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PUBLIC EVIDENCE SERIES

# UNICEF in Pakistan: Twenty-Five Years for Children, 2000 to 2025

## An Independent Assessment of Change for Children and UNICEF's Contribution



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*Independent study. Not commissioned, requested, reviewed or endorsed by UNICEF.*

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# About the Public Evidence Series

This knowledge product was independently initiated by the Centre for Social Analytics and Development Support (CSADS) under its Public Evidence Series. It was not commissioned, requested, reviewed or endorsed by any organization it covers and is not an official position of any of them. Drawing on public sources, it synthesizes what the evidence says about its subject, identifies where the evidence is too limited to support stronger claims, and considers implications for future policy, programming and planning. The Series offers briefs, reports, scorecards and notes that separate evidence from judgment. AI tools supported research and drafting, every statistic is traced to a cited source, and all content was reviewed by the principal investigator.

# About this synthesis

**Supporting documentation.** Detailed technical evidence studies, analytical files and source level verification materials are maintained as supporting documentation and are available on request.

This flagship report synthesizes four thematic longitudinal evidence assessments covering health, immunization and nutrition; water, sanitation, hygiene and climate resilience; education, learning and equity; and child protection, civil registration, social protection and public finance for children. The thematic volumes are condensed from longer technical evidence studies. The flagship is the decision oriented layer above that technical evidence base. Detailed technical evidence studies, analytical files and source level verification materials are maintained as supporting documentation and are available on request.

The synthesis has two purposes. First, it asks whether a coherent 25 year story can be told about changes in the situation of children in Pakistan without confusing national progress with UNICEF performance. Second, it identifies the kinds of UNICEF contribution that are most consistently supported across sectors and therefore most relevant to future country programme design. The report gives particular weight to system and catalytic contributions: evidence systems, models that government adopted or scaled, technical assistance that shaped policy or institutional practice, integration across sectors, and humanitarian mechanisms that protected continuity during major shocks.

The report does not use the word impact as a synonym for activity, reach or association. Population level change is attributed to UNICEF only where the available design and evidence could reasonably sustain such a claim. In most cases, the appropriate language is contribution rather than attribution.

This revised edition rechecked the headline statistics against current official and harmonized sources in October 2026 and aligned every grade with the verification ledger. Outcome claims remain bounded to 2000 to 2025. Sources published after 2025 are used only for observations that refer to 2025 or earlier and are identified where they appear.

## How to use this report

**Table 1** How to use this report

| Reader | Decisions this report can inform | Start with |
|---|---|---|
| UNICEF senior management and Evaluation Office | Which contribution claims are defensible externally, and how to design the next country programme for evaluability | Key messages, Sections 27 to 29 |
| Federal and provincial government counterparts | Which UNICEF supported models have been absorbed into public systems, and what they need to persist | Sections 11 to 19 and 23 to 24 |
| Development partners and evaluators | How shared contribution should be described and tested | Sections 3, 21 and 29; Annex A |

**Source:** Author compilation

# Responsible use of AI

Artificial intelligence was used as an analytical support tool for evidence discovery, source screening, structured extraction, cross document comparison, consistency checks, drafting support and synthesis. Quantitative and evaluative claims are intended to remain traceable to public sources or to the verified claim evidence contribution ledger developed for the wider study. AI generated wording was not treated as evidence. Contribution judgements were governed by explicit methodological rules concerning source hierarchy, mechanism, alternative explanations, sustainability and confidence. The final responsibility for interpretation remains with the independent analyst.

# Abbreviations

**Table 2 Abbreviations**

| Abbreviation | Meaning |
|---|---|
| ALP | Alternative Learning Programme/Pathway |
| BISP | Benazir Income Support Programme |
| CMAM | Community Management of Acute Malnutrition |
| CRVS | Civil Registration and Vital Statistics |
| DBR | Digital Birth Registration |
| DTP3 | Third dose of diphtheria tetanus pertussis vaccine |
| ECE | Early Childhood Education |
| EMIS | Education Management Information System |
| FLN | Foundational Literacy and Numeracy |
| HCF | Health care facility |
| IYCF | Infant and Young Child Feeding |
| JMP | WHO/UNICEF Joint Monitoring Programme |
| MHPSS | Mental Health and Psychosocial Support |
| NADRA | National Database and Registration Authority |
| NNS | National Nutrition Survey |
| NSER | National socioeconomic Registry |
| OOSC | Out of school children |
| PATS | Pakistan Approach to Total Sanitation |
| PHC | Primary Health Care |
| PSLM | Pakistan Social and Living Standards Measurement Survey |
| SAM | Severe Acute Malnutrition |
| SPSP | Sanitation Programme at Scale in Pakistan |
| WASH | Water, Sanitation and Hygiene |
| WUENIC | WHO/UNICEF Estimates of National Immunization Coverage |

**Source:** Author compilation

# 1

# Executive Summary



- Key messages
- Ten cross-sector findings
- Cross-sector contribution ledger
- What changed for children, 2000 to 2025
- What UNICEF contributed
- Attribution, alternatives and sustainability
- Policy implications

# Executive Summary

**KEY MESSAGES**

- Pakistan's institutional architecture for children is far stronger in 2025 than in 2000, but outcomes moved unevenly: under five mortality fell from 107.9 to 56.0 per 1,000, while stunting stood at 40.2 percent and wasting at 17.7 percent in the latest comparable survey, and 25.15 million children were out of school in 2023 to 2024.
- UNICEF's most defensible contribution is systemic and shared: evidence, tested models, standards, government adoption and humanitarian continuity, not attribution of national trends.
- The best evidenced cases are Digital Birth Registration (Grade A), Alternative Learning Pathways (A/B), nutrition evidence systems (A/B), and PATS, CMAM, immunization systems and Benazir Nashonuma (Grade B, shared).
- Only 22 of the 44 highest stakes ledger claims have fully cleared source verification; the rest are worded conditionally.
- For 2026 to 2030, the lesson is to design every major intervention with a denominator, exposure record, outcome, comparison, fidelity measure, financing path and sustainability test.

Pakistan in 2025 is profoundly different from Pakistan in 2000 in the institutional architecture surrounding children. Child survival improved; immunization systems became more extensive; national nutrition evidence became more sophisticated; sanitation coverage expanded; education systems grew and acquired stronger assessment and planning infrastructure; digital civil registration became increasingly feasible; social protection developed into a major national platform; and provincial child protection systems became more formalized. Yet the 25 year record is not a simple success story. Progress was uneven across outcomes, geographies and population groups, and several of the most important child development constraints remained severe.

The central finding of this independent assessment is that UNICEF's most defensible contribution is usually not that it caused national outcome change. It is that it repeatedly helped Pakistan build or adapt systems through which change became more possible. Across sectors, the strongest contribution pathways involve one or more of five functions: generating evidence that made a problem governable; developing or testing delivery models; helping translate models into standards, policies or institutional mechanisms; supporting government scale up or integration; and protecting continuity during humanitarian shocks.

This pattern is visible in several high confidence cases. Digital Birth Registration is the clearest formally evaluated protection contribution. The summative evaluation of the 2017 to 2021 programme documented UNICEF, government and NADRA roles and used contribution analysis together with a quasi experimental component, supporting a strong claim about UNICEF's contribution to the evaluated DBR model without implying that UNICEF alone caused national improvements in birth registration (UNICEF Pakistan 2022b). In WASH, PATS and the Sanitation Programme at Scale in Pakistan provide the strongest long run system case: UNICEF supported sanitation approaches were embedded in provincial strategies, supported by public finance commitments and accompanied by evidence of district level change, although trajectories varied and a pooled causal estimate is not justified (UNICEF 2014; UNICEF Pakistan 2017). In education, the joint review and subsequent development of Alternative Learning Pathways show a credible catalytic

pathway from evidence and model development toward more standardized provincial approaches, while the national OOSC burden remained far larger than UNICEF supported provision (UNICEF and Ministry of Federal Education and Professional Training 2015; Pakistan Institute of Education 2025).

Health and nutrition show a similar distinction between system contribution and population outcome attribution. Immunization coverage is a shared result of government, WHO, Gavi, UNICEF and other partners. WUENIC estimated DTP3 coverage at 86 percent in 2023, with 87 percent reported for 2024, and documented a decline in the estimated number of zero dose children from about 651,000 in 2021 to 396,000 in 2023; these trends support the importance of the immunization system but cannot be assigned to UNICEF alone (WHO and UNICEF 2024; UNICEF and WHO 2025). UNICEF's contribution is more directly defensible in communication, supply, microplanning and zero dose equity targeting where specific roles are documented; cold chain support is graded lower until UNICEF's own role is pinned to a source. In nutrition, the CMAM evidence supports a strong treatment system contribution but not a claim that UNICEF reduced national wasting prevalence; indeed, population wasting remained high while treatment systems expanded (UNICEF Evaluation Office 2012; Government of Pakistan and UNICEF 2019). The National Nutrition Survey and maternal nutrition strategy illustrate another important UNICEF contribution pathway: coproducing evidence and policy architecture that government could use across programmes and provinces.

