



**COUNTRY PROGRAMME EVALUATION OF THE NINTH COUNTRY PROGRAMME (2018-2022) OF
ASSISTANCE TO GOVERNMENT OF PAKISTAN**

EVALUATION REPORT

First Draft

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Map of Pakistan



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Abbreviations and Acronyms

ANC	Antenatal Care
AJK	Azad Jammu & Kashmir
APR	Annual Progress Report
ASRH	Adolescent Sexual and Reproductive Health
AY	Adolescents and Youth
AYFHS	Adolescent and Youth-Friendly Health Services
BMI	Body Mass Index
CAOs	Chief Administrative Officers
CEDEP	Centre for the Development of People
CFR	Case Fatality Rate
CII	Council for Islamic Ideology
CM	Child Marriage
CMR	Child Marriage Restraint
CO	Country Office
CP	Country Programme
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rate
CSA	Civil Service Academy
CSOs	Civil Society Organisations
DAC	Development Assistance Committee
DFID	Department for International Development
DHIS	District Health Information System
DLG	District Local Government Level
DV	Domestic Violence
EmONC	Emergency Obstetric and Newborn Care
ERG	Evaluation Reference Group
ETL	Evaluation Team Leader
FGDs	Focused Group Discussions
FP	Family Planning
FY	Fiscal Year
GB	Gilgit Baltistan
GBV	Gender Based Violence
GDP	Gross Domestic Product
GE	Gender Equity
GEWE	Gender Equality and Women's Empowerment
GFR	General Fertility Rate
GNI	Gross National Income
GoP	Government of Pakistan
HDI	Human Development Index
HDR	Human Development Report
HF	Health Facility

IBA	Institute of Business Administration
ICPD	International Conference on Population and Development
IMR	Infant Mortality Rate
IOM	International Organisation for Migration
IPs	Implementation Partners
KIIs	Key Informant Interviews
KP	Khyber Pakhtunkhwa
KPs	Key Populations
LUMS	Lahore University of Management Sciences
M&E	Monitoring and Evaluation
MAGs	Men Action Groups
MARPs	Most-At-Risk Populations
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
MoH	Ministry of Health
NAB	National Accountability Bureau
NCSW	National Commission on the Status of Women
NDMA	National Disaster Management Authority
NDU	National Defence University
NIPS	National Institute of Population Studies
NMR	Neonatal Mortality Rate
ODA	Official Development Assistance
OECD	Organisation for Economic Cooperation and Development
PBS	Pakistan Bureau of Statistics
PC	Population Council
PDHS	Pakistan Demographic and Health Survey
PES	Pakistan Economic Survey
PIDE	Pakistan Institute of Development Economics
PMMS	Pakistan Maternal Mortality Survey
PPM	PRECEDE-PROCEED Model
PPP	Purchasing Power Parities
PSLM	Pakistan Social and Living Standards Measurement Survey
QAU	Quaid-i-Azam University
SBA	Skilled Birth Attendants
SDGs	Sustainable Development Goals
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
TFR	Total Fertility Rate
ToC	Theory of Change
ToR	Terms of Reference
TT	Tetanus Toxoid
U5MR	Under-five Mortality Rate
UMIC	Upper Middle-Income Countries
UN	United Nations

UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNSDF	United Nations Sustainable Development Framework
UNW	UN Women
USAID	United States Agency for International Development
WHO	World Health Organization

Key Facts Table - Pakistan

Land	
Geographical location ¹	Pakistan is located in South Asia and shares an eastern border with India and a north-eastern border with China. Iran makes up the country's south-west border, and Afghanistan runs along its western and northern edge. The Arabian Sea is Pakistan's southern boundary with 1,064 km of coastline.
Land area ²	881 913 km ² (340 509 Sq. mi)
Terrain ³	Flat Indus plain in east, mountains in north and north-west, Balochistan plateau in west
People	
Population ⁴	215.25 million (2020)
Government ⁵	<ul style="list-style-type: none"> • A federal government established by the 1973 Constitution of Pakistan, as a constituted governing authority of the four provinces, two autonomous territories, and one federal territory • A parliamentary system; Senate and National Assembly working at the Federal level and Provincial Assemblies in provinces. • Prime Minister heads the federal government while chief ministers lead the provincial governments.
Economy	
GDP Per Capita (US\$) Current Prices ⁶	US \$ 1542.5 (2020-21)
GDP Growth Rate (%) ⁷	3.9% (2020-21)
Proportion of Population below the National Poverty line (%) ⁸	24.3% (2015-16)
Income distribution (GINI Coefficient) ⁹	36.2 (2018)
US\$ Labour Productivity Per Worker – Total ¹⁰	\$ 15.430 (2018)
Working-Age Population Employed ¹¹	61.71m (2017/18)
Social and Health Indicators	
Human Development Index Rank ¹²	154 (2020)
Unemployment rate (overall) ¹³	5.8% (2017/18)
Per capita public health expenditure US\$ ¹⁴	14.96 (PES reported Rs. 482.3b health expenditure in 2019/20; adjusted by exchange rate and population)

¹ Pakistan: Geography, environment, and climate, <https://en.wikipedia.org/wiki/Pakistan> =UTF-8

² Pakistan: Geography, environment, and climate, <https://en.wikipedia.org/wiki/Pakistan>

³ Pakistan: Geography, environment, and climate, <https://en.wikipedia.org/wiki/Pakistan>

⁴ Pakistan Economic Survey 2020-21, Chapter 11, Economic Advisor Wing, Ministry of Finance, Government of Pakistan, Islamabad

⁵ 1973 Constitution of Pakistan

⁶ Pakistan Economic Survey 2020-21

⁷ Pakistan Economic Survey 2020-21

⁸ Pakistan Economic Survey 2016-17, page #296

⁹ World Data Atlas (2021); <https://knoema.com/atlas/Pakistan/topics/Poverty/Income-Inequality/GINI-index>

¹⁰ **Hassan, Taimoor (2019); Why are Pakistanis less productive than the Chinese and even the Indians? And how to fix it,** <https://profit.pakistantoday.com.pk/2019/02/25/why-did-pakistans-labour-productivity-fall-behind-india-and-china-this-past-decade/> ILO estimates

¹¹ Pakistan Labour Force Survey 2017-18, Table 12, Pakistan Bureau of Statistics, Ministry of Planning, Development and Reforms, Government of Pakistan, Islamabad.

¹² Human development Report 2020, reported in Pakistan Economic Survey 2020-21, Table 10.1

¹³ Pakistan Labour Force Survey 2017-18, Table 21

¹⁴ Pakistan Economic Survey 2020-21

Literacy Rate (10 years and above) – Total ¹⁵	Both sex 60% Male 70%, Female 50% (2019-20)
Total Fertility Rate ¹⁶	3.6 (2017-18)
Infant Mortality Rate per 1000 live births ¹⁷	55.7 (2019) PES (2020-21) Table 11.2 page #218
Under-five Mortality Rate per 1,000 live births ¹⁸	67.2 (2019) PES (2021) Table 11.1 page #218
Maternal Mortality Ratio per 100,000 live births ¹⁹	189 (2019)

Sustainable Development Goals Status		
Goal	Indicator and Source	Status
SDG1	Poverty headcount ratio at \$1.90 a day (% of population) (2011 PPP) ²⁰	4.4 (2018)
SDG2	Prevalence of stunting (low height-for-age) in children ²¹ under 5 years of age (%)	37.6 (2017-18)
	Prevalence of wasting in children under 5 years of age ²² (%)	7.1 (2017-18)
	Prevalence of obesity. BMI ≥ 30 (% adult population) ²³	8.6 (6.3-11.3) (2016)
SDG3	Maternal mortality ratio per 100,000 live births ²⁴	189 (2019)
	Neonatal mortality rate (per 1,000 live births) ²⁵	41.2 (2017-18)
	Mortality rate under-5 (per 1,000 live births) ²⁶	67.2 (2017-18)
	Incidence of tuberculosis (per 100,000 people) ²⁷	263 (2020)
	HIV prevalence (per 1,000) ²⁸	0.12 (2020)
	Healthy Life Expectancy at birth (years) ²⁹	67.5 years
	Adolescent fertility rate (births per 1 women ages 15-19) ³⁰	46 (2017-18)
	Proportion of births attended by skilled health personnel (%) ³¹	68% (2017-18)
SDG4	Net primary enrolment rate (%) ³²	64 (2019-20)
	Expected years of schooling (years) ³³	8.3
	Literacy rate of 15–24-year-olds, both sexes (%) ³⁴	72%
	Primary completion rate ³⁵	67%
SDG5	Estimated demand for contraception that is unmet (% women married or in union, ages 15-49) ³⁶	17%
	Proportion of seats held by women in national parliaments (%) ³⁷	20.2 (2020)

¹⁵ Pakistan Socioeconomic Living Standard Measurement Survey 2019-20

¹⁶ Pakistan Demographic and Health Survey 2017-18

¹⁷ Pakistan Economic Survey 2020-21, Table 11.1

¹⁸ Pakistan Economic Survey 2020-21, Table 11.1

¹⁹ Pakistan Maternal Mortality Survey, 2019, as reported in Pakistan Economic Survey 2021, Table 11.2

²⁰ The World Bank, Data, <https://data.worldbank.org/indicator/SI.POV.DDAY?locations=PK>.

