policies, education sector plans and strategies that promote equity in terms of access and learning targets?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
16. What do you think are the most important internal or external limiting factors/challenges that hinder the achievement of the expected results established together with UNICEF? (Open-ended question)	(Open-ended question)				
17. How effective was UNICEF Pakistan's Education Programme been in the following areas?					
<ul style="list-style-type: none"> <li>Influencing legislation; policies and strengthening systems for child-focused planning; budgeting; multisectoral approaches; delivery; and monitoring to address disparities?</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Engaging in partnerships with different stakeholders (Government, NGOs, other civil society actors, UN System organizations, multilateral and bilateral donors, and private sector).</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Strengthening government ownership and accountability</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Contributing to the development and application of behavioral change communication to address children's issues.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Introducing innovations (particularly through partnership with the private sector).</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
18. What lessons did you learn with respect to Alternative Learning Pathways as the result of your collaboration with UNICEF?	(Open-ended question)				

19. What would you like UNICEF to do differently, if at all, in the context of partnership/collaboration with your organization and also in general?	(Open-ended question)				
20. Please share any other thoughts regarding your assessment of UNICEF's work in Pakistan, with particular reference to 1) increasing access to education for out of school children (especially girls) through alternative pathways to education; 2) increasing demand for education among the public; 3) building the capacities of duty-bearers; and 3) developing policies, strategies and plans for increasing access to education and promoting learning.	(Open-ended question)				

Survey – Water, Sanitation and Hygiene

[W] STAKEHOLDER GROUP: GOVERNMENT, NGO, UN AGENCY (WASH)	Scale				
QUESTIONS					
1. In your view, to what extent has UNICEF contributed to reducing the incidence of Open Defecation (OD) through the following approaches:					
<ul style="list-style-type: none"> <li>Indirectly by strengthening government systems and policies?</li> </ul>	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
<ul style="list-style-type: none"> <li>Directly through service delivery initiatives sponsored by UNICEF or interventions that can directly be traced to UNICEF?</li> </ul>	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
2. How effective has UNICEF been in developing and facilitating implementation of water, sanitation and hygiene related policies and strategies at the national and provincial level?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
3. How effective has UNICEF been in promoting national standards for WASH in schools with an integrated disability component?	Very big contribution	Big contribution	Moderate contribution	Small contribution	No contribution
4. How effective was UNICEF in providing WASH services in schools and health facilities in the following ways?					
<ul style="list-style-type: none"> <li>Indirectly, by strengthening the systems and capacities of public sector organizations</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Directly by service delivery through local partners?</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
5. How effective has UNICEF been in promoting positive hygiene behaviors, especially in the poorest area (both rural settings and low-income urban areas)?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
6. How effective has UNICEF been in generating demand for better WASH services?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
7. In the wake of the COVID-19 pandemic, how effective has UNICEF been in reaching people with critical WASH supplies (including hygiene items) and services?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
8. How effective has UNICEF been in leveraging policies and resources for WASH services?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
9. In your view, how effective has UNICEF been in facilitating multi-sectoral coordination for WASH interventions at the national and sub-national levels to reduce stunting and wasting?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all

10. To what extent has UNICEF addressed the WASH needs of the most vulnerable communities, especially those living in the poorest areas in both rural settings and low-income urban areas?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
11. To what extent has UNICEF been successful in adapting to changes in the operating context due to COVID-19?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
12. How effective has UNICEF's WASH Programme been in addressing gender and equity?	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
13. What do you think are the most important internal or external limiting factors/challenges that prevent the reduction of open defecation? (Open-ended question)	(Open-ended question)				
14. What do you think are the most important internal or external limiting factors/challenges that prevent improvement of handwashing with soap? (Open-ended question)	(Open-ended question)				
15. How effective has UNICEF's WASH Programme been in the following areas?					
<ul style="list-style-type: none"> <li>Influencing government legislation and policies related to WASH.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Obtaining stronger workforce and budgetary commitments from the Ministries/Departments of Health.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Engaging in partnerships with different stakeholders (Government, NGOs, other civil society actors, UN System organizations, multilateral and bilateral donors, and the private sector).</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Supporting the development and application of Behavior Change Communication to encourage the adoption of positive WASH practices and increase public demand for better WASH services.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
<ul style="list-style-type: none"> <li>Strengthening government ownership and accountability.</li> </ul>	Very successful	Significantly successful	Moderately successful	Mildly successful	Not at all
16. What lessons did you learn with respect to reducing stunting and wasting, of boys and girls as the result of your collaboration with UNICEF?	(Open-ended question)				
17. What is the comparative advantage of UNICEF's work in Pakistan, with a particular reference to 1) reducing incidence of open defecation; 2) handwashing with soap; 3) increasing demand for WASH Services among the public; 3) building the capacities of duty-bearers to delivery WASH services; and 3) developing policies, strategies and plans for improving WASH services? (Open-ended question)	(Open-ended question)				