The 25 year record also shows where progress remained stubborn. Nutrition is the clearest example: underweight declined over the long term and breastfeeding indicators improved, yet wasting, anaemia and poor complementary diets remained severe. Education expanded, but approximately 25.15 million children aged 5 to 16 were estimated to be out of school in 2023 to 2024, and foundational learning remained a national crisis (Pakistan Institute of Education 2025; World Bank 2023). WASH access improved substantially, yet safe water, functionality, water quality and institutional WASH remained more difficult than basic access measures imply (WHO/UNICEF Joint Monitoring Programme 2025). Protection systems strengthened institutionally, but child labour, child marriage, violence and fragmented service delivery remained significant concerns. These mixed results are not evidence that system investments were irrelevant; they show that policy and service architecture often advanced faster than the structural determinants and implementation capacity needed to translate them into population level gains.

Equity is the most consistent cross sector challenge. National averages conceal large differences by province, wealth, residence, gender, disability, displacement status and informal urban residence. Zero dose children are geographically clustered; sanitation and water quality vary sharply; poor rural girls face layered barriers to education; nutrition outcomes are shaped by poverty, food prices, maternal status and WASH; and legal identity or social protection access can fail at the same last mile points where protection services are weakest. The implication is that future UNICEF strategy should be designed around convergent vulnerability rather than separate sector averages.

Humanitarian action is the other cross cutting feature of UNICEF's 25 year contribution. Earthquakes, floods, displacement, COVID-19, heat and climate related shocks repeatedly tested systems. UNICEF's emergency role in WASH, nutrition, health, education and protection is well documented. But reach during a crisis should not be described as durable impact unless follow up shows that facilities remained functional, systems retained capacity, households sustained behaviour change, or government absorbed recurrent costs. The more strategic question is whether emergency responses strengthened national and provincial systems for the next shock.

For 2026 to 2030, the strongest planning lesson is to move from sector specific activity accounting toward an integrated child outcomes architecture. UNICEF should continue to invest where it has demonstrated comparative advantage, evidence, technical standards, catalytic models, interoperability, equity focused targeting, social and behaviour change, supply and logistics, and humanitarian coordination, while making every major intervention more evaluable. Future programmes should begin with a clear denominator, exposure registry, outcome definition, comparison strategy where feasible, implementation fidelity measure, domestic financing pathway and sustainability indicator. This would allow UNICEF and government partners to distinguish whether a model worked, whether it reached enough children, whether government adopted it, whether it was implemented with quality, and whether child outcomes changed.

# Ten cross sector findings

### TEN CROSS SECTOR FINDINGS

- UNICEF's strongest legacy is often systemic rather than directly causal. Across sectors, the most defensible findings concern systems, standards, evidence, policy, models and continuity mechanisms rather than exclusive attribution of national trends.
- Government ownership determines whether UNICEF supported models matter at scale. The strongest cases involve government adoption, provincial mainstreaming, financing, integration or institutional use.
- Evidence generation has itself been a major UNICEF contribution. Nutrition surveys, child labour evidence, education reviews, monitoring architecture and technical assessments repeatedly changed what government could see and plan for.
- Demonstration to scale pathways worked best when financing and institutional roles were explicit. PATS/SPSP, ALP and digital birth registration show the value of linking model design to government systems rather than sustaining parallel projects.
- National progress often coexisted with severe residual exclusion. Zero dose children, OOSC, poor rural households, remote communities and informal urban settlements remained concentrated pockets of disadvantage.
- Some of the hardest outcomes changed slowly despite high programme activity. Wasting, anaemia, learning, violence and safe water quality remained difficult, demonstrating that reach and system development do not automatically produce population impact.
- Humanitarian action was not peripheral; it repeatedly reshaped the country programme. The strategic test is whether each emergency investment increased future system resilience rather than only short term reach.
- Cross sector convergence produced some of the most promising institutional pathways. Benazir Nashonuma, health linked civil registration and WASH in health care facilities illustrate the value of connecting sector systems around the same child or household.
- Public finance and implementation fidelity are the missing middle of many contribution stories. Policy adoption and technical guidance matter, but sustained outcomes depend on domestic budget execution, workforce continuity, supervision, maintenance and local delivery.
- UNICEF's next comparative advantage should include evaluability by design. A future country programme should make exposure, outcomes, equity and sustainability measurable from the start rather than reconstructing them retrospectively.

# Cross sector contribution ledger

**Table 3** **Cross sector contribution ledger**

| Contribution case | Volume | Grade | UNICEF pathway | External use boundary |
|---|---|---|---|---|
| Digital Birth Registration | Protected & Included | A | Evaluated digital registration model, local government capacity, NADRA/ CRVS linkages | Strong programme/system contribution; no national attribution |
| Alternative Learning Pathways | Learn & Develop | A/B | Evidence review, accelerated curriculum/model, standards, accreditation pathways | Strong catalytic/system contribution; national OOSC reduction not attributable |
| PATS / SPSP sanitation | Safe & Resilient | B (B/C by district case) | Model development, provincial institutionalization, scale support, public finance leverage | Substantial system pathway; district outcomes heterogeneous |
| Nutrition evidence systems | Survive & Thrive | A/B | National survey/evidence architecture and policy use | Strong system contribution, not direct nutrition outcome |

| Contribution case | Volume | Grade | UNICEF pathway | External use boundary |
|---|---|---|---|---|
| CMAM/SAM treatment system | Survive & Thrive | B | Treatment models, screening, supplies, service expansion | Substantial treatment system contribution; no evidence of national wasting reduction |
| Immunization systems | Survive & Thrive | B | Supply, communication, zero dose support and routine system inputs; cold chain graded B/C | Substantial but inherently shared with government/WHO/Gavi |
| Benazir Nashonuma convergence | Survive & Thrive / Protected & Included | B | Nutrition responsive social protection and SBC partnership | Substantial shared contribution; not programme ownership |
| Punjab Child Protection Policy | Protected & Included | B | Technical support, advocacy and multisector consultation | Substantial policy development contribution; implementation impact too early |
| Humanitarian WASH/ health/nutrition/ education/protection | Cross sector | B | Coordination, supplies, service continuity and system support | Substantial service contribution; durability must be tested separately |
| Climate resilient WASH and regulation | Safe & Resilient | B/C | Resilient design, regulation assessment, system planning | Promising system contribution; long run functionality evidence still emerging |
| Girls' education / ECE / FLN | Learn & Develop | B/C to C | Targeted pathways, standards, teacher/ material support | Plausible to substantial mechanism level contribution; population effects uncertain |
| Child labour evidence systems | Protected & Included | B/C | Provincial surveys, technical collaboration and policy use | Evidence system contribution; no single national trend estimate |

**Source:** Verified Master Claim Evidence Contribution Ledger, Tier 1 verification pass

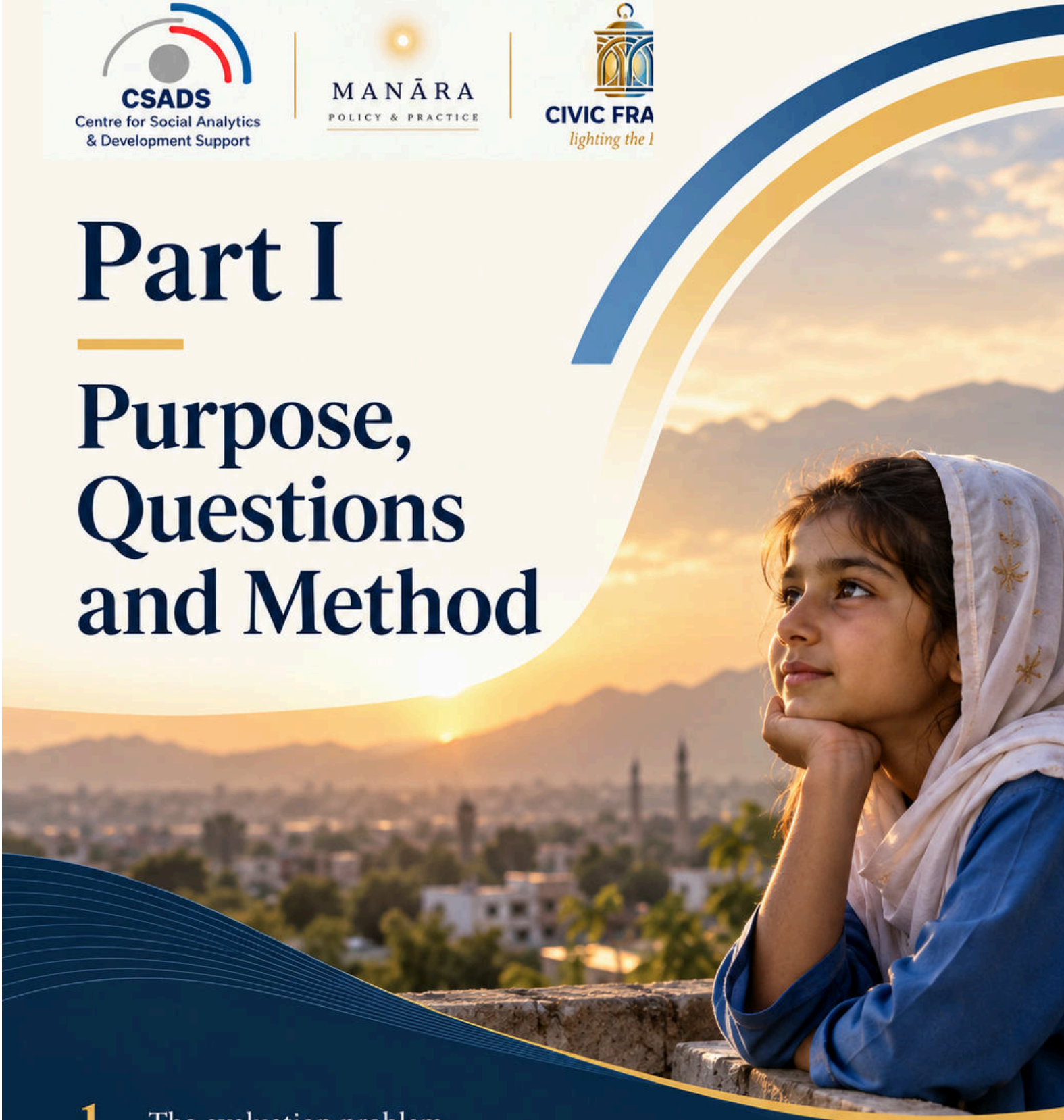
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# Part I

# Purpose, Questions and Method



1 The evaluation problem

2 Research questions and contribution logic

3 Evidence hierarchy, claim boundaries and grading

4 Limitations and what would strengthen the study

## 1. The evaluation problem: twenty-five years, many actors, uneven data

A 25 year assessment of UNICEF contribution in Pakistan presents a difficult evaluation problem. Country programmes changed repeatedly; federal and provincial responsibilities shifted; major policies were introduced; emergencies disrupted implementation; indicators and survey definitions evolved; partner portfolios overlapped; and many interventions were not designed with long term causal evaluation in mind. The result is an evidence environment in which programme activity can often be reconstructed more easily than contribution to national outcomes.