²¹ Pakistan Demographic and Health Survey 2017-18, Table 11.1

²² Pakistan Demographic and Health Survey 2017-18, Table 11.1

²³ World Health Organization, <https://apps.who.int/gho/data/view.main.CTRY2450A>.

²⁴ Pakistan Economic Survey 2020-21, Table 11.2

²⁵ Pakistan Economic Survey 2020-21, Table 11.2

²⁶ Pakistan Economic Survey 2020-21, Table 11.2

²⁷ Pakistan Economic Survey 2020-21, Table 11.2

²⁸ Pakistan Economic Survey 2020-21, Table 11.2

²⁹ <https://www.macrotrends.net/countries/PAK/pakistan/life-expectancy>

³⁰ Pakistan Demographic and Health Survey 2017-18, Table 5.1

³¹ Pakistan Economic Survey 2020-21, Table 11.2

³² Pakistan Socioeconomic Living Standard Measurement Survey 2019-20, Figure 8

³³ Human development Report 2020, UNDP, <http://hdr.undp.org/en/countries/profiles/PAK>

³⁴ Pakistan Socioeconomic Living Standard Measurement Survey 2019-20, Figure 7

³⁵ Pakistan Socioeconomic Living Standard Measurement Survey 2019-20, SDG indicators

³⁶ Pakistan Demographic and Health Survey 2017-18

³⁷ Sustainable Development Report (SDR) 2021, <https://dashboards.sdgindex.org/static/profiles/pdfs/SDR-2021-pakistan.pdf>

SDG6	Improved water source (% of population with access) ³⁸	94% (2019-20)
	Access to improved sanitation facilities (% population) ³⁹	68% (2019-20)
	Imported groundwater depletion (m ³ /year/capita) ⁴⁰	0.3 (2013)
SDG7	Access to electricity (% population) ⁴¹	91% (2019-20)
	Access to non-solid fuels (% population) ⁴²	37% (2019-20)
SDG9	Proportion of the population using the internet (%) ⁴³	19% (2019-20)
	Mobile broadband subscriptions (per 100 inhabitants) ⁴⁴	35.2 (2019)
	Logistics performance index: Quality of trade and transport-related infrastructure (1=low to 5=high) ⁴⁵	2.2 (2018)
	Number of scientific and technical journal articles (per capita) ⁴⁶	0.1 (2018)
SDG10	Gini index (0-100) ⁴⁷	36.20 (2018)
SDG11	Improved water source piped (% urban population with access) ⁴⁸	31% (2018-19)
	Urban population (% of total) ⁴⁹	36.4% (2017)
	Population living in slums (% of urban population) ⁵⁰	40.1% (2018)
SDG12	Municipal Solid Waste (kg/year/capita) ⁵¹	1.1 (2017)
	Production-based SO ₂ emissions (kg/capita) ⁵²	5.5 (2012)
SDG13	Energy-related CO ₂ emissions per capita (tCO ₂ /capita) ⁵³	0.0 (2015)
SDG14	Total Fisheries Production (Metric Tons) ⁵⁴	663 893 (2018)
SDG15	Terrestrial protected areas (% of total land area) ⁵⁵	12.31 (2018)
	Annual change in forest area (%)	
SDG16	Prison population (per 100,000 people) ⁵⁶	38 (2020)
	Proportion of the population who feel safe walking alone at night in the city or area where they live (%) ⁵⁷	67% (2019)
	Slavery score (0-100) ⁵⁸	16.82 (2018)
	Transfers of major conventional weapons (exports) (constant 1990 US\$ million per 100 000 people) ⁵⁹	0.0 (2019)
	Bribery incidence (% of firms experiencing at least one bribe payment request) ⁶⁰	30.8 (2013)
SDG17	Tax revenue (% GDP) ⁶¹	11.4% (2020)

³⁸ Pakistan Socioeconomic Living Standard Measurement Survey 2019-20

³⁹ Pakistan Socioeconomic Living Standard Measurement Survey 2019-20

⁴⁰ Sustainable Development Report (SDR) 2021, <https://dashboards.sdgindex.org/static/profiles/pdfs/SDR-2021-pakistan.pdf>

⁴¹ Pakistan Socioeconomic Living Standard Measurement Survey 2019-20

⁴² Pakistan Socioeconomic Living Standard Measurement Survey 2019-20

⁴³ Pakistan Socioeconomic Living Standard Measurement Survey 2019-20

⁴⁴ Sustainable Development Report (SDR) 2021, <https://dashboards.sdgindex.org/static/profiles/pdfs/SDR-2021-pakistan.pdf>

⁴⁵ Sustainable Development Report (SDR) 2021, <https://dashboards.sdgindex.org/static/profiles/pdfs/SDR-2021-pakistan.pdf>

⁴⁶ Sustainable Development Report (SDR) 2021, <https://dashboards.sdgindex.org/static/profiles/pdfs/SDR-2021-pakistan.pdf>

⁴⁷ World Data Atlas (2021); <https://knoema.com/atlas/Pakistan/topics/Poverty/Income-Inequality/GINI-index>

⁴⁸ Pakistan Social & Living Standards Measurement Survey (PSLM) 2018-19 National /Provincial (Social Report), Table 6.11.

⁴⁹ 2017 Housing and Population Census of Pakistan

⁵⁰ Sustainable Development Report (SDR) 2021, <https://dashboards.sdgindex.org/static/profiles/pdfs/SDR-2021-pakistan.pdf>

⁵¹ Sustainable Development Report (SDR) 2021, <https://dashboards.sdgindex.org/static/profiles/pdfs/SDR-2021-pakistan.pdf>

⁵² Sustainable Development Report (SDR) 2021, <https://dashboards.sdgindex.org/static/profiles/pdfs/SDR-2021-pakistan.pdf>

⁵³ Sustainable Development Report (SDR) 2021, <https://dashboards.sdgindex.org/static/profiles/pdfs/SDR-2021-pakistan.pdf>

⁵⁴ <https://tradingeconomics.com/pakistan/total-fisheries-production-metric-tons-wb-data.html>

⁵⁵ <https://tradingeconomics.com/pakistan/terrestrial-protected-areas-percent-of-total-land-area-wb-data.html#:~:text=Terrestrial>

⁵⁶ <https://www.prison-insider.com/en/countryprofile/pakistan-2020>

⁵⁷ Sustainable Development Report (SDR) 2021, <https://dashboards.sdgindex.org/static/profiles/pdfs/SDR-2021-pakistan.pdf>

⁵⁸ Global Slavery Index, <https://www.globalslaveryindex.org/2018/data/country-data/pakistan/>

⁵⁹ Sustainable Development Report (SDR) 2021, <https://dashboards.sdgindex.org/static/profiles/pdfs/SDR-2021-pakistan.pdf>

⁶⁰ <https://www.indexmundi.com/facts/pakistan/indicator/IC.FRM.BRIB.ZS>

⁶¹ Pakistan Economic Survey 2020-21, Table 4.1

Structure of the Country Programme Evaluation Report

The Evaluation Report is structured according to the UNFPA Evaluation Handbook. The first chapter is the introduction. This chapter provides the purpose and objectives of the 9th Government of Pakistan/UNFPA Country Programme; the scope of the evaluation as well as the methodology and process. The second chapter presents the country context, specifically outlining the main development challenges and national strategies, followed by the role of external assistance (both overseas development aid and the United Nations Sustainable Development Framework for Pakistan, 2018-2022).

The third chapter covers the UN and UNFPA strategic response as well as the UNFPA response through the current CP9 country programmes. The fourth chapter provides the findings of the evaluation covering all the evaluation questions with respect to *relevance, coherence, effectiveness, efficiency, sustainability, coverage and connectedness*. The conclusions to the report are provided in the fifth chapter and these are given at strategic and programmatic levels. The sixth chapter provides the recommendations and these are also given at strategic and programmatic levels. Finally, the report provides the following annexes: terms of reference, list of persons/ institutions visited and interviewed, documents reviewed, evaluation matrix, stakeholders map, and the CPE agenda.

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We appreciate the participation of members of the Evaluation Reference Group, especially those who took time to provide comments towards improving the quality of the CPE design and reports. The information provided, despite other commitments, was very useful in enriching this report. The Evaluation Team hopes that the findings and recommendations presented in this report will positively contribute to building a sound and evidence-based foundation for the development of the next country programme for Pakistan.

This acknowledgement will be deficient if we would let the enormous work of the evaluation team go undetected. We thank them for providing their expertise to conduct this evaluation.

Executive Summary

Background: The Government of Pakistan/ UNFPA 9th Country Programme (CP9) (2018-2022) was developed in collaboration with a diverse range of stakeholders, including the Government of Pakistan (GoP), Ministries, Departments and Agencies, development partners/ UN agencies, civil society organisations, academia and the private sector to support the GoP to respond to national priorities. The CP9 development was informed by the United Nations Sustainable Development Cooperation Framework (UNSDCF) for Pakistan, 2018 - 2022, which is aligned to the country's development and priorities and considering the lessons from previous programmes.

Purpose of Evaluation: The goal of the 9th Country Programme Evaluation (CPE) was to demonstrate accountability to stakeholders for the results achieved, to support evidence-based decision-making, to contribute important lessons learnt to the organisation's knowledge base, and to provide independent inputs to the next UNFPA country programme cycle and the strategic direction of the organisation's continued role. The UNFPA Country Office (CO), Regional Office (APRO), UNFPA Headquarters, and the Executive Board, as well as key government agencies, national partners, development partners, including funders and UN agencies in the country, are the audience for this CPE report.

