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UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for Pakistan

Proposed indicative UNFPA assistance:	\$59.0 million: \$23.0 million from regular resources and \$36.0 million through co-financing modalities or other resources
Programme period:	Five years (2023-2027)
Cycle of assistance:	Tenth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2023-2027

I. Programme rationale

1. Pakistan is the fifth most populous country in the world. Out of the population of 215.25 million in 2020, 68 per cent are below the age of 30. To turn this ‘youth bulge’ into a demographic dividend, the country needs to invest in long-term human capital development, including education, employment, reproductive health, and expanding opportunities and rights for young people.
2. The country’s Human Development Index (HDI) value for 2019 constituted 0.557, positioning it at 154 out of 189 countries and territories. The inequality-adjusted HDI for 2019 stood at 0.384, highlighting the inequality and disparity in dimensions such as health and education between various income groups. The multidimensional poverty is 38.8 per cent at the national level, with significant geographic disparities as high as 71 per cent in Balochistan.
3. Pakistan’s progress has been either slow or stagnant on Sustainable Development Goals related to social development, partly due to low spending; only 1.1 per cent of its gross domestic product is spent on health and 2.3 per cent on education, with multidimensional poverty further exacerbated by the COVID-19 pandemic.
4. The total fertility rate slightly declined (from 4.1 in 2006-2007 to 3.6 in 2017-2018), with significant geographic and income differentials, varying from 2.8 among the wealthiest quintile to 4.9 among the poorest. The unmet need for family planning among married women is high (17 per cent). The contraceptive prevalence rate for modern methods is 25 per cent, significantly lower than in other South Asian countries and contributing to maternal mortality and morbidity.
5. The maternal mortality ratio has decreased (from 276 per 100,000 live births in 2006-2007 to 186 in 2017-2018) but still approximately 12,000 women die every year from childbirth. Even though 69 per cent of deliveries are assisted by skilled birth attendants and 66 per cent are facility-based deliveries, the proportion of women facing prolonged labour, obstetric fistula, and haemorrhage is high, particularly in rural areas. Maternal deaths due to antepartum and postpartum haemorrhage have increased, from 33 per cent in 2006-2007 to 41 per cent in 2019. Poor maternal health and family planning determinants indicate a weak health system with insufficient availability and access to high-quality services. Therefore, it is critical to improve availability of high-quality sexual and reproductive health services, especially through sustainable and equitable financing for the most underserved communities.
6. Pakistan is currently striving to increase its critical health workforce (from 1.45 to 4.45 health workers per 1,000 persons). The number of nurses, midwives and Lady Health Workers combined is half of the number of doctors, which is short of the recommended proportion of nurses and midwives per doctor. Furthermore, it is important to train midwifery cadres according to the global standards for midwifery education.
7. Pakistan fares poorly on gender equality, ranking 154 of 189 countries on the Gender Inequality Index. Deep-rooted social and gender norms and practices continue to be the underlying cause for gender inequalities, affecting women’s mobility and autonomy to make decisions related to sexual and reproductive health. The challenges facing women and girls are multifaceted and interconnected – especially the ones related to traditional gender roles, stereotypes and socio-economic disparities – all of which perpetuate gender-based violence and harmful practices, including child marriage. According to the Demographic and Health Survey (2017-2018) some 34 per cent of women and girls who are, or ever have been, married have experienced spousal physical, sexual or emotional violence. Experiences of violence are more common among women who are employed but do not earn cash, uneducated and form part of the country’s poorest households. One in four girls is married before the age of 18, and 34 per cent become mothers before turning 20.
8. The past two decades have witnessed the adoption of several laws promoting gender equality, mainly in amendments to the penal code, including those related to sexual violence and harassment, protection of inheritance rights and criminalizing domestic violence and forced marriage. However, effective implementation remains a challenge. Hence, advancing gender equality and justice requires comprehensive accountability mechanisms for policy

implementation and enforcement of laws, adequate financing, and community engagement to address discriminatory gender and social norms.

9. Pakistan's Youth Development Index is 0.517 (Commonwealth Global Youth Development Index and Report, 2020), and the country ranks 162 out of 181 countries. Although the Government of Pakistan has prioritized youth empowerment in policies, it needs to scale up policy implementation and increase investments in adolescents and youth, particularly in life skills-based education and youth-led platforms.