This matters because the temptation in long period institutional histories is to align a rising national indicator with a long running organizational presence and imply causation. That approach is methodologically weak. Pakistan's child outcomes are produced by government policy and finance, household income and behaviour, demographic change, private provision, urbanization, conflict, food systems, climate exposure and the combined actions of many development partners. UNICEF can be important without being singular. The purpose of contribution analysis is therefore to identify where UNICEF plausibly altered a pathway of change and how confident that judgement should be.

## 2. Research questions and contribution logic

The umbrella research question is: over the period 2000 to 2025, what changes occurred in the situation of children in Pakistan in sectors supported by UNICEF, what did UNICEF contribute to these changes, and what can reasonably be learned about the relationship between UNICEF supported interventions and observed outcomes using publicly available evidence?

Four subsidiary questions organize the synthesis. What changed for children? What did UNICEF support? Which contribution mechanisms are independently or formally corroborated? And what did the 25 year record reveal about scale, equity, sustainability and future strategy? The contribution logic used throughout the study follows a common sequence: evidence and diagnosis → model or technical support → government adoption or implementation → scale and financing → service or system result → child outcome. Evidence is stronger when multiple links in this chain can be observed and weaker when only the first or last element is known.

## 3. Evidence hierarchy, claim boundaries and grading

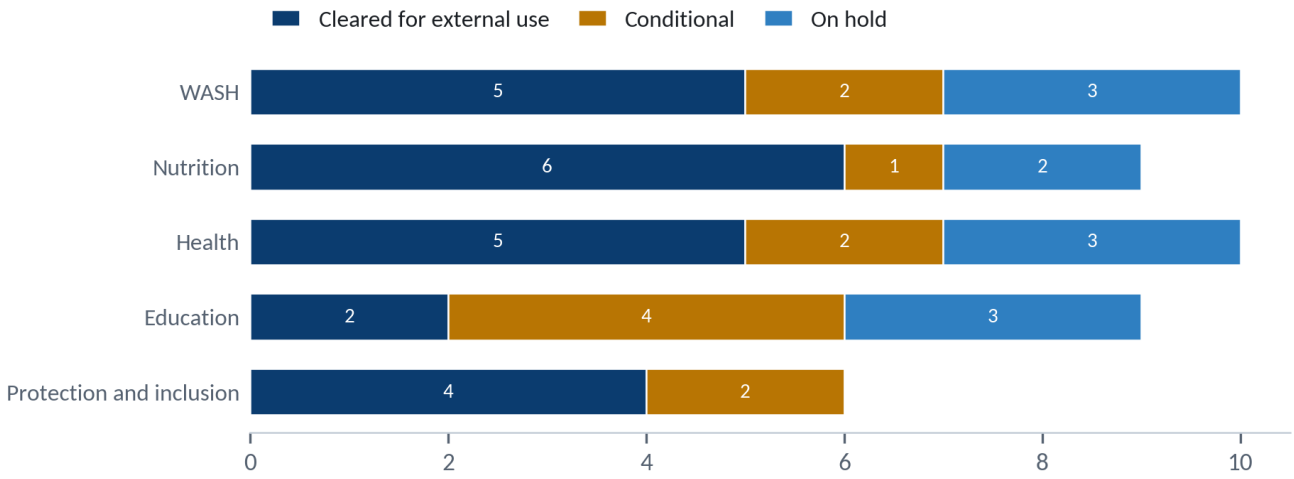
The evidence hierarchy privileges government statistics, policies and budgets; independent or formal evaluations; harmonized international datasets; peer reviewed research; multilateral partner evidence; UNICEF evaluations; UNICEF programme documents; and, finally, UNICEF annual or output reporting. Organizational reporting is appropriate for establishing what UNICEF says it did. It is less persuasive when used alone to establish durable outcomes or attribution.

Each major claim is assessed against temporal fit, geographic fit, mechanism, scale, independent corroboration, alternative explanations and sustainability. Grades range from A, strong contribution evidence, to E, mixed or contrary evidence. Grade A does not necessarily mean UNICEF caused a national outcome; it means the contribution to the specified programme or system result is strongly supported. Likewise, a Grade C finding can still represent strategically valuable work if the evidence of downstream effect is incomplete.

> Claim boundary used throughout the flagship Activity is not outcome. Reach is not impact. Policy adoption is not implementation. National trend is not UNICEF attribution. A contribution judgement is strongest when a UNICEF supported mechanism can be linked to a government owned system or independently observed result.

The verification ledger records 62 claims across the five technical studies, of which 44 are Tier 1 claims that shape the external narrative. Of those 44, 22 have cleared the external use gate with calibrated wording, 11 are conditional on pinning the exact source location, and 11 are on hold for source pinning or grade review. Wording in this report follows the gate: claims on hold are presented as plausible or contextual, and none is used as a headline impact finding.

**Figure 1 Status of the 44 Tier 1 ledger claims by sector**




**Source:** Verified Master Claim Evidence Contribution Ledger, Tier 1 verification pass, updated October 2026 (the polio claim moved from hold to conditional once 2025 case counts replaced a source outside the study window).

## 4. Limitations and what would strengthen the study

Because this is an independently initiated public evidence study, it lacks several elements that would normally strengthen a commissioned evaluation: access to internal programme databases, budget and expenditure records, implementation monitoring, staff interviews, government counterpart interviews, beneficiary evidence, field verification and a formal evaluation reference group. These limitations are material and are disclosed rather than treated as minor caveats.

The appropriate interpretation is therefore conditional. The report identifies what can reasonably be concluded from public evidence and what additional evidence could strengthen, qualify or revise those conclusions. A future collaborative validation process could test exposure histories, confirm financing and institutional pathways, interrogate negative cases, and add stakeholder explanations. The study is best understood as a transparent evidence proposition that can be improved, not as an institutional verdict.

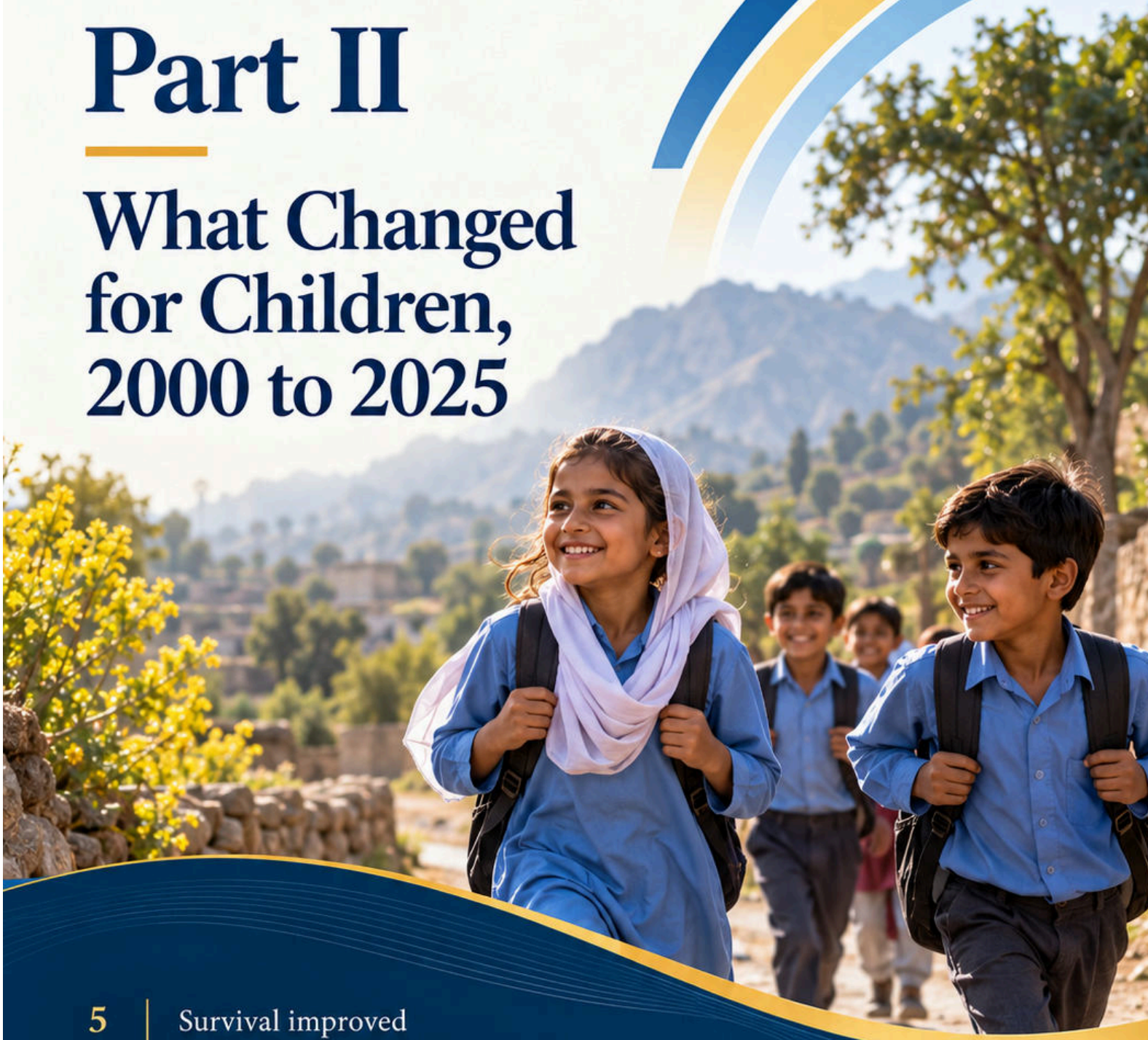
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# Part II