Programme: The CP9 contributed to the UNFPA's Global Strategic Plan aim for 2018-2021, which was to achieve universal access to Sexual and Reproductive Health (SRH), realise reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the International Conference on Population Development Programme of Action. Population dynamics, human rights, and gender equality helped to better the lives of women, adolescents, youth and leaving no one behind. The Sexual and Reproductive Health and Rights (SRHR) component had two outputs, first, increasing national and subnational capacity to accelerate delivery and accessibility of high-quality family planning (FP) information and services, and second, enhancing national and subnational capacity to provide integrated SRH services, particularly for marginalized and affected populations in humanitarian settings. The Adolescents and Youth (AY) component focused on increasing national and subnational capacity to develop policies, programmes and institutional mechanisms that incorporate the rights and needs of youth, particularly access to SRH information and services. The Gender Equality and Women Empowerment (GEWE) component focused on strengthening the capacity of public sector and civil society partners to advance gender equality and to prevent and respond to gender-based violence (GBV) in development and humanitarian settings. The output on Population Dynamics (PD) focused on improving national capacity to generate, analyse, disseminate and use disaggregated population data to inform evidence-based policy-making, planning, budgeting, and monitoring.

Methodology: The CPE had five phases: (i) preparatory phase; (ii) design phase; (iii) field phase; (iv) reporting phase; and (v) facilitation of use and dissemination phase and based on a set of 10 questions corresponding to the five Organisation for Economic Cooperation and Development (OECD) –Development Assistance Committee (DAC) criteria: relevance, effectiveness, efficiency, sustainability, coherence and two UNFPA criteria (coverage, connectedness). The CPE triangulated data collection methods, including document review, and key Informant Interviews (KIIs). Stakeholders for KIIs were selected for participation in the evaluation using purposive sampling and, in this regard, the stakeholders' map was used for stakeholder sampling for data collection. The CPE Team was aware that most of the UNFPA interventions were implemented at national and sub-national levels, which made it challenging to identify the direct beneficiaries of the interventions. The CPE adopted an inclusive and participatory approach, involving a broad range of partners and stakeholders and ensuring gender balance. The CPE was conducted according to the UNFPA Evaluation Policy, UN Evaluation Group, Ethical Guidelines, Code of Conduct for Evaluation in the UNEG, and the UN Norms and Standards for evaluation in the UN System.

Key Findings: With regard to **relevance**, the four components of UNFPA's CP9 are highly relevant to the needs of the Government of Pakistan policies, and strategies as well as United Nations Sustainable Development Framework (UNSDF) for Pakistan and international commitments, UNFPA mandate and to the needs of the beneficiaries. The associated interventions of the four components were consistent with priority components of the International Conference on Population and Development, the 2030 SDG Agenda and the transformative and people-centred results of UNFPA's strategic plan. As for the UNFPA's response to the changing needs in COVID-19 context, the Pakistan Country Office developed a Response Plan to the COVID-19 pandemic and implemented it as a plan of action from the onset of this emergency. The Plan of Action encompassed key interventions and

high priority areas to reduce the impact of the pandemic to development and humanitarian interventions. With respect to **coherence**, the CP9 is well aligned with national and international development priorities, namely: Government of Pakistan Vision 2025, the UNSDF 2018-2022, the ICPD and Family Planning 2020. The CP9 is addressing the needs of the country and beneficiaries since the Government of Pakistan and UNFPA jointly developed the Country Programme Document (CPD9) 2018-2022 through a participatory process involving national and provincial stakeholders, including civil society, the private sector, young people, United Nations organizations and development partners. UNFPA is an active member of the United Nations Country Team. The results achieved under One UN Programme II (2013-2017), have served as a base for the Government of Pakistan and the UN system to jointly pursue the national priorities given in Pakistan's Vision 2025 and the localization of the SDGs, framed by the 2030 Agenda.

With regard to **effectiveness**, the ninth CP has exceeded the set targets across all the areas of work. Under the first CP output on **family planning (FP)**, in addition to developing and institutionalising guidelines and frameworks on human rights-based approach (HRBA) for FP, public-private partnership (PPP) on FP and task sharing and task shifting for modern contraceptives, the programme succeeded in achieving the following additional tangible results: (i) enactment of Sexual and Reproductive Health and Rights Bills in two provinces; (ii) adoption of the guidelines on pre-marital counselling on rights-based FP; (iii) establishment of the federal and provincial task forces on population dynamics and FP chaired by the President and Chief Ministers respectively; (iv) functional and structural integration of population welfare and health departments in Punjab and KP provinces respectively; (v) national real-time dashboard for tracking the implementation of the national population policy framework and action plan, including ICPD and FP2030 commitments. In the case of comprehensive **Sexual and Reproductive Health and Rights (SRH)**, the country programme launched the first-ever Bachelor of Science midwifery training programmes and established midwifery led-care units.

UNFPA's advocacy with the policy-makers at higher government levels to increase budgetary allocations resulted into an 18 percent increase in provincial government expenditures on FP programmes vis-à-vis the target of 10 percent inflation-adjusted increase against the baseline of US\$ 111.73 million. In addition, the country programme developed a costed national population action plan amounting to US\$ 1.312 billion, with US\$ 802 million funded from domestic resources, followed by the government call to the international donor community to fill the gap of US\$ 510 million at the donor conference supported by UNFPA in November 2021. There was participatory involvement of stakeholders in the orientation and consultative process to develop Minimum Initial Service Package (MISP) for SRH in humanitarian settings. For the **Adolescents and Youth (AY)**, the programme succeeded in going far beyond the set targets on life-skills-based education and participatory platforms for increased investments in adolescents and youth such as: (i) development and adoption of the first-ever Adolescents and Youth Strategy on Sexual and Reproductive Health and Rights; (ii) Integrated Community Outreach Strategy on Adolescents/Youth Sexual and Reproductive Health and Rights; (iii) National Health and Wellbeing Action Plan for Adolescents and Youth; (iv) National Volunteerism Policy and Youth Engagement Strategy adopted by the Prime Minister's National Youth Development Programme known as 'Kamyab Jawan' programme; (v) development and adoption of three provincial youth policies and action plans, and revision of two provincial youth policies with implementation plans; (vi) establishment of an inclusive National Youth Council (NYC) notified by the Prime Minister and inaugurated by the President. In **Gender Equality and Women Empowerment**, the CP went beyond attaining the output level targets related to gender-based violence (GBV) prevention and response and addressing child marriages. The CP made significant contributions towards the strengthening of policy and accountability frameworks on GEWE attributed to the advocacy and evidence generation role and efforts of UNFPA as the lead agency in addressing GBV and child marriages. Under **Population Dynamics (PD)**, significant achievements have been realised in drawing policy and social attention to PD through the support UNFPA provided to the Population and Housing Census and Pakistan Demographic and Health Survey. For instance, the Supreme Court set in motion a human rights case on PD, which resulted in a set of eight recommendations calling for up scaling human rights-based population programmes and upholding reproductive rights, with the subsequent approval by the Council of Common Interest (CCI) comprising the Prime Minister, key cabinet members and chief ministers. There were significant spin-off effects following the CPs support to the following surveys (i) the Pakistan Demographic and Health Survey brought about national commitment for more investments to accelerate the delivery of rights-based FP services; (ii) the Women's Economic and Social Well-Being Survey in Punjab informed policies and programmes to address GBV and to advance women's economic empowerment, including access to reproductive health services; (iii) the results of Maternal Mortality Survey helped

the government prioritize life-saving maternal health services, with targeted interventions and addressing geographic disparities in maternal death and disability.

As for **Leaving No One Behind**, UNFPA has supported the stakeholders particularly the Government of Pakistan in fulfilling the rights and needs of adolescents and youth by supporting leadership and participation of youth in initiatives that encourage dialogue and seek local solutions for SRH challenges, with a focus on young girls. The support of UNFPA in the single national curriculum, which has incorporated Life-Skill-Based Education (LSBE), is universal and covers all segments of the society. Marginalized segments of the population, such as transgender, minority girls, and vulnerable women have also been prioritized at least in some interventions. However, the evaluation found out that out-of-school children (youth) are missing from the LSBE efforts of UNFPA. Under the humanitarian response, the Women Friendly Health Spaces (WFHS) and referral pathway including psycho-social counselling was provided to Afghan Refugees (AR) who have been in refugee camps for 30 years. In addition, the Socio-economic Wellbeing Survey (SEWS) Punjab includes data on minority religious groups of women belonging to Christian, Hindu and Sikh groups. However, UNFPA's CO's planning and monitoring system, does not have data disaggregated by disability, or other vulnerability domain, nor are there any indicators for segments within marginalised/ disadvantaged population groups. This is an area for improvement in the next CP.

Efficiency: The CO made good use of its resources to deliver results. Based on the review of financial documents, stakeholders' interviews, reviews of Annual Work Plans and Progress reports, only three out of the four component areas have made good use of the resources, except the population and development programme area. Both national and international consultants with requisite skills are used. Stakeholders were supportive of the approach UNFPA took to manage its staff, funds and technical resources. Activities employed to achieve outputs were found to be highly appropriate. The UNFPA administrative and financial systems for the CP were largely adequate and functional. UNFPA has a clear and robust system for ensuring checks and balances, and to ensure that IPs were accountable for deliverables in a timely manner. The evaluation team established that the UNFPA resource management systems were followed to the book and were efficient to support timely implementation of project activities and hence no qualified audit is reported.