10. Adolescents and youth from low-income settings with no or limited education are at the highest risk of poor sexual and reproductive health outcomes. Similarly, gender and ethnic minorities, persons with disabilities, and out-of-school adolescents and youth are vulnerable. In the absence of an enabling environment and limited community outreach, it is challenging for young people to access sexual and reproductive health information and services. Therefore, it is critical to strengthen policy, legal and accountability frameworks for adolescents and youth sexual and reproductive health and advance gender-transformative and age-appropriate life skills-based education for in- and out-of-school youth.

11. Pakistan is highly prone to natural disasters, including droughts, floods and earthquakes, being in one of the world's most active seismic zones. The country ranks fifth among the most adversely affected countries on the 2020 Global Long-Term Climate Risk Index, with the impacts of climate change exacerbated by urbanization and the protracted COVID-19 pandemic. Pakistan has the largest protracted refugee population globally, hosting 3 million registered and undocumented Afghan refugees and nationals. This requires strengthened investments in national and subnational resilience frameworks to bridge the humanitarian-development divide by mainstreaming disaster preparedness, mitigation and response.

12. Only 55 per cent of all Sustainable Development Goal (SDG) targets have available data. Pakistan needs comprehensive disaggregated data to monitor the achievement of the SDGs for all, including vulnerable groups. This takes reforming and strengthening data governance systems and capacities for evidence-based policy analysis.

13. The 18th Amendment to the Constitution of Pakistan devolved considerable administrative and budgetary authority to provincial governments in key sectors, including health, education, population and social welfare, climate change, human rights, and governance. However, it is necessary to strengthen the coordination among different stakeholders at the federal and provincial levels.

14. The Common Country Analysis identified women, adolescents and youth; survivors of gender-based violence; transgender persons; persons with disabilities; the elderly; refugees; the working poor; women-headed households; women home-based and domestic workers; out-of-school adolescents and youth; residents of urban slums; and minorities as the most vulnerable groups in Pakistan. Data disaggregation in these groups remains a significant challenge and will require considerable investments and coordination.

15. An evaluation of the previous country programme highlighted the relevance of the programme interventions to the national priorities, which were aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2018-2022, on the way to achieving the majority of the intended outputs, including breakthroughs in policy advocacy, knowledge management, strategic partnerships and data analytics to advance sexual and reproductive health, and addressing gender-based violence and child marriage. Major lessons learned from the ninth country programme implementation include the need for: (a) diversifying the partnership base building on the country's commitment to the International Conference on Population and Development (ICPD) agenda; (b) underpinning the focus on high-quality integrated sexual and reproductive health information and services for all, including in the framework of the universal health coverage benefit package, national and subnational policies and plans, domestic financing arrangements and accountability mechanisms; (c) scaling up the focus on high-impact interventions and models to reach the farthest behind first; (d) establishing community-based mechanisms to address discriminatory gender and social norms; (e) advancing the humanitarian-development nexus, with a particular emphasis on resilience building; and

(f) enhancing data governance systems to guide policy and programme formulation and implementation at national and subnational levels, monitor disparities and inequalities over time and scale up accountability mechanisms, with a special focus on sexual and reproductive health and gender inequities.

16. UNFPA is strategically positioned in the country's development landscape, recognized for leadership and coordination roles in gender-based violence prevention and response, data for development and sexual and reproductive health and reproductive rights. UNFPA also leads and coordinates the work of the United Nations country team gender thematic and planning, monitoring and evaluation groups, the H5 platform and the inter-agency Protection against Sexual Exploitation and Abuse (PSEA) network.

II. Programme priorities and partnerships

17. The vision of the new country programme is to accelerate progress towards the achievement of the three transformative results of reducing preventable maternal deaths, unmet need for family planning and gender-based violence and harmful practices, including child marriage. In realizing this vision, the focus of the 10th country programme will be on addressing discriminatory gender and social norms and disparities that restrict access to high-quality and inclusive sexual and reproductive health services, particularly on those most left behind, as well as scaling up advocacy for young people's education, employment, engagement and health to harness the demographic dividend.

18. The proposed programme, which was developed in consultation with the Government, United Nations organizations, civil society and other key stakeholders, is aligned to government initiatives related to youth development, social services and social protection for the most vulnerable groups as well as the ICPD Programme of Action, the 2030 Agenda for Sustainable Development, the UNFPA Strategic Plan, 2022-2025, and the UNSDCF, 2023-2027.

19. Within the context of the Decade of Action, the programme will foster urgency around national commitments to accelerate action towards the achievement of SDGs 3 and 5, in line with the ICPD Programme of Action, and promoting gender equality and women's empowerment, with particular attention to vulnerable and marginalized groups.