## What Changed for Children, 2000 to 2025




5 Survival improved
6 Nutrition remained a constraint
7 Sanitation improved, safe water lagged
8 Education expanded, learning deficits remained
9 Protection and inclusion systems strengthened
10 Equity as the common denominator

## 5. Survival improved, but the remaining burden moved toward newborns and quality of care

Under five mortality fell from 107.9 deaths per 1,000 live births in 2000 to 56.0 in 2024, and neonatal mortality from about 57 to 36 (UN IGME and UNICEF Data 2026). The slower neonatal decline means newborn deaths now make up a larger share of the remaining burden, so the next gains depend on quality of intrapartum and newborn care rather than on contact alone. Routine immunization recovered strongly: DTP3 coverage was 59 percent in 2000, 86 percent in 2023 and a record 87 percent in 2024, while the estimated number of zero dose children fell from about 651,000 in 2021 to 396,000 in 2023 (WHO and UNICEF 2024; UNICEF and WHO 2025). Those children are clustered in underserved urban settlements, remote areas and insecure districts. Polio shows the same fragility: Pakistan reported 74 wild poliovirus type 1 cases in 2024 and at least 31 for 2025 as of January 2026 (Pakistan Polio Eradication Programme 2026). Volume I sets out the evidence and the measurement compact.

## 6. Nutrition remained one of the most stubborn constraints on child development

Nutrition did not follow mortality. In the National Nutrition Surveys, underweight fell from 38.0 percent in 2001 to 28.9 percent in 2018, but stunting was 40.2 percent in 2018 after 43.7 percent in 2011, and wasting rose from 13.1 to 17.7 percent (Government of Pakistan and UNICEF 2019). Breastfeeding improved, with early initiation rising from 40.0 to 45.8 percent and exclusive breastfeeding from 37.7 to 48.4 percent between 2011 and 2018, whereas complementary diets remain a binding constraint tied to affordability. The pattern separates two things that are often confused: Pakistan built a capable treatment architecture, yet the population level production of malnutrition continued. The latest nationally comparable survey in the study period is 2018, which limits inference for later years.

## 7. Sanitation improved substantially, while safe water and service quality lagged

Use of at least basic sanitation reached about 72 percent in 2024, and open defecation fell to single digits, but access remains unequal: in 2018 basic sanitation was 30 percent in the poorest wealth quintile against 97 percent in the richest (WHO/UNICEF Joint Monitoring Programme 2023, 2025; UN IGME and UNICEF Data 2026). Water shows a different gap. About 91 percent of people use at least basic drinking water, yet only 45 percent use a safely managed service (UN IGME and UNICEF Data 2026). Institutional WASH, functionality and water quality are therefore the sector’s open questions. Volume II sets out the district evidence from the Sanitation Programme at Scale in Pakistan, which is heterogeneous.

## 8. Education expanded, but exclusion and learning deficits remained exceptionally large

Pakistan Education Statistics 2023 to 2024 estimate 25.15 million children aged 5 to 16 out of school, about 35 percent of the age group, with much higher exclusion in Balochistan and Sindh than in Punjab (Pakistan Institute of Education 2025). The national nonformal education report records over 1.29 million learners in nonformal centres, which is a small fraction of that burden (Pakistan Institute of Education and JICA 2025). Learning is the defining challenge:

about 75 percent of ten year olds could not read a simple text before the pandemic, and the World Bank estimated 79 percent afterwards (World Bank 2023). Poor rural girls face layered barriers of distance, safety and norms. Volume III separates reach, system contribution and learning outcome.

## 9. Protection and inclusion systems became more institutionalized, but risks remained high

Protection systems became more institutionalized. Birth registration among children under five rose from 33.6 percent in 2012 to 2013 to 42.2 percent in 2017 to 2018 (National Institute of Population Studies and ICF 2013, 2019), and 18 percent of women aged 20 to 24 had married before 18 (National Institute of Population Studies and ICF 2019). In Punjab, child marriage fell from 19 to 15 percent and child labour from 13 to 9 percent between 2018 and 2024, while violent discipline rose from 81 to 83 percent (UNICEF Pakistan 2025a). A synthesis published in June 2026, after the study window, consolidates 2019 to 2024 provincial surveys at about 8.6 million children in child labour and 6.6 million in hazardous work, combining different survey years (National Commission for Human Rights and UNICEF 2026). BISP's allocation reached PKR 716 billion (UNICEF Pakistan 2026), yet institutional growth outpaced child outcomes. Volume IV gives the detail.

## 10. Equity became the common denominator across sectors

Across all four volumes, the hardest remaining problems are concentrated rather than evenly distributed. Zero dose children are clustered in underserved geographies and populations. WASH deprivation overlaps with poverty, climate exposure and weak local services. OOSC prevalence varies dramatically by province, rurality, gender and wealth. Child labour, early marriage and weak legal identity are connected to household poverty, gender norms, informality and mobility. Nutrition risks accumulate where food insecurity, poor maternal status, infection and WASH deprivation intersect.

This suggests a different way of defining UNICEF's future equity mandate. Instead of using separate sector vulnerability maps, the country programme could identify districts, settlements and population groups where multiple child deprivations converge. Such an approach would support integrated packages, more rational geographic prioritization and better measurement of whether UNICEF is reaching the children for whom marginal benefit is likely to be highest.

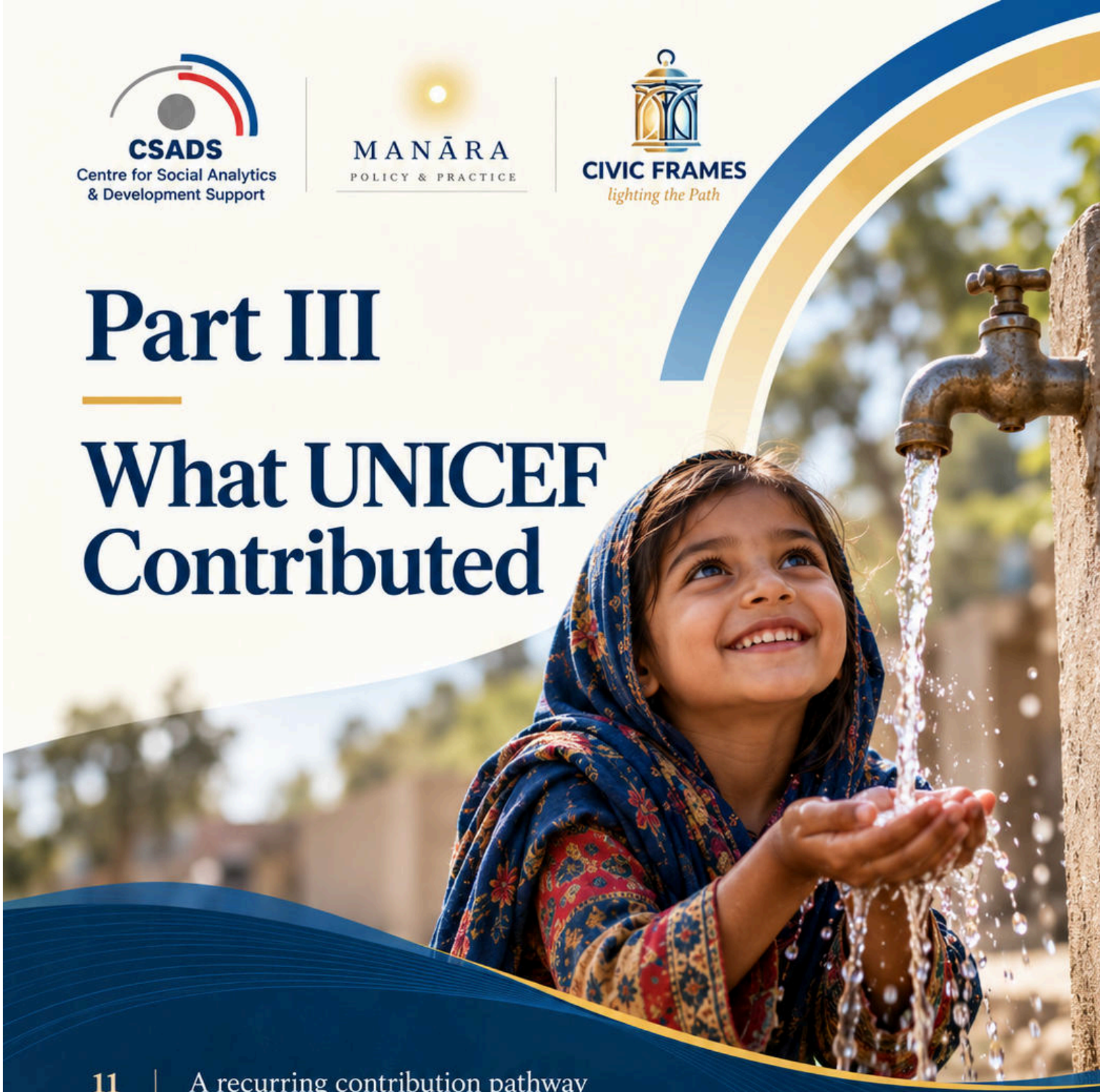
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# Part III