Sustainability: With respect to sustainability, the evaluation found widespread ownership for interventions supported by UNFPA as well as by their respective governments. The majority of stakeholders felt confident to continue planning and implementing the programmes without UNFPA support given the fact that IPs had gained sufficient experience while working with UNFPA and during the capacity building and training interventions. Some IPs expressed concerns to miss the capacity building opportunities available through international exposure.

Coverage: With regard to coverage, UNFPA supported small to medium scale initiatives to reach to vulnerable populations with SRHR services, and in addressing socioeconomic and geographic disparities in Balochistan, Sindh, AJK and KPK. In addition, the CP supported the promotion of rights for the population of transgender through the Transgender Act 2018. However, the evaluation found out that women from urban slum areas or remote rural districts where pockets of poverty exist were not targeted effectively under GEWE component of the programme. UNFPA should ensure to target segments in provinces/ regions where data highlights that gender disparity situation needs to be addressed on prioritized footing.

Connectedness: On connectedness, UNFPAs response during emergencies in KP, Sindh and Balochistan provinces was timely, coherent and well connected with the population needs specifically when the benefiting population was among the UNFPA target population. The pioneering work on integration of GBV in humanitarian setting was facilitated under COVID-19, with UNFPA's support to National Disaster Management Authority (NDMA), and Provincial Disaster Management Authority (PDMA) KP. UNFPA ably provided leadership in leading the cluster for GBV through its Multi-sectoral Coordination Mechanism established at NDMA. In addition, much needed data generation on impact of COVID-19 was provided by UNFPA through undertaking a rapid Socio-Economic Assessment of COVID-19 on SRH and GBV, as part of UN's support to Pakistan.

Main Conclusions

Strategic Level:

Given the extent of political unrest in Pakistan and the crisis and emergency situations, caused by the Afghan refugee influx and the on-going global COVID-19 pandemic, UNFPA has greatly invested and has aligned its

programme interventions with the GoP. UNFPA is a valued member of UNCT and strategically positioned as a development partner and recognized by the highest leadership of the country, including the Prime Minister and President. UNFPA worked with other UN agencies following the Delivering as One approach and within UNSDCF 2018-2022. The expansion of the existing partnership base to include private sector and professional associations is paramount. UNFPA's existing partnership arrangements with the Office of the President, the Prime Minister and the provincial chief ministers were beneficial. Significant achievements were made in the development of policies and laws related to the ICPD agenda. However, there were gaps in the implementation of policies and laws.

Programmatic Level:

UNFPA has been successful in advocating to the policy-makers at higher government levels to increase budgetary allocations and to enhance access to SRHR and FP services, to address vulnerabilities, socioeconomic and geographic disparities. UNFPA's advocacy efforts for the development of SRHR policies and legislation were critical and useful. Nevertheless, the accountability systems and community based mechanisms for the implementation of SRHR policies were a challenge. Commendable work has been achieved in the delivery of integrated SRHR services. However there is need for strengthen the full integration of SRHR in the national universal health coverage package. UNFPA was committed to the approach of Leaving No One Behind. Nevertheless, there is need for novel ways and models of reaching the furthest behind first with quality SRH information and services. UNFPA succeeded in the institutionalization of Minimum Initial Service Package (MISP) for SRHR and adequate technical capacity was provided for the development and implementation of FP costed plans.

UNFPA succeeded in achieving the set targets on LSBE and participatory platforms for increased investments for in-school adolescents and youth. However, it was not clear how the LSBE efforts were appropriate for out-of-school adolescents and youth. UNFPA advocacy sessions with the provincial education departments contributed significantly in sensitizing the government officials on the importance of Life Skills Based Education integration and garnering their buy-in for the roll out of the National Guidelines.

Significant achievements with regard to the development of policies, strategies and laws for prevention and response to GBV, harmful practices and child marriage have been made. However, there are gaps in the implementation of policies, strategies and laws. UNFPA made a significant contribution to major breakthroughs such as enactment of the Anti-Rape Ac 2021 by parliament; assisting MOLJ to draft the Sexual Violence Framework (SVF); and recommendations on child marriage conducted in all the provinces. However, there is need for pro-women laws and legislation at national and provincial levels. The housing of multi-sectoral coordination mechanisms at hierarchical tiers (instead of SWD/ WDD) does not allow them to dedicate time to the GBV agenda. As a result, the functionality of the GBV multi-sectoral coordination mechanisms was largely sub-optimal.

UNFPA support was critical in ensuring that coverage of demographic surveys. The integration of PD in the curriculum of the Civil Service Training institutions was a major achievement, which will increase the understanding of young policy makers about the population issues and its impact on the socio-economic situation. The concept of leaving no one behind was well understood by data collection institutions.

Lessons learnt: The key lessons learnt while implementing the CP9 include (a) **Strategic focus and collaborative advantage** proved to be key in maintaining and advancing Pakistan's commitment to the ICPD agenda despite the COVID-19 pandemic risks and challenges; (b) **Broader partnership perspectives and arrangements**, which are not restricted to a mere programme delivery, turned out to be key to building a strong base of support and enabling environment for the ICPD agenda, especially creating alliances and networks for transformative changes and innovative solutions; (c) Even though FP is one of the main focus areas of the ninth CP, one of the key lessons validated is that FP pathways and interventions could not be rights-based and sustained without due consideration to the **broader SRHR agenda** in the frame of the next CPD ; (d) **Brokering partnership arrangements between civil society organizations and government institutions** is important to create greater synergies for the ICPD agenda, ensuring the transfer of knowledge and expertise as well as operational space for the civil society constituents in the complex environment; (e) **Continuous environmental scanning** and investing in **knowledge acquisition** and use pay off in terms of readjusting operational plans and accelerating progress towards the transformative results; (f) a focus on **high-impact interventions, value addition, perseverance,**

transparent and principle-oriented communication in partnerships are key to building and maintaining trust, be it with government partners or development counterparts and donors.

Recommendations

Strategic Level:

Considering Pakistan's exposure to natural hazards and disasters including floods, droughts and earthquakes, security considerations, lessons learnt from the COVID-19 response, and the resilience of the state institutions calling for investing in humanitarian-development nexus, UNFPA should focus on strengthening the national and sub national capacities in resilience programming, emergency preparedness, mitigation, prevention, and response to ensure access to essential and life-saving interventions in humanitarian emergency situations, with the subsequent recovery and rehabilitation actions.

Drawing on the lessons of the 9th Country Programme, which succeeded in expanding the partnership base beyond implementing partner and contribution agreements by applying various cooperation and collaboration modalities (e.g. memoranda of understanding or brokering partnership between civil society and government institutions, among others), the country programme should further expand its partnership base to include private sector and professional associations, among others. This is also considering the potentials of the private sector in the country.

UNFPA should draw on the space of trust and partnership arrangements with the Office of the President, the Prime Minister and the provincial chief ministers through national and provincial taskforces on population dynamics and family planning as well as in the frame of the Prime Minister's Youth Development Programme (Kamyab Jawan Programme).

Building on the ninth Country Programme's momentum and accomplishments, UNFPA should focus on establishing accountability mechanisms and models for scaling up policy implementation and enforcement of laws related to the ICPD agenda.

Programmatic Level:

UNFPA should scale up advocacy for SRHR policy and legislative actions and invest in accountability systems and community based mechanisms for the implementation of SRHR policies and legislative frameworks to remove various barriers to SRH information and services. UNFPA should be pro-active and continue its advocacy role to ensure that the budgetary allocations by government to programmes are either sustained or increased above current levels. SRHR Programme should invest in the integrated delivery of the constellation of SRHR services (FP, ANC/ PNC, EmONC, HIV/STIs and GBV, among others), quality of SRHR services and strengthen the full integration of SRHR in the national universal health coverage package. UNFPA should introduce and demonstrate innovative ways and models of reaching the furthest behind first with quality sexual and reproductive health information and services to address geographic and other disparities. UNFPA and partners should advocate for and support the operationalization of MISP and influence budgetary allocations from government on MISP and provide technical support to provincial governments on the implementation of the costed plans on MISP.

Building on the policy gains and programme accomplishments, UNFPA should support the Adolescents and Youth Engagement Strategic Frameworks at the national and provincial levels that facilitate the integration adolescents and youth SRHR across the humanitarian-development continuum. UNFPA should regularly advocate with national and provincial government officials on the implementation of various AY policies, strategies and action plans. UNFPA should advocate with national and provincial government officials on the implementation of various AY policies, strategies and action plans. At the same time, UNFPA should work with stakeholders to remove bottlenecks that impede implementation.

Building on the recent breakthroughs, including high-level policy statements and legislative actions for addressing sexual and gender-based violence and child marriages, UNFPA should advocate for advancing the pro-women laws and legislations at national and sub-national levels. UNFPA and partners should advocate with national and provincial government officials about the need and value of the appropriate housing of MSCMs. The Education Service Package indicated health, social services, police and justice as the main sectors of intervention.

UNFPA should focus on strengthening the data systems and knowledge platforms on population changes with the main focus on diversity and disparities to inform development policies and programmes, resilience building, emergency preparedness and response.