20. Building on the lessons learned and in line with the overall shift from funding to financing, the programme will continue advocacy for domestic financing, expand the partnership base, generate programmatic evidence and create and scale up effective innovative models to accelerate action towards the transformative results, with a focus on lagging districts.

21. In line with the ICPD Programme of Action and the voluntary ICPD+25 and Family Planning 2030 national commitments, the country programme will seek to integrate sexual and reproductive health services in the national universal health coverage package, prioritizing national ownership and investing in national and subnational institutions and accountability systems. The country programme will support reviews of national policy, legislation and action plans affecting sexual and reproductive health, gender equality, child marriage, youth and women's empowerment to identify implementation bottlenecks. Capitalizing on the recent policy and legislative reforms in promoting gender equality and addressing gender-based violence, institutional capacities and systems for the implementation of policy and legal frameworks will be strengthened.

22. UNFPA will contribute to human capital development through in-school and out-of-school life skills-based education, youth leadership for innovation and investments in youth-led initiatives to fulfill young people's rights, ensure their participation and deliver sexual and reproductive health information and education.

23. The principles of ‘leaving no one behind’ and ‘reaching the furthest behind first’ will be central to the programme to address the needs of women, girls and young people, particularly those living in remote and hard-to-reach areas, refugees, persons with disabilities, transgender persons and other minorities, and vulnerable groups. As identifying those furthest behind first will require disaggregated data and analysis, the country programme will seek to strengthen the national data governance systems and establish knowledge platforms. Disaggregated data and evidence will support advocacy for policy implementation and enforcement of laws and policies related to the three transformative results.

24. The programme will be implemented across the humanitarian development nexus and undertake risk-informed approaches. Resilience building will be prioritized, strengthening institutional, community and individual capacities to prepare for and respond to shocks, including natural disasters. The programme will support early recovery from disasters and application of disaster-risk reduction strategies, including to address climate change-related challenges.

25. The proposed programme will be implemented through a balanced, sustainable, and inclusive approach promoting and respecting human rights, adhering to the principles of gender equality and women’s and girls’ empowerment. Furthermore, the programme will prioritize interventions to transform discriminatory gender and social norms, which affect gender-based violence and harmful practices and restrict women’s access to sexual and reproductive health services.

26. Partnerships at federal and provincial levels with government institutions, civil society organizations, women and youth-led organizations, organizations representing left-behind groups, academia, international development partners, the private sector, international financial institutions and media will be enhanced, including supporting policy reforms and implementation and mobilization of domestic resources. Leveraging its convening role, UNFPA will further expand the partnership base to identify and contextualize solutions related to accountability mechanisms for the ICPD agenda, public-private partnerships, innovative and integrated service delivery and outreach models and will support South-South and triangular cooperation. Alliances will be established with civil society organizations (CSOs), community-based networks and faith-based organizations to foster social norms that promote sexual and reproductive health and prevent gender-based violence and child marriage.

27. Engagement with national and subnational parliamentarians and youth-led platforms will be accelerated to advance the ICPD Programme of Action and support youth involvement in the formulation and implementation of youth-related policies and legislation on sexual and reproductive health. UNFPA will work closely with United Nations agencies through joint programming, national and subnational multisectoral coordination fora, and thematic and UNSDCF outcome groups to reinforce synergies towards achieving the SDGs and the ICPD Programme of Action. The country programme will contribute to joint initiatives for accelerating action towards the achievement of the three transformative results in partnership with United Nations partners, such as UNDP, UNICEF, UN-Women, the World Health Organization (WHO), the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Office on Drugs and Crime (UNODC), the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNAIDS, the International Organization for Migration (IOM) and the World Food Programme (WFP). Together with UNICEF and UN-Women, UNFPA will continue to implement a joint programme on empowering women and girls. UNFPA will partner with UNHCR, WFP and UNICEF for emergency preparedness and response and better support to refugees and host communities.

28. The programme will be implemented at the national, provincial, regional and district levels, with the main focus on: (a) strengthening health system governance, data governance systems, and gender machinery; (b) scaling the implementation of policies and increasing domestic resources for the ICPD agenda; (c) strengthening CSOs, including women-led organizations to tackle discriminatory gender and social norms to address gender inequality; (d) supporting adolescents and youth-oriented policy and decision making; and (e) resilience building to bridge the humanitarian-development divide.

29. The country programme outputs will contribute towards the following four outcomes of the UNSDCF, 2023-2027: (a) basic social services; (b) gender equality and women's empowerment; (c) climate change and resilience; and (d) governance; as well as all six of the UNFPA Strategic Plan, 2022-2025, outputs and accelerators. The six programme outputs are integrated and mutually reinforcing, with interventions related to promoting gender equality and investments in women's and girls' health and well-being, supporting interventions related to sexual and reproductive health, adolescents and youth, gender-based violence and harmful practices, and humanitarian action. Data, analysis and evidence generation will support all outputs and facilitate monitoring of progress towards achieving the transformative results.