# What UNICEF Contributed



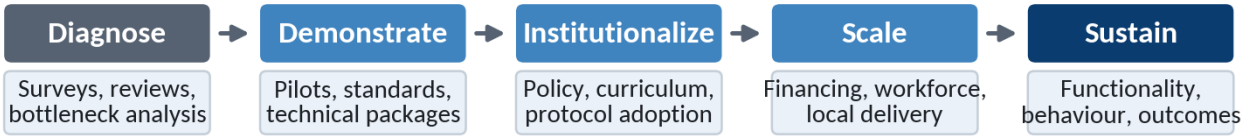

11 | A recurring contribution pathway
12 | Digital birth registration
13 | PATS/SPSP and sanitation systems
14 | Alternative learning pathways
15 | Nutrition evidence and CMAM systems
16 | Immunization systems
17 | Convergence: Benazir Nashonuma
18 | Humanitarian action
19 | Public policy and institutional capacity

## 11. A recurring contribution pathway: evidence, model, government adoption and scale

The most important cross sector pattern is methodological as well as programmatic. UNICEF's strongest contribution cases often follow the same pathway. A problem is first made more visible through survey, review, assessment or diagnostic work. UNICEF then supports a model, standard, delivery mechanism or technical package. Government adoption or institutional ownership follows. Scale depends on financing, workforce, local implementation and political commitment. Child outcomes occur only if the system functions with sufficient quality and duration.

This pathway appears in sanitation, alternative learning, digital birth registration, nutrition evidence, maternal nutrition strategy, child protection policy and social protection convergence. The pattern clarifies UNICEF's comparative advantage: it often lies in connecting evidence and international technical knowledge to a specific institutional problem in Pakistan, then helping translate a solution into government practice. The weakest link is frequently not the model itself but scale, financing, implementation fidelity or last mile service quality.

**Figure 2** **The five stage contribution pathway and where evidence is strongest**




**Source:** Author synthesis of the four thematic volumes. Evidence is typically strongest at the diagnose and demonstrate stages and weakest at scale and sustain.

**Table 4**

**1. A recurring contribution pathway: evidence, model, government adoption and scale**

| Stage | Typical UNICEF role | Evidence needed | Common failure point | Planning implication |
|---|---|---|---|---|
| 1. Diagnose | Surveys, reviews, bottleneck analysis, equity evidence | Government/independent data | Problem measured inconsistently | Use common definitions and baselines |
| 2. Demonstrate | Pilot/model, standards, materials, technical package | Implementation and early result data | Pilot remains parallel | Design government ownership from start |
| 3. Institutionalize | Policy, curriculum, protocol, interoperability, planning | Government adoption and role clarity | Approval without implementation | Track fidelity, workforce and recurrent cost |
| 4. Scale | Technical support, financing dialogue, supply/logistics | Exposure, denominator and budget execution | Scale uneven or underfunded | Link expansion to domestic financing |
| 5. Sustain | O&M, supervision, data use, system capacity | Functionality and outcome follow up | Results fade after funding/shock | Measure durability explicitly |

**Source:** Author synthesis of the evidence reviewed in this report

## 12. Strongest case 1: Digital Birth Registration

The summative evaluation of the 2017 to 2021 Digital Birth Registration programme covered nine districts, set out the roles of UNICEF, government and NADRA, and combined contribution analysis with a quasi experimental component for demand side interventions (UNICEF Pakistan 2022b). It supports a Grade A judgement for the evaluated model while identifying weaknesses in fees, the separation of registration from certification, and interoperability. The

evidence does not show that UNICEF caused the national rise in registration. The case also sets the standard for evaluability that other pathways lack. Health interoperable registration is promising but rests on output reporting, with about 600,000 births registered in health facilities in 2024 and 110,000 children registered through NADRA supported health systems in 2025, figures that use different definitions (UNICEF Pakistan 2025b, 2026).

## 13. Strongest case 2: PATS/SPSP and sanitation systems

PATS adapted community led sanitation to Pakistan, was developed in the late 2000s, was used in post flood recovery and became the model for the 2013 to 2014 Sanitation Programme at Scale. UNICEF's 2016 reporting documents provincial mainstreaming, Punjab scale up and a Sindh allocation of about US$13 million for PATS in 13 districts (UNICEF Pakistan 2017:18, 19). This supports Grade B for catalytic contribution, with public finance leverage graded B/C because commitment is not execution. The Phase I district trajectories are heterogeneous: D.G. Khan and D.I. Khan improved strongly, while Shikarpur's no toilet share rose from 4 to 18 percent between 2012 to 2013 and 2019 to 2020 (UNICEF 2014; Pakistan Bureau of Statistics 2012, 2014, 2021). Different pretrends and later programme overlap rule out a single pooled causal estimate, and UNICEF's own evaluation plan recognizes that no national evaluation of PATS adoption and sustainability exists (UNICEF Executive Board 2022).

## 14. Strongest case 3: Alternative Learning Pathways

The 2014 to 2015 joint review of alternative learning found fragmented provision, inconsistent definitions and weak transition arrangements (UNICEF and Ministry of Federal Education and Professional Training 2015). UNICEF support to accelerated curricula, facilitator preparation, assessment and accreditation helped move provinces toward more standardized approaches, which justifies Grade A/B for model development and institutionalization. The scale gap is the key caveat: nonformal centres serve about 1.29 million learners against 25.15 million children out of school (Pakistan Institute of Education and JICA 2025; Pakistan Institute of Education 2025), so national OOSC reduction cannot be attributed to UNICEF.

## 15. Strongest case 4: nutrition evidence and CMAM treatment systems

The CMAM evaluation supports a substantial contribution to treatment system development, including standards, commodities, training and integration into government and humanitarian responses, and cautions that coverage estimates were inconclusive without dedicated surveys (UNICEF Evaluation Office 2012:32). National wasting nevertheless worsened. The National Nutrition Survey 2018, a government led product with UNICEF support, earns Grade A/B as a system contribution because it made district variation visible, and the Pakistan Maternal Nutrition Strategy 2022 to 2027, co developed with the Nutrition Wing, earns B/C (Government of Pakistan and UNICEF 2019, 2022:6, 89, 90).

## 16. Immunization systems: substantial but inherently shared

Immunization is a Grade B system contribution shared with government, WHO, Gavi and the World Bank. The evidence is firmer for supply, microplanning, communication and equity targeting than for cold chain support, which is graded B/C until UNICEF's own procurement or technical role is pinned. WUENIC shows that coverage changed; it does not show who caused the change (WHO and UNICEF 2024). Sustainability depends on recurrent financing, functioning cold chain, vaccinators, supervision and data.

## 17. Convergence: Benazir Nashonuma and child sensitive social protection

Benazir Nashonuma places nutrition services and social and behaviour change inside a government owned social protection platform. UNICEF's documented role is a partnership with WFP to scale nutrition responsive social protection and, in later process evaluation material, as a key behaviour change partner (UNICEF Pakistan 2022a; Benazir Income Support Programme 2025). The contribution is Grade B and shared. Its significance is convergence: the platform is larger and more durable than any single UNICEF project, and the open question is whether integration improves outcomes and equity.

## 18. Humanitarian action as a recurring systems stress test

Emergency reach is the easiest UNICEF contribution to document and the easiest to overstate. Across the 2005 earthquake, the 2010 and 2022 floods and COVID-19, UNICEF supported vaccination, nutrition screening and treatment, WASH, education continuity and child protection services; the 2023 consolidated emergency report, for example, records nutrition sector co leadership and large screening and SAM treatment volumes (UNICEF Pakistan 2024:23). Grade B applies to service and coordination contributions. Durable impact needs evidence that facilities stayed functional, capacity was retained and routine services recovered, which is why the volumes propose recovery metrics beyond people reached.

## 19. Public policy, regulation and institutional capacity

A substantial share of UNICEF's long term contribution falls into a category that conventional output reporting can undervalue: policy and institutional infrastructure. Examples include WASH regulation, maternal nutrition strategy, child protection policy, ECE and ALP standards, CRVS interoperability, evidence systems and planning support. These contributions are important because they can outlast individual projects. But policy adoption should not be counted as outcome achievement. Future reporting should explicitly separate policy development, implementation fidelity, budget execution, service coverage and child results.