CHAPTER 1: Introduction

1.1 Purpose and Objectives

The UNFPA Pakistan Country Office (CO) commissioned the Country Programme Evaluation (CPE) of the Ninth Country Programme (CP9) of Assistance to the Government of Pakistan to serve three main purposes: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; and (iii) contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 ICPD. The evaluation will be forward-looking and will take into account the most recent strategy and UNFPA Pakistan programming orientations. The overall objective of the evaluation is to assess the achievements of CP9 in the dynamic context of Pakistan as well as its alignment to the UNFPA Strategic Plan and SDGs.⁶²

The specific objectives of the CPE are to:

- Assess the relevance of the programme to the national needs and priorities, especially in the area of, GBV/Gender, youth and adolescents, population dynamics and data for development, as well as its strategic alignment with the SDGs, ICPD Programme of Action and UNFPA 2030 transformative results (a) end preventable maternal deaths, (b) end the unmet need for family planning, and (c) end gender-based violence and all harmful practices, including child marriage.
- Strategically assess the achievements of CP9 towards its commitments (effectiveness and efficiency) listed under the results and resources frameworks and their sustainability, challenges to achieving and sustaining these results, partnerships, capacity and structure of the CO to deliver the planned results.
- Conduct an analysis (coherence) of how UNFPA has positioned itself within the development community and national partners with a view to coordinating, adding value, synergies to the country development results, enabling evidence-based policy improvement for SRHR, GBV/Gender equality, youth and adolescents, population dynamics and data.
- Assess the overall coherence of the programme implementation to position UNFPA Pakistan within the development-humanitarian context of the country as well as the effectiveness of resource mobilization endeavours.
- Identify and analyze innovative/high impact approaches, lessons learned and good practices and provide strategic and actionable recommendations to inform the direction of the next Programme Cycle which is aligned with national priorities, UNSDF, the new UNFPA Strategic Plan, ICPD, FP2030 and the SDGs.

1.2 Scope of the Evaluation and Audience

1.2.1 Geographical

Concerning geographic focus, the evaluation will target the Implementing Partner Offices and stakeholders at national and provincial levels (Balochistan, Khyber Pakhtunkhwa, Punjab and Sindh).

1.2.2 Thematic

The evaluation will include all initiatives under CP9 funded by regular resources and other resources, and those implemented by Implementing Partners and UNFPA. The evaluation will cover the programmatic areas of sexual and reproductive health, adolescents and youth, gender equality and women's empowerment and population and development. Cross-cutting areas will include partnership and resource mobilization.

1.2.3 Temporal

The evaluation will cover interventions planned and/or implemented within the period of the current CP9: 2018-mid-2021.

1.2.4 Audience

The primary users of this evaluation are the decision-makers within the UNFPA country office, other country offices and the organization as a whole, government counterparts, civil society organizations and beneficiaries in the country, the UNFPA Executive Board, and other development partners. The UNFPA Asia Pacific Regional Office

⁶² Draft Terms of Reference Pakistan Country Programme Evaluation 6 April 2021-APRO Reviewed.docx

(APRO) and UNFPA Headquarters divisions, branches and offices will also use the evaluation as an objective basis for programme performance review and decision-making. In addition, the final evaluation results will be disseminated using a stakeholders' workshop and will be available on the UNFPA Pakistan website as well as on the corporate website for UNFPA evaluations.

1.3 Methodology and Process

1.3.1 Evaluation Criteria and Evaluation Questions

The evaluation systematically used the five OECD – Development Assistance Committee (DAC) criteria: relevance, effectiveness, efficiency, sustainability, coherence and two UNFPA criteria (coverage, connectedness).^{63, 64} The aspect of technology is an add-on from the CO and is included in the criteria measuring effectiveness, and efficiency. Based on these evaluation criteria, the Evaluation Team adopted, with minor modification, a cluster of **10 key evaluation questions** as shown in **Table 1**. The evaluation questions are unpacked and linked to corresponding assumptions, indicators, data sources and data collection methods and tools as elaborated in the **Evaluation Matrix** which is presented in Annex 4.

Table 1: Evaluation Criteria and Evaluation Questions

Evaluation Questions
<p>Relevance EQ1: To what extent has UNFPA support in the field of Sexual & Reproductive Health, Adolescents & Youth, Gender Equality & Women's Empowerment, and Population Dynamics: i) adapted to the needs of population, including the needs of marginalized and vulnerable groups; ii) adapted to the changing needs in the COVID-19 context iii) was responsive to human rights and gender equality dimensions?</p>
<p>Coherence EQ2: To what extent is UNFPA's support i) coherent with the priorities set by relevant national policies as well as international normative frameworks, including the 2030 Agenda, ICPD PoA and ii) complements, coordinates with and adds value to the support of UN partners (in the UNCT) and development partners in the UNFPA mandate areas, including for the COVID-19 response and recovery efforts?</p>
<p>Effectiveness EQ3: To what extent has UNFPA strengthened the national capacities and the policy environment to provide quality integrated Sexual and Reproductive Health and Family Planning information and services, especially for the vulnerable and marginalized populations? <i>(With a focus on comparison of the intended goals, outcomes and inputs with the actual achievements in terms of results, including measurement of unintended results).</i></p> <p>EQ4: To what extent has UNFPA increased national priority on Adolescent and Youth and enhanced national capacities to provide adolescent and youth friendly Adolescent Sexual and Reproductive Health (ASRH) services, especially to the most vulnerable adolescent girls? <i>(with focus on comparison of the intended goals, outcomes and inputs with the actual achievements in terms of results)</i></p> <p>EQ5: To what extent has UNFPA increased the national priority, strengthened capacities, systems and institutions, including technology, and improved legal and policy environment in support of gender equality, women empowerment, gender-based violence prevention and response services and other harmful practices including child marriage? <i>(With focus on comparison of the intended goals, outcomes and inputs with the actual achievements in terms of results, including measurement of unintended results).</i></p> <p>EQ6: To what extent has UNFPA support contributed to improved disaggregation of data to ensure that evidence-based development and implementation of plans, programmes and policies reflects needs of variety of stakeholders, including those furthest behind?</p>

⁶³ UNFPA Evaluation Office. (2019). Evaluation Handbook. How to Conduct a Country Programme Evaluation at UNFPA. Available at: www.unfpa.org/EvaluationHandbook

⁶⁴ The DAC Principles for the Evaluation of Development Assistance. OECD (2000).

Evaluation Questions

(With focus on comparison of the intended goals, outcomes and inputs with the actual achievements in terms of results, including measurement of unintended results).

Efficiency

EQ7: To what extent has UNFPA made good use of its human, financial, and administrative resources and used an appropriate combination of tools, approaches, innovation and technology, also leveraging the national resources, to pursue the achievement of the outcomes defined in the country programme?

Sustainability

EQ8: To what extent has UNFPA been able to generate political will and support partners and stakeholders in developing capacities and establishing mechanisms to ensure ownership and the durability of effects also considering the COVID-19 context?

Coverage

EQ9: Using policy level initiatives, to what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/marginalized groups based on socio-economic and geographical disparities?

Connectedness

EQ10: To what extent, did the initiatives undertaken by UNFPA during a humanitarian situation take longer-term development needs, concerns and inter-connected problems into consideration?

Notes:

- i. *The CPE Team proposed incorporation of UN partners in the 'UNCT' EQ2.*
- ii. *The CPE Team proposes that EQ3; EQ4 &-EQ6 (focussing on Effectiveness) should incorporate the comparison of the intended goals, outcomes and inputs with the actual achievements in terms of results. In addition, measurement of unintended results (negative or positive) has been included.*
- iii. *The criterion of Technology is an add-on proposed by the CO and accepted by the ET. Resultantly, the aspect of technology has been included in EQ5 (effectiveness) and EQ7 (efficiency).*
- iv. *In asking about marginalized and vulnerable groups the Evaluation Team implies whether specific focus was retained on persons with different abilities, ethnic and religious minorities, transgender communities, and communities residing in rural and remote areas.*

1.3.2 Methods of Data Collection

The evaluation utilised qualitative and quantitative data collection methods, which included a desk review of relevant CP9 documents and KIIs with stakeholders at national and sub-national levels. The specific data sources were provided in the Evaluation Matrix. The evaluation used a participatory process actively involving UNFPA staff, key stakeholders and beneficiaries.

1.3.2.1 Document Review

The evaluation involved an extensive review of documents, to inform the evaluation design, and to triangulate with primary sources. The Evaluation Manager identified and provided the main documents for the evaluation team as per UNFPA Evaluation Handbook guidelines. Additional documents included planning, monitoring and evaluation reports on programme thematic areas.

1.3.2.2 Key informant interviews

Key Informant Interviews were held with stakeholders at national and sub-national levels using semi-structured schedules built on the key evaluation questions. The selection of the stakeholders at national and sub-national levels for the online key informant interviews is described in section 1.3.5.

1.3.3 Ethical Considerations

The evaluation was conducted in accordance with the UNFPA Evaluation Policy, United Nations Evaluation Group Ethical Guidelines, Code of Conduct for Evaluation in the UNEG,⁶⁵ and the United Nations Norms and Standards for evaluation in the United Nations System.⁶⁶ The evaluation team adhered to the following accepted codes of conduct such as: a) adhering to the international norms and standards, b) seeking consent from respondents, c) maintaining confidentiality, d) keeping sensitive information, e) avoiding bias, f) being sensitive to issues of discrimination, g) avoidance of harm and (g) respect for dignity and diversity. The ethical considerations were achieved through ensuring that each member of the Evaluation Team behave in an ethical manner. An intensive brainstorming session among the Evaluation Team members on ethics in evaluation studies ensured that each member of the team is well equipped to deal with ethical issues during the conduct of the evaluation.