A. Output 1: Strengthened policy environment, financing and accountability mechanisms for inclusive sexual and reproductive health, including family planning

30. Creating an enabling policy environment and improving accountability mechanisms for accelerated delivery of available, accessible, acceptable and high-quality sexual and reproductive health information and services will contribute to UNSDCF outcome 1 on basic social services, especially the output related to an inclusive, resilient, equitable, gender-responsive and accountable health system. This output will be achieved by: (a) supporting national and subnational oversight and coordination platforms to strengthen accountability for the implementation of sexual and reproductive health policies and programmes; (b) evidence-based policy formulation and advocacy for scaling up implementation of policies and laws and increasing domestic financing for the ICPD agenda; (c) strengthening midwifery education, regulation and association as per the International Confederation of Midwives standards; (d) integrating comprehensive sexual and reproductive health into the national universal health coverage package, financial protection schemes and national and subnational policies and programmes using a people-centred and human rights-based approach; and (e) fostering public-private partnerships to diversify and expand the volume of domestic resources for sexual and reproductive health.

B. Output 2: Strengthened capacities of national and subnational health systems to provide high-quality and comprehensive sexual and reproductive health information and services, including emergency obstetric and newborn care, family planning and gender-based violence response services across the humanitarian-development continuum

31. Through efforts to improve service delivery and normative standards of care and quality assurance mechanisms and reduce gender and social barriers to inclusive available, accessible, acceptable, and high-quality sexual and reproductive health information and services, the programme will contribute to UNSDCF outcome 1 on basic social services, particularly the interventions related to the provision of equitable health services. The output is designed to be achieved by: (a) providing technical assistance for the development of national and subnational sexual and reproductive health strategies, frameworks, guidelines and quality of care standards; (b) creating and demonstrating high-quality comprehensive sexual and reproductive health service-delivery models, including to reach young people and other vulnerable groups, and advocating with national and subnational governments for their further replication and sustainable financing; (c) strengthening the reproductive health supply chain and contraceptive commodity security to expand choices, improve quality and facilitate monitoring; (d) adopting new technologies, including mobile tools and helplines to expand the provision of comprehensive sexual and reproductive health information and services building on COVID-19 lessons; (e) strengthening national and subnational capacities to scale up pre-service and in-service trainings, including for gender-based violence response services; and (f) strengthening the health system capacity and infrastructure to provide high-quality and voluntary family planning services and emergency obstetric and newborn care, including for those furthest behind; and (g) strengthening the capacity of the health workforce to provide gender responsive and survivor-centred services that reduce barriers to comprehensive sexual and reproductive health and gender-based violence services.

C. Output 3: Strengthened national and subnational capacities in resilience programming, emergency preparedness and response to ensure access to life-saving interventions in humanitarian situations, including sexual and reproductive health services and gender-based violence response

32. This output will contribute to UNSDCF outcome 1 on basic social services, especially the output related to enhancing national and subnational capacities for emergency preparedness, response and recovery and complement the nexus programming interventions in other outputs. This will be achieved through: (a) advocacy and technical assistance for the institutionalization of the Minimum Initial Service Package (MISP) for sexual and reproductive health in crisis situations; (b) technical assistance for the development and implementation of national and subnational resilience building strategic frameworks and action plans; (c) strengthening institutional capacities of primary and referral level facilities to implement MISP to ensure continued provision of life-saving sexual and reproductive health services as well as survivor-centred gender-based violence response services in humanitarian settings; (d) strengthening national and subnational capacities for improved reproductive health supply chain management for humanitarian emergencies; and (e) strengthening capacity of civil society organizations to respond to the diverse sexual and reproductive health and gender-based violence needs of all women, adolescents and youth, especially those who are vulnerable, in humanitarian settings.