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# Part IV

## Attribution, Alternatives and Sustainability




20 Government as the principal causal platform
21 Other development partners and shared contribution
22 Demography, poverty, gender, urbanization, climate
23 What appears to have scaled
24 What appears to have been sustained
25 Where results remained mixed or contrary
26 Where UNICEF claims should remain cautious

## 20. Government is the principal causal platform

Across all sectors, government is the principal causal platform through which sustained population change occurs. Provincial governments finance and manage schools, health facilities, local WASH systems and protection services; federal and provincial institutions govern vaccination, social protection, civil registration, regulation and data systems. UNICEF can influence, support, demonstrate and accelerate, but durable scale depends on public authority and recurrent financing.

This is not a reason to minimize UNICEF contribution. It is a reason to define it correctly. The strongest UNICEF claim is often that it helped a government system adopt, improve or extend a function that the public sector then carried at greater scale.

## 21. Other development partners and the problem of shared contribution

Pakistan's child development sectors are characterized by dense partner ecosystems. Gavi and WHO are central to immunization; the World Bank, ADB, GPE and bilateral partners shape education, health, social protection and WASH; WFP is central to nutrition sensitive social protection; civil society organizations and private providers play major delivery roles. In this environment, a contribution assessment should resist competitive attribution. Shared contribution is not weaker evidence; it is a more accurate description of how complex systems change.

For future country programme learning, UNICEF should identify its distinctive function within each partnership: evidence broker, standard setter, supply partner, community engagement specialist, child rights advocate, technical adviser, interoperability partner or humanitarian coordinator. That function can then be evaluated directly.

## 22. Demography, poverty, gender, urbanization and climate are not background variables

The alternative explanations identified across the four volumes are not nuisance factors to be controlled away; they are central causal drivers. Rapid population growth expanded the denominator of children needing services. Poverty and food price shocks shaped diets, schooling and child labour. Gender norms influenced education, care seeking and early marriage. Urbanization created new forms of exclusion in informal settlements. Climate shocks damaged schools, health facilities and water systems while increasing disease, displacement and livelihood stress.

The practical implication is that UNICEF's theories of change should include these structural drivers explicitly. A programme that assumes a service side intervention alone will overcome affordability, mobility, gender or climate constraints is likely to overestimate its achievable effect.

## 23. What appears to have scaled

Scale is most credible where government systems became the vehicle: provincial sanitation approaches, immunization infrastructure, ALP standardization, national nutrition evidence, BISP linked nutrition services and digital registration. Technical standards joined to a delivery platform worked better than either alone, and crises sometimes expanded capacity that later influenced routine practice. Scale is less convincing where expansion is reported as UNICEF programme reach without a durable government financing or institutional pathway, and national reach remains constrained by financing, administrative capacity and the size of need.

## 24. What appears to have been sustained

Sustainability evidence is strongest where approaches entered government strategy, budgets, information systems or formal institutional arrangements, such as PATS mainstreaming, WASH in Schools monitoring, national nutrition evidence and the social protection platform. It is weakest for functionality and behaviour: ODF slippage, facility maintenance, workforce continuity and local implementation quality are rarely measured after support recedes. Policy adoption does not guarantee budget release, and frontline workflows determine whether laws, registration systems and referral protocols function. A follow up at 12, 24 and 36 months after direct support would separate adoption from durable service.

## 25. Where results remained mixed or contrary

Nutrition is the most consequential mixed result: a substantial treatment system alongside worsening wasting and persistently high stunting. Learning, water quality, violent discipline and uneven local protection services are other outcomes that did not move with institutional progress. In Punjab, violent discipline rose from 81 to 83 percent even as child marriage and child labour fell (UNICEF Pakistan 2025a). District sanitation trajectories diverged, public finance claims rarely show a chain from analysis to allocation to expenditure, and scale in education remains orders of magnitude below need. These are central findings, not footnotes: they show that policy and service architecture advanced faster than the structural determinants and local capacity needed for population level change.

## 26. Where UNICEF contribution claims should remain cautious

The study identifies several areas where external claims should remain conservative. National reductions in mortality, OOSC, open defecation, child marriage or poverty cannot be attributed to UNICEF without much stronger counterfactual evidence. Education data systems, school community governance, some ECE and FLN claims, public finance influence, case management systems and certain health governance claims are plausible but require stronger UNICEF specific corroboration before being presented as major achievements.

This caution should be seen as an asset. An institutional audience is more likely to trust a report that differentiates strong, substantial, plausible and uncertain findings than one that assigns uniformly positive conclusions across the portfolio.

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# Part V
# Cross-Sector Insights and Future Priorities




27 Seven strategic conclusions

28 Planning architecture for the next country programme

29 An evidence and evaluability compact

30 Suggested institutional use of this study

# 27. Seven strategic conclusions

### 27. SEVEN STRATEGIC CONCLUSIONS

- Make convergent deprivation the organizing unit of equity. Prioritize places and populations where nutrition, WASH, education, protection and identity disadvantages overlap rather than relying on separate sector vulnerability maps.
- Invest in models only when the path to public system ownership is explicit. Every major pilot should specify the responsible public institution, recurrent cost implication, workforce model, data architecture and scale decision from the start.
- Shift from reach to effective coverage. Count not only who was contacted or enrolled, but who received a functioning service of sufficient quality and duration to plausibly change an outcome.
- Treat local implementation capacity as a core programme outcome. Policy, guidelines and digital platforms fail at the last mile when local government, frontline workers, supervision, maintenance and referral capacity are weak.
- Build interoperability around the child, with privacy safeguards. Legal identity, health, education and social protection systems can reinforce one another if data linkage is governed, consent aware and operationally useful.
- Use humanitarian investment to build the next shock resilient system. Emergency programming should have explicit transition markers for resilient infrastructure, trained government staff, preagreed protocols and recurrent financing.
- Make evaluability part of programme design. Major interventions should begin with a denominator, exposure data, outcome measures, implementation fidelity indicators, a comparison strategy where feasible and a sustainability test.

## Action matrix by time horizon

The matrix sequences the seven strategic conclusions. Grades are those of the underlying pathway in the cross sector ledger.

**Table 5** **Action matrix by time horizon**

| Priority | Lead actors | Immediate (next 12 months) | Medium term (1 to 3 years) | Longer term (3 to 5 years) | Evidence grade |
|---|---|---|---|---|---|
| 1. Convergent deprivation | UNICEF; provincial planning; Bureau of Statistics | Overlay district indicators from nutrition, WASH, education, protection and identity data | Pilot integrated packages in the most deprived districts | Allocate programme resources by convergence | B/C |
| 2. Models with a path to public ownership | UNICEF; line departments; finance | Name the responsible institution, recurrent cost and workforce model at design | Make scale decisions explicit | Shift financing to domestic budgets | B (PATS, ALP) |
| 3. Effective coverage | UNICEF; sector departments | Define quality and completion measures for each sector | Report them alongside reach | Make them the headline measure | C/B |
| 4. Local implementation capacity | Local government; frontline supervisors | Map last mile transactions that block a right | Fund supervision and maintenance | Track district readiness | A (DBR); B/C elsewhere |
| 5. Interoperability around the child | NADRA; health; education; BISP | Agree consent aware data sharing rules | Link registration, health, school and social protection contacts | Audit privacy and use | B |

| Priority | Lead actors | Immediate (next 12 months) | Medium term (1 to 3 years) | Longer term (3 to 5 years) | Evidence grade |
|---|---|---|---|---|---|
| 6. Humanitarian to resilient systems | Disaster management authorities; UNICEF | Set transition markers for each response | Preagree protocols and surge staffing | Test performance in the next shock | B |
| 7. Evaluability by design | UNICEF Evaluation Office; government | Adopt the compact elements in new programmes | Apply comparison strategies where feasible | Commission independent evaluations | A (DBR precedent) |

**Source:** Author synthesis of the evidence reviewed in this report

## 28. A cross sector planning architecture for the next country programme

**Table 6**

**1. A cross sector planning architecture for the next country programme**

| Planning domain | Priority problem set | Integrated UNICEF contribution pathway |
|---|---|---|
| Child survival and nutrition | Newborn quality; zero dose clusters; wasting treatment; maternal nutrition; diet constraints | PHC quality, community platforms, supply, evidence, social protection |
| Safe and resilient environments | Safe water, sanitation sustainability, institutional WASH, climate resilience | Regulation, O&M, local government, resilient infrastructure, WASH HCF/school convergence |
| Learning and development | OOSC, transition, FLN, ECE quality, adolescent pathways | ALP/NFE, teacher support, diagnostics, flexible delivery, resilience |
| Protection and inclusion | Legal identity, violence, child labour, case management, social protection | DBR/CRVS, workforce, referrals, child sensitive transfers, policy implementation |
| Cross cutting equity | Poor rural households, informal urban settlements, disability, displacement, gender | Integrated geographic targeting and child level service linkage |
| Evidence and public finance | Exposure, expenditure, implementation fidelity, outcome tracking | Shared data standards, evaluation design, domestic financing and budget execution |

**Source:** Author synthesis of the evidence reviewed in this report

## 29. A stronger evidence and evaluability compact

The study's most practical methodological recommendation is a common evaluability compact for major UNICEF supported initiatives. Each intervention should define: the problem denominator; who is exposed and at what intensity; the intended mechanism; the intermediate system result; the child or household outcome; the expected time horizon; the principal alternative explanations; the comparison strategy where feasible; the domestic financing pathway; and the sustainability test.