Obtaining consent: The Evaluation Team obtained oral/written consent from all respondents before they are interviewed including adolescent respondents who are aged below 18 years. For the adolescents who are below the age of 18 years, the Evaluation Team will obtain both parental permission and child assent in order for the adolescents to participate in the interviews or FGD sessions. The special needs around GBV, and disability-related work were also taken into consideration.

GBV and Disability Interviews: For GBV and disability related data collection, ethical consideration will be paramount. The Evaluation Team interviewers ensured confidentiality, and adequate and informed consent. For GBV research alongside ethical consideration, safety concerns also are critical issues. In case the survivor of violence was interviewed, safety was prioritized in cognizance of the fact that the respondent often lives with their abuser. Thus, confidentiality was strictly protected to safeguard respondent from attacks in case of breach. Alongside the interviewer was sensitive so as not to cause further distress.

Differentiation of participants: On the selection of different age groups, gender and vulnerable categories of people, the Evaluation Team was guided by the UN Sustainable Development Group programming principle of 'Leaving No One Behind'⁶⁷ and the different target beneficiaries of UNFPA Pakistan 9th CP.

1.3.4 Data Collection Tools

The evaluation questions were translated into information needs, as displayed in the Evaluation Matrix in Annex 4. The Evaluation Matrix linked the evaluation questions with corresponding assumptions that were tested (operational definitions/indicators), sources of information and methods of data collection. In this regard, the Evaluation Matrix was further used as a basis for the development of the tools in the evaluation.

1.3.5 Selection of Stakeholders at National and sub-National Levels

Sample design methods generally refer to the technique used to select sample units for measurement (e.g., select individuals from a population or locations to sample within a study area). Before sample design methods could be considered, it was necessary to have thoroughly defined the population, study area, sampling unit, and sampling objective. Sample design methods are typically divided into two types: Non-random and random methods. The universe for the evaluation of 9th CP (2018-2022) was all stakeholders engaged in the implementation of UNFPA interventions. Thus, the evaluation of the 9th programme required the selection of a sample of stakeholders (mainly the implementing partners) for data collection. For this purpose, the UNFPA Handbook instructs well about the criteria to be used to identify the stakeholders for data collection including types of interventions, financial allocation, national and regional coverage and inclusion of all types of stakeholders. The Handbook also guides that the sample should be illustrative, not statistically representative. The 9th CPD shows that the UNFPA assistance for five years (2018-22) was US\$39.5 million. Four priority areas for interventions include 'SRH', 'gender equality and women empowerment', 'adolescents and youth' and 'population dynamics/data'. More than half of the total assistance (US\$ 39.5), 57 percent, was for the SRH, while the share of other three priority areas of the programme, adolescents and youth, gender equality and women empowerment, and population dynamics was 15

⁶⁵United Nations Evaluation Group, UNEG Ethical Guidelines, accessible at: http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=102 and UNEG Code of Conduct for Evaluation in the United Nations system, accessible at: http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=100 [Accessed 11 June 2021]

⁶⁶<http://www.unevaluation.org/document/detail/102> [Accessed 12 June 2021].

⁶⁷<https://unsdg.un.org/resources/leaving-no-one-behind-unsdg-operational-guide-un-country-teams-interim-draft> [Accessed 15 June 2021].

percent, 12 percent, and 12 percent respectively. Moreover, the coverage of the program was primarily national, with some interventions in specific locations based on local context and availability of resources.

By using the UNFPA Handbook guidelines, the sample of stakeholders was selected at the national and province levels. At the national level, the Ministry of National Health Services, Regulation and Coordination (MoNHSRC), Population Program Wing (MoNHSRC), Ministry of Education, National Disaster Management Authority (NDMA), Kamyab Jawan, Pakistan Bureau of Statistics (PBS) and National Institute of Population Studies (NIPS) were selected from the Government sector. These ministries or departments cover all priority areas of the UNFPA interventions e.g., the MoNHSRC and its Population Program Wing are the implementing partners in SRH/family planning, AY and PD sectors. For the gender/GBV interventions, the Ministry of Law and Justice, Women Parliamentary Caucus and NDMA were included in the sample. The Ministry of Education and its National Curriculum Council were the key implementing partners for AY at the national level. For the PD component which also covers the data analysis area of priority, NIPS and PBS were made part of the sample. From the INGOs, four organizations were included in the sample, Population Council, JHPIEGO, Agha Khan Foundation and Pathfinder International. The Population Council was engaged in four interventions (Family Planning, AY, Gender and PD), while Pathfinder has been engaged in Family Planning and Gender. Local NGOs, engaged in priority areas were represented well in the sample (Table 11). The key partners from the UN system such as UNDP, UNICEF, UNWOMEN, USAID and WHO were also included in the sample. What the selection of these stakeholders represents? The sample at the national level represented well the UNFPA priority areas, the ministries and government departments engaged in interventions, INGOs, local NGOs, and academia.

The key stakeholders in the Government sector at the sub-national level included their respective Population Welfare Departments, Health and Education (or Literacy) Departments, and Commissions on Status of Women. The other stakeholders included INGOs, NGOs, academia and private sector (in Sindh and Balochistan). Like the national level, the selected stakeholders at the sub-national/province level represented well the UNFPA priority areas by geographical locations. For example, the selection of the provincial commissions on status of women helped understand the effect of UNFPA interventions on gender equality and women empowerment. The CPE Team was aware that most of the UNFPA interventions were implemented at national and sub-national levels, which made it challenging to identify the direct beneficiaries of the interventions. The beneficiaries of humanitarian assistance from KP were included in the sample. A direct contact with the beneficiaries helped the team to understand how the assistance benefitted them. The Evaluation Team interacted with UN agencies that included: United Nations Children's Fund (UNICEF); World Health Organisation (WHO), UN Women, and United Nations Development Programme (UNDP). The stakeholders selected at national and sub-national levels were consulted through interviews using remote (online) access using various communication channels that included: Zoom and phone calls, as appropriate and feasible, according to the COVID-19 epidemic context. In addition, the team interacted with relevant funding agencies including the Foreign and Commonwealth Development Office (formerly DFID) and USAID, among others.

1.3.6 Consolidation of Data, Analysis and Reporting

Data consolidation is the process that amalgamates all the data collected from different sources, eliminate redundancies, and remove inaccuracies before sorting it a single location, such as a database. The data for the evaluation of the 9th UNFPA CP 2018-2022, as guided by the UNFPA Handbook, was collected through two main sources: documentary review, and individual in-depth interviews. The nature of the data/information was mainly qualitative, around four main intervention areas: SRH, adolescents and youth, gender equality, women's empowerment, and gender-based violence, and population dynamics/data. The evaluation team worked together to consolidate the collected data by themes such as:

- SRH policies, SRH services, health workers' capacity, and supply chain management;
- Adolescents and youth skills and capabilities, youth policies, and youth leadership and participation;
- Prevention and addressing of GBV, eliminating harmful practices; and
- Population data systems and demographic analyses.

1.3.6.1 Qualitative Data

Qualitative data from primary sources were analysed using the content and thematic analysis framework. This involved organising data according to themes related to the evaluation objectives, evaluation questions and criteria.

In addition, the CPE team was open to considering emerging themes that emerged in the process of collecting and analysing qualitative data. Some striking quotes and human stories from beneficiaries were cited verbatim in the findings to support the thematic analysis. Storylines from participants were analysed using narrative analysis.

1.3.6.2 Quantitative Data

The quantitative data from secondary sources was analysed using descriptive statistical methods involving tabulations and graphing of the data. The descriptive data on the indicators for each of the programmatic components was disaggregated by region to show any differentials within the review period. These components (qualitative and quantitative) of the evaluation allowed the evaluation team to develop initial findings and recommendations. Feedback from staff at UNFPA Pakistan CO and the Evaluation Reference Group (ERG) enabled the Evaluation Team to further refine the recommendations and conclusions.

1.3.6.3 Contribution Analysis and Triangulation

Contribution analysis was used to assess the coherence of the results chain and intervention logic in the CPD and the effectiveness of the UNFPA CP9 in achieving activities and outputs and their contribution to outcome results in the component areas. All the evaluation criteria were addressed and analysed for the component areas following implementation modalities and efficiencies. In addition, triangulation, that is combination of data from document analysis and primary research, allowed the drawing of conclusions and recommendations from different outcomes including both planned and unexpected outcomes. The formats of the UNFPA Evaluation report as specified in the UNFPA Handbook on Evaluation were used for tabulation and analysis to organise the findings within the main body of the report.

1.3.7 Data Quality Assurance

Throughout the field phase, the team leader ensured that all members of his team correctly understood which types of information must be collected, and how this information should be recorded and archived. Data quality was maintained by triangulating the data sources and methods of collection and analyses. Validation of preliminary findings, by key stakeholders, enhanced the quality of data collected ensuring the absence of factual errors or errors of interpretation and no missing evidence that could materially change the findings. In addition, the ET conducted the first KIIs together to ensure consistency in the data collection process, particularly concerning questioning, probing and recording of data. The secondary data was obtained from various documents in the repository constructed by the UNFPA CO and documents provided by other stakeholders to the consultants. The quality of the secondary data was validated and found to be satisfactory for use in the evaluation.