D. Output 4: Strengthened skills and opportunities for adolescents and youth to realize their sexual and reproductive health and ensure their leadership and participation in policymaking and programming

33. By ensuring that the needs and rights of adolescents and youth are incorporated into policies and programmes, this output will contribute to UNSDCF outcome 1 on basic social services, particularly the interventions related to strengthening opportunities for adolescents and youth. This output will be achieved by: (a) strengthening policy, legal and accountability frameworks for youth policy reforms and increased investment in adolescent and youth sexual and reproductive health; (b) providing policy advice and technical support for the development and implementation of adolescent and youth engagement strategies and action plans integrating sexual and reproductive health; (c) scaling up adolescent and youth-led innovative initiatives and engagement to advance sexual and reproductive health; (d) generating evidence on effective models for adolescent and youth sexual and reproductive health through operational research and studies; (e) adopting new technologies and models, including youth-friendly online applications and helplines to expand young people's access to sexual and reproductive health information; and (f) strengthening national and subnational capacities to advance life skills-based education (in-school and out-of-school) that promotes gender equality norms.

E. Output 5: Strengthened institutional capacities and community-based mechanisms to advance gender equality and women's empowerment and address gender-based violence and harmful practices, including child marriage, across the humanitarian-development continuum

34. This output will contribute to UNSDCF outcome 2 on gender equality and women's empowerment, especially output 3 related to addressing gender-based violence and harmful practices. It will contribute to other country programme outputs through: (a) advocacy for strengthening policy and legal frameworks related to gender-based violence and harmful practices, including child marriage; (b) strengthening institutional capacities of gender machineries and accountability mechanisms at national and subnational levels for the implementation of policy and legal frameworks that relate to advancing gender equality and the empowerment of women and girls, and addressing gender-based violence and harmful practices; (c) strengthening national and subnational gender-based violence referral mechanisms and administrative data systems in line with the international standards; (d) establishing and strengthening multisectoral coordination mechanisms for gender-based violence prevention and response across the humanitarian and development continuum; (e) generating evidence on barriers

and documenting impactful strategies and interventions to transform discriminatory gender and social norms, and scaling up the provision of survivor-centred multisectoral prevention and response services, in line with international guidelines, across the humanitarian-development continuum; and (f) strengthening civil society, including community-based networks and organizations, women-led organizations and other stakeholders and gatekeepers, to promote positive gender-equal norms and empower women and girls to exercise their agency and rights.

F. Output 6: Strengthened data systems and knowledge platforms on population changes and other megatrends (including inequalities and climate change) to inform development policies and programmes, especially those related to sexual and reproductive health, gender-based violence and harmful practices, with particular attention to vulnerable groups

35. This output will contribute to UNSDCF outcome 5 on governance, focusing especially on output 1 on strengthening data governance systems. This will be achieved by: (a) strengthening national and subnational capacities to produce disaggregated population data outputs, subnational population projections, routine reports on civil registration and vital statistics, and in-depth analytical reports based on population and housing census and surveys; (b) providing technical assistance for evidence generation on megatrends, such as climate change, demographic shifts, inequalities and digitalization, for policymaking and programming; (c) strengthening national capacities to plan and conduct population and housing census and household surveys, with a particular focus on digital transformation; (d) strengthening the national civil registration and vital statistics system; (e) establishing a national ‘knowledge hub’ on population dynamics and sustainable development to contribute to monitoring progress towards the SDGs and the ICPD Programme of Action; and (f) strengthening national and subnational capacities to use disaggregated data for policy and programme formulation, implementation and monitoring to address demographic shifts, inequalities and discriminatory gender norms.

III. Programme and risk management

36. The country programme will be implemented under the overall coordination of the Ministry of Economic Affairs, Economic Affairs Division. Building on its long-standing presence in the country, UNFPA will partner with the Government, national institutions, academia, CSOs and development partners in programme implementation, in line with the UNFPA comparative advantages and technical competencies and the principles of national ownership and mutual accountability.

37. The country office will align its staffing needs with the shifts and strategic priorities of the new country programme, including in relation to scaled-up advocacy at national and provincial levels, to ensure efficient delivery of the programme results. It will continue to secure technical assistance from the Asia Pacific Regional Office and Headquarters and will benefit from the multidisciplinary expertise of the United Nations system. Overall programme planning, monitoring, reporting and quality assurance will adhere to UNFPA policies and procedures.

38. UNFPA will contribute to the UNSDCF coordination mechanisms by participating in and chairing (on a rotational basis) the United Nations management groups and working groups, to ensure the effective coordination of UNSDCF implementation. UNFPA will also actively engage with the results groups to provide ample opportunities to leverage additional expertise to deliver the country programme and achieve United Nations collective results.

39. UNFPA will continue to strengthen resource mobilization and advocate for financing for the ICPD agenda, including through innovative financing mechanisms, and explore cost-saving measures, such as testing and scaling up innovative models and expanded the use of digital technologies for programme implementation.