This would solve several recurring weaknesses found in the retrospective evidence base. Programme reach would no longer be confused with unique beneficiaries; system adoption could be distinguished from implementation; emergency outputs could be followed into recovery; and contribution claims could be graded using evidence designed into the programme rather than reconstructed years later.

**Table 7**

**1. A stronger evidence and evaluability compact**

| Evaluability element | Minimum question |
|---|---|
| Denominator | How many children/households/facilities are eligible or affected? |
| Exposure | Who actually received the intervention, where, when and at what intensity? |
| Mechanism | What is expected to change before the final outcome changes? |
| Outcome | Which child, household or system measure should move, and by how much? |

| Evaluability element | Minimum question |
|---|---|
| Comparison | What counterfactual, pretrend, matched comparison or dose response test is feasible? |
| Fidelity | Was the intervention implemented as designed and at sufficient quality? |
| Equity | Who was missed, and did the intervention narrow or widen gaps? |
| Finance | Who pays at scale, and did domestic budget execution follow adoption? |
| Sustainability | Did capacity, functionality or behaviour persist after external support? |
| Learning | What evidence would cause UNICEF to adapt, stop or scale the model? |

**Source:** Author synthesis of the evidence reviewed in this report

### Transferability

The pathway of evidence, model, government adoption and scale is likely to transfer to other provinces and to other devolved systems, because it rests on government ownership rather than on a particular technology. Specific models do not transfer unchanged. PATS, alternative learning and digital registration each depended on local government workflows, financing and shock exposure that differ by province. Before replication, readers should check four conditions: a named public owner, a recurrent financing source, usable local data, and the level of exposure to floods, conflict or displacement.

## 30. Suggested institutional use of this independent study

Because the study was not commissioned by UNICEF, the most constructive institutional use would be technical dialogue rather than formal acceptance or rejection. The report could be treated as an independent public evidence reconstruction and tested against internal programme, financial and stakeholder evidence. UNICEF specialists could identify where internal records strengthen a claim, where the report has missed a partner contribution, where a public statistic is being interpreted too strongly, or where implementation evidence changes the contribution grade.

A practical engagement sequence would be: first, share the flagship and four thematic volumes as the principal evidence package; second, provide the verified Claim Evidence Contribution Ledger for methodological transparency; third, invite targeted technical corrections rather than general endorsement; and fourth, if there is institutional interest, make the longer technical evidence studies and analytical files available on request for deeper review of specific findings.

> Recommended positioning to UNICEF This is not an external verdict on UNICEF performance. It is an independent attempt to reconstruct 25 years of publicly visible evidence, identify where UNICEF contribution is most and least defensible, and generate testable propositions for future planning.

# Conclusion

The 25 year record shows meaningful improvement in the institutional environment surrounding children in Pakistan, but it also shows why institutional progress and child outcomes must be distinguished. More children survived; sanitation expanded; immunization systems strengthened; education systems grew; nutrition and protection evidence improved; digital identity became more feasible; and social protection became a major national platform. At the same time, wasting, learning deficits, unsafe water quality, violence, child labour, exclusion and climate vulnerability remained major constraints.

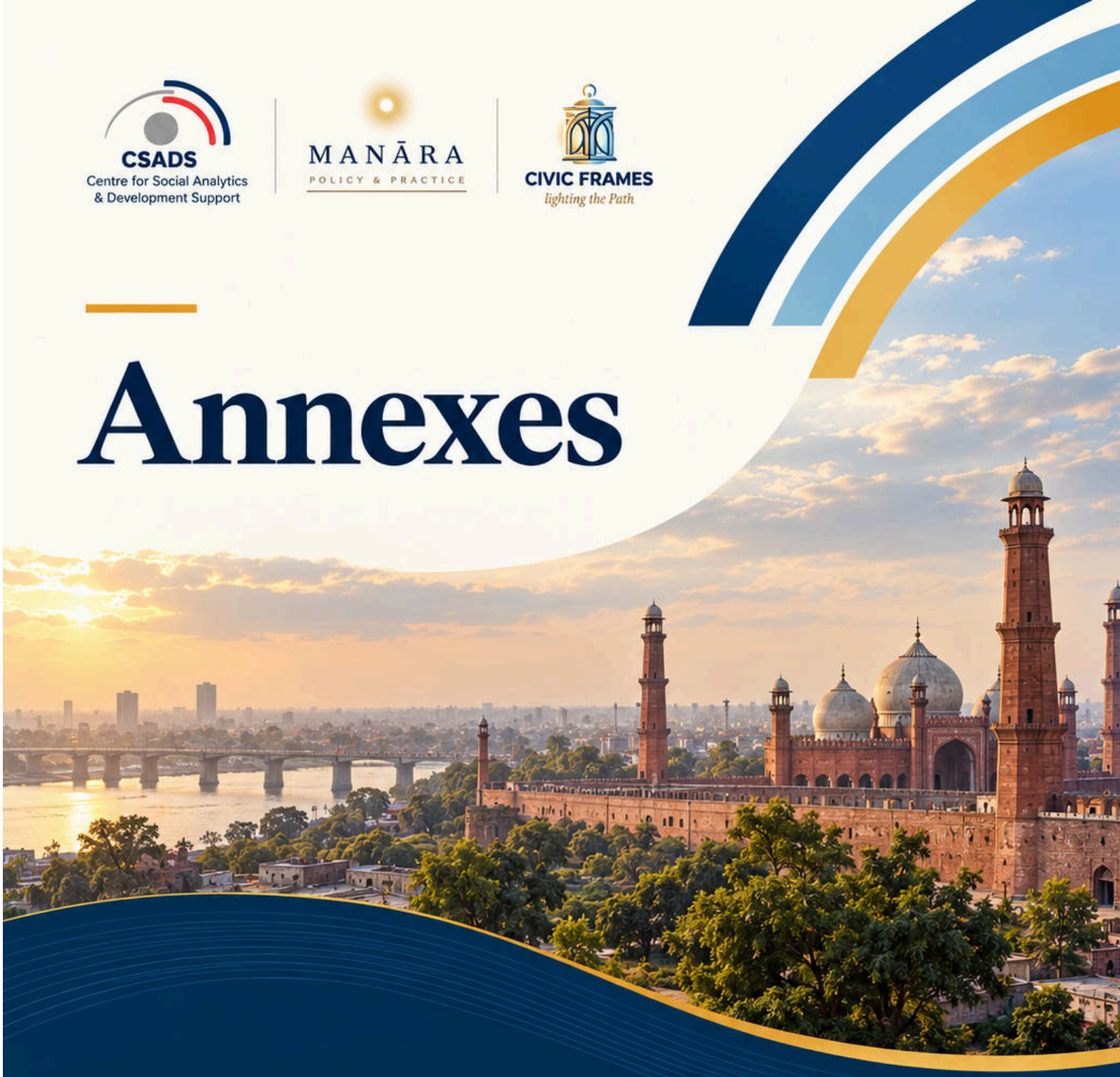
UNICEF’s contribution is most credible where its role can be traced through a mechanism: evidence generated, model developed, policy or standard adopted, government system strengthened, public platform made more child sensitive, or emergency continuity protected. The contribution is less defensible when national trends are presented without a credible exposure, mechanism or counterfactual. This distinction is not merely methodological. It reveals the organizational functions through which UNICEF appears to add most value in Pakistan.

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# Annexes




A | Contribution grading framework

B | Technical evidence base

| References

| About the series and the team

# Annex A: Contribution grading framework

**Table 8 Annex A: Contribution grading framework**

| Grade | Meaning | Interpretation |
|---|---|---|
| A | Strong contribution evidence | UNICEF role and mechanism are well documented and independently or formally corroborated for the specified result. |
| B | Substantial contribution evidence | UNICEF contribution is well supported but shared with government/partners or affected by important alternative explanations. |
| C | Plausible contribution | UNICEF activity and a credible mechanism are documented, but outcome linkage, scale or independent corroboration are insufficient for a stronger judgement. |
| D | Activity documented; outcome contribution uncertain | Programme activity is known but evidence linking it to outcome change is weak. |
| E | Mixed or contrary evidence | Outcome trends, implementation evidence or sustainability materially challenge the intended contribution pathway. |

**Source:** Author synthesis of the evidence reviewed in this report

# Annex B: Technical evidence base

The synthesis is supported by four consolidated thematic volumes and five longer technical evidence studies: the detailed WASH study; the Nutrition and Early Childhood Nutrition study; the Child Survival, Primary Health Care and Immunization study; the Education, Learning and Equity study; and the Protected and Included technical study. These studies and related analytical files are maintained as supporting documentation and are available on request.

The Verified Master Claim Evidence Contribution Ledger is the principal methodological assurance document. It records 62 claims, of which 44 are Tier 1. A Tier 1 verification pass found 22 claims cleared for external use with calibrated wording, 11 conditional on pinning exact sources and 11 on hold for pinning or grade review. The ledger records source class, evidence location, alternative explanations, sustainability, grade, external use decision and the required next action. The text of this report follows those decisions.