<p>18. What would you like UNICEF to do differently, if at all, in the context of partnership/collaboration with your organization and also in general? (Open-ended question)</p>	<p>(Open-ended question)</p>				
<p>19. Please share any other thoughts regarding your assessment of UNICEF's work in Pakistan, with a particular reference to WASH. (Open-ended question)</p>	<p>(Open-ended question)</p>				

## Annex 6: Results by Province (Nutrition)

Province	Results by province
<b>Punjab</b>	<p>UNICEF is recognized as one of the leading agency providing financial support and technical support for improving Child and Neonatal health”. With UNICEF support Punjab developed its strategy for IRMNCAH&amp;N. The province is revising its multi-sector nutrition strategy stunting reduction with focusing on 1000 golden days approach and emergency preparedness. This supports the development of protocols and capacity building of LHW and CMW for nutrition referral mechanisms, the development of an integrated communication strategy and the printing of communication materials. Despite this support, challenges are related to the capacity of implementation at the downstream level because of the lack of resources</p> <p>In Punjab the IYCF strategy was adopted; based on the National IYCF strategy, province-specific breastfeeding promotion, and action plan was developed. Breastfeeding activities have been combined with Mother and Child Week activities. Through Gender responsive “Stunting Prevention” SBCC and nutrition preventive services campaign during the nutrition week, approximately 76 million people were reached with key messages. Advocacy with CSOs and media stakeholders, contributed towards mobilizing SUN networks and enhancing public private partnerships for nutrition programs.</p>
<b>Sindh</b>	<p>UNICEF supported the development of a monitoring and evaluation framework for the Accelerated Action Plan for Reducing Stunting and Malnutrition, and nutrition markers were utilised to develop and review annual development plan projects and PC1 project documents. UNICEF is supporting the Accelerated Action Plan (AAP) to develop an accountability framework, with a district dashboard to track performance.</p> <p>Counseling for infant and young child feeding practices, as per Pakistan guidelines, was encouraged among LHWs to promote appropriate IYCF practices. Sindh nutrition strategy proposes CMAM activity. They also propose to procure RUTF etc. The provision of supplements was procured. Sindh government also involved private sector doctors and hospitals.</p>
<b>KPK</b>	<p>UNICEF financial and technical assistance in KPK helped to secure an allocation of US\$8.4 million for a KPK SUN unit multisectoral nutrition initiative (KPK-SPRING), which will benefit 200,000 young children, 53,000 adolescent females, and 160,000 mothers.</p> <p>UNICEF and other partners helped in the development of multi- sectoral integrated nutrition strategy documents at the P&amp;D level, at SUN Secretariat because they are supporting SUN at P&amp;D for developing nutrition multi-stakeholder integrating strategy document, which is in the revision phase. There is a move that this should be in a separate Directorate or Provincial Nutrition Cell at the Director General Health Services level. After discussion the Provincial nutrition cell is established at KPK.</p> <p>KPK has protection of breastfeeding child nutrition Act, that has been developed with UNICEF technical inputs and support. The breastfeeding law at the federal level is under consideration. The roll out of both the WASH information management system and the DHIS2 (including integrating nutrition key indicators into HMIS) was carried out.</p>
<b>Balochistan</b>	<p>Under the RMNCAHN strategy there is a provision of comprehensive services for Malnourished children at community level (CMAM, OTP) and Facility level through Nutrition Stabilization Centers (NSCs) is another focused area of intervention. Provision of micro nutrient supplements to the children, pregnant ladies; adolescents to over-come the nutritional deficiencies. This will be supported by allocation of funds and advocacy to increase political will for MNCH and nutrition.</p>

	It is recognized that in Baluchistan much needs to be done since centers are still not dealing with the safe delivery practices or they are not adopting the 10 rules of baby friendly hospital initiative.