40. Several risks could impact programme implementation: (a) the impact of natural disasters, climate change, pandemics could lead to disruptions in essential sexual and reproductive health services; (b) limited coordination among government institutions at federal, provincial and district levels; (c) socio-economic impacts of COVID-19 and other developments in the external

environment could affect policy, programme and budget priorities. To respond to these risks, UNFPA will conduct regular environmental scanning and develop contingency plans to mitigate the potential effects of risks with the concerned government institutions. UNFPA will facilitate risk-sensitive programming and leverage its comparative advantage across the humanitarian-development continuum, contributing to resilience building, including innovative programme delivery models, to reduce the impact of humanitarian crises. The programme will be aligned to UNFPA social and environmental standards. In the case of disasters or pandemics, UNFPA may explore reprogramming funds, in consultation with the Government, toward activities aimed to lessen the impact and enhance resilience. UNFPA will expand the partnership base, including public-private partnerships, to ensure sustainability of financing of the ICPD agenda.

41. In response to operational risks associated with programme delivery in a complex and dynamic country context, UNFPA will regularly assess operational, and programme risks alongside other United Nations agencies. UNFPA will ensure that necessary capacities are available in the country office, and will strengthen due diligence, programme and financial management capacities of implementing partners.

42. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels for country programmes are prescribed in the UNFPA programme and operations policies and procedures and the internal control framework.

IV. Monitoring and evaluation

43. UNFPA will ensure accountability of programme resources and promote adaptive learning and knowledge management during the next cycle. In addition, UNFPA will work with the Economic Affairs Division, relevant government ministries and departments, partners and stakeholders at the national and subnational levels through mutually agreed coordination fora to track the progress and conduct necessary adjustments to improve the effectiveness of the programme.

44. A comprehensive monitoring and evaluation framework will be put in place to systematically obtain data on the programme indicators at output and outcome levels. Official sources of information, databases and reports will be used, where appropriate. Monitoring and evaluation of the outcome-level indicators will be referenced to national data sources. Annual, midterm and quarterly reviews of the programme will be conducted to assess progress towards programme milestones and annual targets and determine the need to readjust programme strategies. A costed evaluation plan will be implemented, with regular tracking of the management responses for all evaluation recommendations. A country programme evaluation will be conducted, and UNFPA will participate in the final evaluation of the UNSDCF, 2023-2027.

45. UNFPA will promote relevance and accountability throughout the programme cycle by aligning the country programme monitoring and evaluation framework with the UNSDCF and the national development plans. The programme will endeavour to strengthen national results-based planning, monitoring, and evaluation capacities. UNFPA will actively contribute to the United Nations system programming, monitoring and evaluation processes, within the framework of the UNSDCF, by providing strategic technical assistance to the United Nations country and programme management teams and UNSDCF results groups. This is in addition to the UNFPA lead agency roles for the United Nations planning, monitoring and evaluation, and gender thematic groups and the inter-agency PSEA network. UN INFO will be the main platform for monitoring and evaluating the UNSDCF results.

46. UNFPA will collaborate with the United Nations agencies, the Government, parliamentarians and civil society on monitoring and follow-up actions of the Convention on the Elimination of all Forms of Discrimination against Women, the Universal Periodic Reviews, the SDG Voluntary National Reviews and the ICPD Programme of Action.

RESULTS AND RESOURCES FRAMEWORK FOR PAKISTAN (2023-2027)