# References

Benazir Income Support Programme. 2025. Official Programme Information and Social Protection Documentation. Islamabad: Government of Pakistan. https://www.bisp.gov.pk/

Government of Pakistan and UNICEF. 2019. National Nutrition Survey 2018: Key Findings Report. Islamabad: Ministry of National Health Services, Regulations and Coordination and UNICEF. Retrieved August 26, 2026. https://www.unicef.org/pakistan/reports/national-nutrition-survey-2018-key-findings-report

Government of Pakistan and UNICEF. 2022. Pakistan Maternal Nutrition Strategy 2022–2027. Islamabad. Retrieved August 26, 2026. https://www.unicef.org/pakistan/media/4356/file/Pakistan%20Maternal%20Nutrition%20Strategy%202022-27.pdf

National Commission for Human Rights and UNICEF. 2026. Pakistan: Child Labour Surveys, Evidence for Action. Islamabad. Launched June 18, 2026; as summarized by the Associated Press of Pakistan. Retrieved October 23, 2026. https://www.app.com.pk/?p=1229853

National Institute of Population Studies and ICF International. 2013. Pakistan Demographic and Health Survey 2012–13. Islamabad and Calverton, MD.

National Institute of Population Studies and ICF. 2019. Pakistan Demographic and Health Survey 2017–18. Islamabad and Rockville, MD. Retrieved August 26, 2026. https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf

Pakistan Bureau of Statistics. 2012. Pakistan Social and Living Standards Measurement Survey 2010–11: Provincial/District Report. Islamabad: Government of Pakistan. Retrieved August 26, 2026. https://www.pbs.gov.pk/wp-content/uploads/2020/07/1merged_document-1.pdf

Pakistan Bureau of Statistics. 2014. Pakistan Social and Living Standards Measurement Survey 2012–13: Provincial/District Report. Islamabad: Government of Pakistan. Retrieved August 26, 2026. https://www.pbs.gov.pk/wp-content/uploads/2020/07/1merged_document-2.pdf

Pakistan Bureau of Statistics. 2021. Pakistan Social and Living Standards Measurement Survey 2019–20: District Level. Islamabad: Government of Pakistan. Retrieved August 26, 2026. https://www.pbs.gov.pk/sites/default/files/pslm/publications/pslm_district_2019-20/tables/7.2.pdf

Pakistan Institute of Education. 2025. Pakistan Education Statistics 2023–24. Islamabad: Ministry of Federal Education and Professional Training. Retrieved August 26, 2026. https://pie.gov.pk/SiteImage/Publication/PES%202024.pdf

Pakistan Institute of Education and Japan International Cooperation Agency (JICA). 2025. Pakistan's Non-Formal Education Report 2023–24. Islamabad: Ministry of Federal Education and Professional Training.

Pakistan Polio Eradication Programme. 2026. "Polio Case from North Waziristan Brings 2025's Tally to 31." Associated Press of Pakistan, January 13. Retrieved October 23, 2026. https://www.app.com.pk/?p=1145515

UN Inter-agency Group for Child Mortality Estimation (UN IGME) and UNICEF Data. 2026. Pakistan: Country Profile. New York: UNICEF. Retrieved October 23, 2026. https://data.unicef.org/country/pak/

UNICEF. 2014. Evaluation of the UNICEF Sanitation Programme at Scale in Pakistan, Phase I (2013–14). Islamabad: United Nations Children's Fund. Retrieved August 26, 2026. https://evaluationreports.unicef.org/GetDocument?documentID=319&fileID=28706

UNICEF and Ministry of Federal Education and Professional Training. 2015. Review of Alternative Learning Programmes in Pakistan 2014–15. Islamabad. Retrieved August 26, 2026. https://www.unicef.org/pakistan/reports/review-alternative-learning-programmes-pakistan-2014-15

UNICEF and WHO. 2025. "South Asia Immunises a Record-High Number of Children in 2024." News release, July 15. Retrieved October 23, 2026. https://www.unicef.org/rosa/press-releases/south-asia-immunises-record-high-number-children-2024

UNICEF Evaluation Office. 2012. Evaluation of Community Management of Acute Malnutrition: Pakistan Country Case Study. New York and Islamabad: UNICEF. Retrieved August 26, 2026. https://evaluationreports.unicef.org/GetDocument?documentID=270&fileID=25092

UNICEF Executive Board. 2022. Costed Evaluation Plan: Pakistan, UNICEF Country Programme of Cooperation, 2023–2027. New York: UNICEF. Retrieved August 26, 2026. https://www.unicef.org/executiveboard/media/19016/file/2022-PL36-Pakistan_CEP-EN-2022.06.13.pdf

UNICEF Pakistan. 2017. UNICEF Pakistan Annual Report 2016. Islamabad: UNICEF. Retrieved August 26, 2026. https://www.unicef.org/pakistan/sites/unicef.org.pakistan/files/2018-11/UNICEF_Pakistan_-*Annual_Report_2016*-_Version_6.0.pdf

UNICEF Pakistan. 2022a. Country Office Annual Report 2022. Islamabad: UNICEF Pakistan.

UNICEF Pakistan. 2022b. Summative Evaluation of the Digital Birth Registration Programme 2017–2021. Islamabad: UNICEF Pakistan. https://www.unicef.org/pakistan/documents/summative-evaluation-digital-birth-registration-programme-2017-2021

UNICEF Pakistan. 2024. Consolidated Emergency Report 2023. Islamabad: UNICEF Pakistan. Retrieved August 26, 2026. https://www.unicef.org/pakistan/reports/consolidated-emergency-report-2023

UNICEF Pakistan. 2025a. Advocacy Brief: Punjab Leads the Way with Pakistan's First Child Protection Policy. Islamabad: UNICEF Pakistan. Retrieved October 23, 2026. https://www.unicef.org/pakistan/reports/advocacy-brief-child-protection-policy-punjab

UNICEF Pakistan. 2025b. UNICEF Pakistan Annual Report 2024. Islamabad: UNICEF Pakistan. Retrieved October 23, 2026. https://www.unicef.org/pakistan/reports/unicef-pakistan-annual-report-2024

UNICEF Pakistan. 2026. UNICEF Pakistan Annual Report 2025. Islamabad: UNICEF Pakistan. Retrieved October 23, 2026. https://www.unicef.org/pakistan/reports/unicef-pakistan-annual-report-2025

WHO and UNICEF. 2024. WHO/UNICEF Estimates of National Immunization Coverage: Pakistan 2023 Revision. Geneva and New York. Retrieved August 26, 2026. https://www.unicef.org/pakistan/media/6001/file/WUENIC%20Pakistan%202023.pdf.pdf

WHO/UNICEF Joint Monitoring Programme. 2023. Progress on Household Drinking Water, Sanitation and Hygiene 2000–2022: Special Focus on Gender. Geneva and New York. Retrieved August 26, 2026. https://washdata.org/report/jmp-2023-wash-households

WHO/UNICEF Joint Monitoring Programme. 2025. Progress on Household Drinking Water, Sanitation and Hygiene 2000–2024: Special Focus on Inequalities. Geneva and New York. Retrieved August 26, 2026. https://washdata.org/report/jmp-2025-wash-households

World Bank. 2023. Pakistan Human Capital Review: Building Capabilities Throughout Life. Washington, DC: World Bank. Retrieved October 23, 2026. https://documents.worldbank.org/

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# About the Team and Collaborators

## Ahmad Nadeem, The Principal Investigator

Ahmad Nadeem is a development professional with 25 years' experience in programme implementation, communication, resource mobilization, research and AI integration. He has led donor funded projects, helped organizations secure funding and advised on implementation. His work has involved the World Bank, European Commission, ILO, UNICEF, UNDP, UN Women, OHCHR, USIP, GCF, KfW, Government of Italy and the Canadian High Commission. At the Pakistan Poverty Alleviation Fund and the Pakistan Centre for Philanthropy, he engaged, advised and supervised a wide range of development sector organizations, including charities, microfinance institutions, private universities, NGOs and INGOs, and worked with government bodies such as the Federal Board of Revenue, NACTA and social welfare departments. He has also worked on projects involving parliamentarians, law enforcement agencies, the National Police Bureau, police training colleges and churches. He is visiting faculty at Quaid-e-Azam University and SZABIST, holds an MPhil (Gold Medal, Iqra University) and a certificate (LUMS, McGill), and leads CSADS and Manāra.

## Centre for Social Analytics and Development Support (CSADS)

The Centre for Social Analytics and Development Support (CSADS), established in 2023, is a research and advisory centre that uses artificial intelligence to generate evidence for informed policy, programme and strategic decisions. It serves public institutions, private sector organizations, UN agencies, INGOs and other development stakeholders, and makes research accessible to the media, students, parents and communities. It also helps organizations adopt AI responsibly, combining credible sources, transparent methods, human expertise and ethical safeguards. Within the Series, CSADS leads research design, source verification and final quality assurance. www.csads.org

## Manāra Policy and Practice

Manāra is a strategic design and advisory practice that bridges evidence and action across critical development and institutional challenges. It works globally at the intersection of government, development organizations and the private sector, where efforts converge to generate social impact, mobilize capital and advance equity. Through policy analysis, systems thinking, strategic design, development finance advisory and public communication, it delivers solutions grounded in rigorous research, contextual realities and international best practices. www.manarapolicy.com

## CivicFrames

CivicFrames is a creative knowledge communication initiative founded by Danyal Nadeem, a student of media sciences and an aspiring storyteller. It translates credible research into accessible creative forms, bridging the gap between data and public understanding. It explores how evidence can reach people through music, poetry and stories. Danyal intends to learn how creative formats can help evidence travel. Within the Series, it helps make findings easier to understand and share. www.civicframes.org