1.3.8 Limitations of the Methodologies, Data and Mitigation Measures

The COVID-19 restrictions have impacted researchers globally and how we carry out research studies effectively. Therefore, the Evaluation Team once acquainted, took into account their mobility restrictions when developing the study design. The Evaluation Team was aware that mixed-methods evaluation studies would require the use of qualitative methods, which heavily rely on face-to-face interactions for data collection. We therefore aimed to use Microsoft Teams/Zoom/Skype/ social media to conduct the KIIs and FGDs. In addition, immediate peer debriefing and in-depth internal team discussions aimed to mitigate barriers associated with virtual interviewing.

Restrictions related to COVID-19, required that some data especially from National and sub-national IPs be collected remotely and was therefore be dependent on respondents having access to Internet, telephones, or other devices enabling remote communication. As such, data collection depended on the accessibility of the aforementioned communication tools, and therefore the perspectives of participants residing in more remote and less resourced settings across the country needed to be further explored. In order to mitigate issues related to timeliness, UNFPA's Pakistan CO ensured that the forming of the Evaluation Team was prompt and interdisciplinary to collect and analyze the data, by ensuring that each consultant had a 'seat at the table' (Martineau, 2015). The strong team of expertise reviewing and developing the tools for this evaluation helped mitigate delays of production and therefore also knowledge sharing.

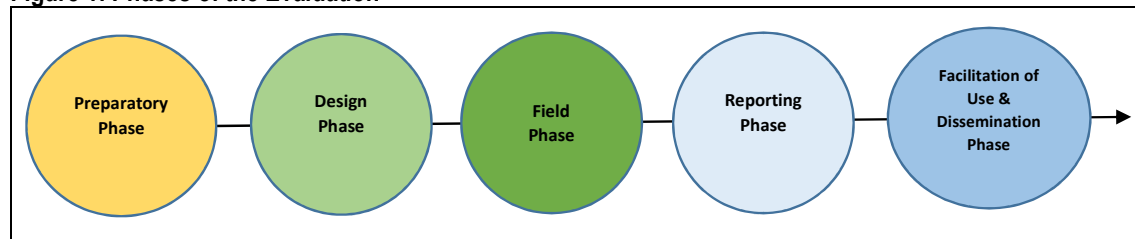
As noted earlier, the universe for the evaluation was all stakeholders engaged in the implementation of UNFPA interventions. These stakeholders, particularly implementing partners, were the major source for the generation of the required information. Some of the limitations of the proposed approach for data collection were as follows: First, since most of the UNFPA interventions were implemented at national and sun-national levels, which made it

challenging to identify the direct beneficiaries of the interventions. The information generated through the implementing partners of UNFPA could be biased to show their achievements. The second limitation of data generation was the use of remote access for interviews of stakeholders/implementing partners. The quality of data through this remote access technique could probably be lower than the direct or face-to-face interviews. Third, the theory of change was an essential building block of the evaluation methodology in this CPE. However, there is a strong possibility that UNFPA intervention in a particular area e.g., SRH, gender equality, adolescents and youth was one of the factors affecting the change. Through the qualitative approach it was not possible to isolate the exact contribution of a UNFPA intervention in a particular change. To minimise these data bias or limitations, several measures were adapted: (i) the qualitative data was complemented with quantitative data to strengthen the validity of the findings; (ii) an effective use of technology and good quality interviews of the selected stakeholders generated the required information/data; and (iii) the strengths and weaknesses of the ToC which drives the contribution made by the current Country Programme was assessed.

1.3.9 Process Overview

There were five phases of the CPE namely: 1. Preparatory phase; 2. Design phase; 3. Field phase; 4. Reporting phase; 5. Facilitation of use and dissemination phase which are shown diagrammatically in Figure 1.

Figure 1: Phases of the Evaluation



Source: Adapted from UNFPA CPE Handbook

The evaluation team started with the design phase. The various activities were undertaken during the CPE and the timelines are shown in the CPE Agenda in Annex 9.

CHAPTER 2: Country Context

2.1 Development Challenges and National Strategies

Population: Pakistan overpassed Brazil in 2020 and jumped from being the sixth most populated country to the fifth most populated country in the world, with its population projected at 220.9 million as of mid-2020.⁶⁸ The country's population has been growing at an intercensal growth rate of 2.40 percent per annum between 1998 and 2017,⁶⁹ and with population growth rate of 1.80 percent in 2020.⁷⁰ According to the United Nations Population Division's medium projection variant at 2.045, Pakistan's population will reach 338 million by 2050, an increase of more than 50 per cent over its current figure. This burgeoning population growth results in diluting any significant strides Pakistan makes in addressing its development challenges. Currently amongst its many challenges including population growth, the critical ones are economy related that directly impacts its poverty alleviation endeavours, compounded by weak governance which not only affected its ability to capitalise on its many assets (including its demographic dividends), but also led to mismanaging the economy, resulting in inflation and burdening consumer prices for the population over the last three years. As stated, the bulging youth population is yet to be translated into demographic dividends.

Poverty: Statistics vary due to the definition of poverty, but according to the World Bank's data, Pakistan experienced a consistent and sharp decline in poverty over the 12 years period between 2001 -2013, with poverty in 2001 standing at 64.3 percent, which decreased to 29.5 percent in 2013⁷¹. However, Gini index reflected inequality to remain stable around 31. Punjab province continued to be at 25.3 percent with the lowest poverty while Balochistan stood at 56.8percent in 2013. Pakistan's per capita income underwent a steady increase from the year 2000 to 2016-17 at 746 mp- US\$ to 1652.0 (or Rs 162,230/) respectively. It dropped to 1497.3 in 2017-18 based on provisional figures of population census of 2017. Despite the steady increase over the growth period, in real terms, it meant that people below the poverty line were still living on \$2 per day.

COVID-19 crisis effect on Poverty, SRHR, FP, and GBV

Effect on Poverty: Before COVID-19 pandemic, poverty level was at 24.3 percent in 2015-16 and had declined to 21.9 percent in 2018-19.⁷² Due to COVID-19, Pakistan's poverty rate in 2020 was estimated to have increased for the first time, after uninterrupted decline in poverty over two decades. According to a recent survey by the Pakistan Bureau of Statistics, half of Pakistan's workforce was severely hit by the pandemic.⁷³ It is estimated that 20.7 million workers, which is 37 percent of the total workforce, lost their jobs, while an additional 6.7 million workers (12 percent) suffered a decline in their labor income between April and July 2020.⁷⁴ The severity of the pandemic impacted the most vulnerable segments of the labor force, which is the informal and low-skilled workers, meaning that it worsened the severity of poverty among the already poor.

Effect on Family Planning, SRH and ASRHR: Pakistan is categorized as a Low-Middle-Income Country where the health system, particularly at the primary health care level, is facing several challenges.⁷⁵ The recent Pakistan Demographic Health Survey (PDHS) 2017-18 has reported a high unmet need for family planning (FP) commodities in Pakistan. COVID-19 has further worsened this already deteriorated situation by diminishing the access to FP services.⁷⁶ During the COVID-19 pandemic the health system-based approach for FP services is critical in Pakistan to avoid unwanted pregnancies as well as to prevent further maternal morbidity and mortality. While studying the possible effects of COVID-19 on the future birth rate, Ullah MA, et. al. found that the diversion of human resources especially from primary healthcare services, had critically affected the provision of FP services. Moreover, the strategies that were aimed at ending the spread of COVID-19, had also distorted the logistic

⁶⁸ Population Reference Bureau.

⁶⁹ https://www.pbs.gov.pk/sites/default/files//population_census/census_2017_tables/pakistan/Table01n.pdf

⁷⁰ Pakistan Economic Survey, 2020-21.

⁷¹ Global_POVEQ_PAK.pdf

⁷² **Poverty in Pakistan rises to over 5% in 2020:** <https://www.business-standard.com>

⁷³ Pakistan Bureau of Statistics (2020): Special survey for evaluating socio-economic impact of COVID-19 on wellbeing of people.

⁷⁴ World Bank. 2021. Pakistan Development Update, April 2021: Navigating in Uncertain Times. World Bank, Washington, DC. © World Bank. <https://openknowledge.worldbank.org/handle/10986/35772> License: CC BY 3.0 IGO

⁷⁵ Legido-Quigley H, et al. Are high-performing health systems resilient against the COVID-19 epidemic? Lancet. 2020;395(10227):848-850.

⁷⁶ Ullah MA, et al. Potential Effects of the COVID-19 Pandemic on Future Birth Rate. Front Public Health. 2020;8(578438):1-6.

mechanisms of FP commodities supplies, which resulted in compromised access to FP commodities.⁷⁷ In addition, recently, UNFPA has reported that due to the neglected health services in Low-Middle-Income countries, about 47 million women will not be able to utilize contraception and this would result in 7 million unintended pregnancies.⁷⁸

Effect on GBV: COVID-19 pandemic resulted in increased GBV as the COVID-19 SOP requirements entailed lock downs, impacting restriction in means of reporting to authorities and helplines, due to offices remaining non-operational during the lock down phase. It has been established that the COVID-19 lockdown resulted in increase in domestic violence, due to amplified exposure of women and children to the perpetrator, making them more vulnerable, compounded by reduced means of reporting to extended family or authorities due to curbs on mobility. One example from The Punjab Safe City Authority (PSCA) and Punjab Unified Communication and Response (PUCAR-15) showed a 25 percent increase in domestic violence, based on number of complaint reports received on their helplines, during lockdown between March 23 and April 23 across the Punjab province.⁷⁹ It may be noted that only 25percent of women have mobile phones, and therefore the 25percent increase reflect a tip of the iceberg of the increase in domestic violence.