NATIONAL PRIORITY: Sustainable Development Goals 3, 4, 5, 10, 16 and 17.				
UNSDCF OUTCOME: By 2027, the people in Pakistan, especially the most vulnerable and deprived, have increased equitable access to and utilization of quality, sustainable basic social services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2025, reduction in unmet need for family planning has accelerated. 2: By 2025, reduction in unmet need for family planning has accelerated. 3: By 2025, reduction in gender-based violence and harmful practices accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Coverage of essential health services, including sexual and reproductive health, into the national universal health coverage package with sufficient resources and adherence to quality standards and leaving no-one behind <i>Baseline: UHC Package; Target: Progressive budgetary allocation for SRHR under UHC package</i> <p><u>UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of births attended by skilled health personnel <i>Baseline: 69%; Target: 80%</i> Country has laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education <i>Baseline: No; Target: Yes</i> 	<p><u>Output 1:</u> Strengthened policy environment, financing and accountability mechanisms for inclusive sexual and reproductive health, including family planning.</p> <p><u>Output 2:</u> Strengthened capacities of national and subnational health systems to provide high-quality and comprehensive sexual and reproductive health information and services, including emergency obstetric and newborn care, family planning and gender-based violence response services across the humanitarian-development continuum.</p>	<ul style="list-style-type: none"> Number of functional accountability mechanisms for sexual and reproductive health policy and programme implementation at national and subnational levels; <i>Baseline: 1 (2021); Target: 5, (2027)</i> Number of national and subnational sexual and reproductive health bills enacted and rolled out along with comprehensive implementation support plans <i>Baseline: 2 (2020); Target: 5 (2027)</i> Percentage increase in provincial government expenditures on family planning as a core element of the universal health coverage benefit package <i>Baseline: \$88.9 million (Rs14.22 billion) (2020-2021); Target: 6% increase (inflation-adjusted) (2027)</i> Comprehensive policy framework on midwifery education and regulation adopted and rolled out <i>Baseline: No (2021); Target: Yes (2027)</i> <ul style="list-style-type: none"> Number of strategies, frameworks, quality of care standards and guidelines on sexual and reproductive health developed and endorsed, including maternal health and family planning <i>Baseline: 5 (2021); Target: 11 (2027)</i> Number of models and innovative initiatives for accelerating universal access to sexual and reproductive health tested and evaluated for further replication and domestic financing <i>Baseline: 2 (2021); Target: 7 (2027)</i> Percentage of public health facilities in target districts providing high-quality family planning services, emergency obstetric and newborn care and gender-based violence response services and referrals <i>Baseline: 0% (2021); Target: 75% (2027)</i> 	<p>Ministry of National Health Services, Regulations and Coordination, Ministry of Planning, Development and Special Initiatives, President Office, Parliamentarian, Ministry of Finance, Ministry of Inter-Provincial Coordination, National Disaster Management Authority, Provincial Departments of Population Welfare and Health, provincial planning and development departments, parliamentarians, the media, think tanks, civil society organizations, standing committees, academia, WHO, UNICEF, World Bank, Bill & Melinda Gates Foundation</p>	<p>\$7.0 million (\$2.5 million from regular resources and \$4.5 million from other resources)</p> <p>\$16.5 million (\$7.0 million from regular resources and \$9.5 million from other resources)</p>

	<p>Output 3: Strengthened national and subnational capacities in resilience programming, emergency preparedness and response to ensure access to life-saving interventions in humanitarian situations, including sexual and reproductive health services and gender-based violence response.</p>	<ul style="list-style-type: none"> • Number of national and subnational resilience-building strategic frameworks with costed implementation plans focusing on sexual and reproductive health and gender-based violence prevention and response, developed and implemented with particular attention to the most vulnerable groups <i>Baseline: 0 (2021); Target: 5 (2027)</i> • Number of national and subnational contingency plans that integrate the Minimum Initial Service Package for sexual and reproductive health in crises <i>Baseline: 2 (2021); Target: 5 (2027)</i> • Number of women, adolescents and youth benefited from life-saving sexual and reproductive health and gender-based violence interventions in humanitarian settings <i>Baseline: 414,000 (2021); Target: 800,000 (2027)</i> 	<p>National and provincial disaster management authorities; National Health Emergency Preparedness and Response Network; Ministry of Climate Change; Provincial Departments of Health and Population Welfare; Women Development Department, Social Welfare Department, Health Services Academy, civil society organizations, academia, UNHCR, WFP, OCHA and UNICEF</p>	<p>\$11.9 million (\$3.4 million from regular resources and \$8.5 million from other resources)</p>
	<p>Output 4: Strengthened skills and opportunities for adolescents and youth to realize their sexual and reproductive health and ensure their leadership and participation in policymaking and programming.</p>	<ul style="list-style-type: none"> • Number of national and provincial adolescents and youth engagement strategic frameworks and action plans integrating adolescents and youth SRH developed and implemented across the humanitarian-development continuum <i>Baseline: 0 (2021); Target: 5 (2027)</i> • Number of youth-led platforms, including national youth council, parliamentary caucus and innovation hubs in support of their leadership and participation in policymaking and programming. <i>Baseline: 1 (2021); Target: 6 (2027)</i> • Number of inclusive, age-appropriate and gender-responsive national and subnational life-skills-based education guidelines operationalized for in-school adolescents and youth <i>Baseline: 0 (2021); Target: 5 (2027)</i> • Inclusive, age-appropriate and gender-responsive out-of-school life-skills-based education guidelines and related packages developed and rolled out <i>Baseline: No (2021); Target: Yes (2027)</i> 	<p>Ministry of Education; Ministry of Human Rights, Ministry of National Health Services, youth affairs departments; provincial and regional education departments; social welfare departments, civil society organizations, including youth-led organizations, vocational training councils, parliamentarians, Girl Guides and Boy Scouts Association; academia; UNICEF, UNDP, UNAIDS</p>	<p>\$5.5 million (\$2.5 million from regular resources and \$3.0 million from other resources)</p>
<p>NATIONAL PRIORITY: Sustainable Development Goals 3, 4, 5, 10, 16 and 17.</p>				
<p>UNSDCF OUTCOME: By 2027, people in Pakistan, especially those at greatest risk of being left behind, will benefit from an enabling environment where women, girls, children, displaced, transgender persons and ethnic minorities are empowered and reach their fullest potential; and their human, social, economic, cultural and political rights are fully protected and upheld.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2025, reduction in unmet need for family planning has accelerated. 2: By 2025, reduction in unmet need for family planning has accelerated. 3: By 2025, reduction in gender-based violence and harmful practices accelerated.</p>				

<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of women and girls aged 15 years and older subjected to physical, sexual or psychological violence in the previous 12 months <i>Baseline: 24.8%; Target: 23%</i> 	<p><u>Output 5:</u> Strengthened institutional capacities and community-based mechanisms to advance gender equality and women’s empowerment and to address gender-based violence and harmful practices, including child marriage across the humanitarian and development continuum.</p>	<ul style="list-style-type: none"> Number of comprehensive action plans for the implementation of national and subnational policy and legislative frameworks on gender-based violence and harmful practices, including child marriage <i>Baseline:3 (2021); Target:12 (2027)</i> Number of provinces that established comprehensive and standardized administrative data systems on gender-based violence in alignment with survivor-centred principles and international best practices <i>Baseline: 0 (2021); Target: 3 (2027)</i> Number of inclusive community-based action research papers and models for gender and social norms change to address gender-based violence and harmful practices, including child marriage <i>Baseline: 1 (2021); Target: 4 (2027)</i> 	<p>Ministry of Human Rights, Ministry of Law and Justice, Ministry of Planning and Development, National and Provincial Commissions on the Status of Women, National Assembly, Offices of the Ombudsperson, National Disaster Management Authority, women development departments, social welfare departments, health departments, child protection commissions, Council of Islamic Ideology, parliamentarians, judicial academies, the media, home departments, standing committees, academia, WHO, UN-Women, UNODC, UNDP, UNICEF</p>	<p>\$8.6 million (\$2.6 million from regular resources and \$6.0 million from other resources)</p>
<p>NATIONAL PRIORITY: Sustainable Development Goals 3, 4, 5, 10, 16 and 17.</p>				
<p>UNSDCF OUTCOME: By 2027, the people in Pakistan, especially women, children, the most vulnerable and marginalized, have increased access to fundamental human rights, gender equality and fundamental freedom through inclusive, accountable and effective and evidence-driven governance systems and rule of law institutions at all levels of government, contributing to good governance and stability.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2025, reduction in unmet need for family planning has accelerated. 2: By 2025, reduction in unmet need for family planning has accelerated. 3: By 2025, reduction in gender-based violence and harmful practices accelerated.</p>				
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of total government spending on essential services, including health and education <i>Baseline: 1.1% of GDP on health, 2.3% of GDP on education (2021); Target: Increase by 4% by 2027</i> 	<p><u>Output 6:</u> Strengthened data systems and knowledge platforms on population changes and other megatrends to inform development policies and programmes, especially those related to sexual and reproductive health, gender-based violence</p>	<ul style="list-style-type: none"> Number of analytical reports produced and disseminated based on Population and Housing Census and household/ population surveys and studies <i>Baseline: 4 (2021); Target: 10 (2027)</i> Availability of a functional National Knowledge Hub on population changes and other megatrends at the Ministry of Planning, Development and Special Initiatives <i>Baseline: No (2021); Target: Yes (2027)</i> Number of provinces that have piloted and validated strengthened procedures for civil registration and vital statistics in line with the established and best-practice 	<p>National and provincial bureaus of statistics; Ministry of Planning, Development and Special Initiatives; Provincial Departments of Planning; National Institute of Population Studies; Pakistan Institute of Development Economics; Ministry of Health;</p>	<p>\$8.0 million (\$3.5 million from regular resources and \$4.5 million from other resources) Programme coordination and</p>

	<p>and harmful practices, with particular attention to vulnerable groups.</p>	<p>international standards <i>Baseline: 0 (2021); Target: 2 (2027)</i></p>	<p>provincial population welfare departments; civil society organizations, non-governmental organizations; academic and research institutes; UNDP, UNICEF, WHO</p>	<p>assistance: \$1.5 million from regular resources</p>
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