Human Development Index: Pakistan’s UN’s Human Development Index⁸⁰ (HDI) value for 2019-2020 is 0.557—which put the country in the medium human development category-positioning it at 154 out of 189 countries and territories (see **Table 2**). Over almost two decades, between 1990 and 2019, Pakistan’s HDI value increased from 0.402 to 0.557, registering an increase of 38.6 percent. The table below reviews Pakistan’s progress in each of the HDI indicators. Between 1990 and 2019, Pakistan’s life expectancy at birth increased by 7.2 years, mean years of schooling increased by 2.9 years and expected years of schooling increased by 3.7 years. Pakistan’s GNI per capita increased by about 64.1 percent between 1990 and 2019.⁸¹

Table 2: Pakistan’s Human Development Index (HDI) trends based on consistent time series data and new goalposts

Year	Life expectancy at birth	Expected years of schooling	Mean years of schooling	GNI per capita (2017 constant PPP\$)	HDI value
1990	60.1	4.6	2.3	3 049	0.402
1995	61.5	5.0	2.8	3 206	0.426
2000	62.8	5.4	3.3	3 208	0.447
2005	64.0	5.7	4.5	3 780	0.486
2010	65.3	6.8	4.7	4 54	0.512
2015	66.6	7.3	5.1	4 534	0.536
2016	66.8	7.6	5.1	4 691	0.542
2017	66.9	8.0	5.1	4 821	0.550
2018	67.1	7.9	5.2	4 992	0.552
2019	67.3	8.3	5.2	5 005	0.557

Source: UNDP Human Development Reports for Pakistan

Gender Equality: Women empowerment and gender equality, as well as countering gender-based violence (GBV), remains a daunting challenge against the prevailing patriarchal, conservative, tribal and feudal barriers in certain parts of the country, mostly prevalent in remote rural areas. Early or forced marriages of girls, honour-killing, truce offering of girls in *Wani* or *Swara*, bride-price and other cultural and harmful practices, although stand prohibited under different laws of the country, are still being committed against women. Government response mechanisms for countering GBV remains to become effective. The gender gap in education has not closed, health indicators

⁷⁷ Ullah MA, et al. Potential Effects of the COVID-19 Pandemic on Future Birth Rate. *Front Public Health*. 2020; 8(578438): 1-6.

⁷⁸ Bakhtawar M. H. Khowaja, Quratulain Shalwani Impact of COVID-19 on family planning. *Eur J Midwifery* 2021; 5(June): 22

⁷⁹ <https://www.thenews.com.pk/tns/detail/678152-locked-down-and-vulnerable>.

⁸⁰ http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/PAK.pdf

⁸¹ http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/PAK.pdf

require drastic attention, women comprise only about 22 percent of the labour force, and only 25percent own a mobile phone while only 14percent are using the internet.⁸²

Economics: Pakistan is a developing country, and therefore its economic progress is the main pillar of development. However, its economic progress and growth were marred with inefficiencies in its water, energy and agricultural sectors, and continued challenges by the exponentially high population growth, rapid urbanization, insurgency and terrorism, among others. Pakistan's gross domestic product (GDP) has been increasing over the period of 1985 to 2018-19.⁸³ In 2001 it was 77 billion USD and increased to 304 billion USD in 2017-18. Although GDP grew at an average of 5 percent a year since 2005 - 2018, it proved inadequate in the face of challenges like burgeoning population, either to eradicate poverty or improve HDI ranking of Pakistan, especially since budgetary allocations by successive governments, for education and health, were not prioritized over the years. Since 2019 it has been registering a fall, where it decreased to around 262.8 billion USD in 2020.⁸⁴ However, a rise in GDP growth is projected, despite the fact, that Pakistan has faced three waves of Covid-19 pandemic till mid-2021. The actual and projected fall in GDP growth rate, compounded by Covid-19 led resource-constraints, is going to bear adverse impact on hard-won advances made over the years in poverty reduction and social indicators. Scarce resources will impede the present government's strategy of investing more in human capital of the country in future, especially in the much vital area of budgeting for gender equality and women empowerment as well as maternal health and FP services, leading to further deterioration of Pakistan's performance on the HDI indicators.

Labour force participation rate in Pakistan: The number of employed workers for 2017-18 for all ages, stood at 31.70percent. It was reported that only 22.18percent females (percent of female population ages 15+), in 2020 comprised the labour force.⁸⁵ Women work mainly in agriculture sector and craft related trades. Despite increase in women's mobility the increase has not translated correspondingly in labour force participation rates. Unemployment is one of the biggest problems facing the youth in Pakistan, where the situation has worsened due to Covid-19 pandemic. Lack of proper education and skills are main factors that impede the chances of the younger workforce to be gainfully employed.

Education: Challenges pertaining to current fiscal constraints due to Covid-19, compounded by Pakistan's alarming population growth will result in underfunding of key sectors like education. In the past, partly due to population growth and partly due to low investment in education, the adult literacy rate percentages barely managed to demonstrate an abysmal improvement of 1percent over the period of 2013 to 2018. The percentage improved from overall 55 to 56, with male percent and female percent increasing from 70 to 71, and 58 to 60 respectively.⁸⁶ In 2019-20 Youth Literacy was 72 percent but was higher in males at 79 percent than in females at 65 percent.⁸⁷ In 2019-20, Out of School children, consisting of children aged 5 to 16 years who have never been to school and the drop outs, stood at an alarming rate of 32 percent, which means about one-third of our school-going children are not getting any education. Such alarming statistics in the education sector are occurring even though the policy and legal environment has undergone favourable improvements, with the introduction of the 18th Amendment to the Constitution, where Article 25A obligates the state to provide free and compulsory education to the children of age five to sixteen years. Despite free and compulsory education provided over a decade, the percentages of enrolment and retention remain low while the gender gap is yet to close.

Security and Humanitarian Challenges: On the security front, Pakistan continues to face many challenges. Pakistan witnessed a big decrease in terrorist attacks in the preceding years due to its military operation 'Zarba Azb' that wiped out terrorist cells and groups operating here. However, the security situation could again become volatile due to the USA military's exit from Afghanistan this year, which could result in warfare across the border, for taking control of the government there. The Pakistan military apparatus has already warned of sleeper terrorist cells getting revived in Pakistan, with fear of surge in terrorist attacks here. As already witnessed in July this year, it is foretold that CPEC projects and Chinese workers will come under attack by terrorists, and their security would become a top priority for law-enforcement agencies. The phenomenon of violent extremism in Pakistan is highly

⁸² PSLM Report 2018-19.

⁸³ https://www.pbs.gov.pk/sites/default/files/tables/rename-as-per-table-type/Table_4.pdf

⁸⁴ <https://www.statista.com/statistics/383739/gross-domestic-product-gdp-in-pakista>.

⁸⁵ <https://tradingeconomics.com/pakistan/labor-participation-rate-female-percent-of-female-population-ages-15-plus--wb-data.html>.

⁸⁶ PSLM Report 2018-19: https://www.pbs.gov.pk/sites/default/files/pslm/publications/pslm_2018-19/pslm_report_2018-19_national_provincial.pdf

⁸⁷ PSLM Report 2018-19.

complex where radicalization result from a multitude of ‘push’ and ‘pull’ factors such as poverty, ethnic or sectarian discord, political grievances, extremist ideologies, psychological disorders, and sociological and economic factors. Alongside security Pakistan also faces challenges from natural disasters on an on-going basis. In the last few decades, Pakistan has suffered from flooding and earthquakes, resulting in loss of lives, homes and livelihoods. Flooding has impacted harshly all the regions of the country. It is reported that these natural hazards are likely to increase as a result of climate change and environmental degradation, compounded by poor preparedness in communities, which will further increase the challenges of humanitarian disasters.⁸⁸ While insecurity, conflict, and natural disasters present humanitarian challenges, but as a result of such humanitarian situations emerging, developmental challenges get exacerbated, with resultant increase in inequality and impediments to poverty alleviation. This sets up a vicious cycle of further poverty and destitution.

Corruption: Pakistan is a state with weak institutions, where political uncertainty is the rule and bureaucratic and political corruption is widespread. Therefore, it is the norm to resort to unlawful practices in order to push things along and circumvent countless political, bureaucratic and judicial hurdles. Among the many challenges Pakistan faces, corruption is also one that has been pivotal to obstructing the realization of living in a just and right society for its citizens. Transparency International’s Corruption Index⁸⁹ showed Pakistan’s rank increased to 124 in 2020 from 120 in 2019.⁹⁰

Digitalization: In this era of global digitalization, the need for going digital is ever more important. The government is trying to digitize certain departments and revenue records, and the people are also increasing their usage of internet and mobile phone ownership. As per PSLM 2019-20 survey, 45 percent of population own mobile phone with at least one connection, where 65 percent owners were males and only 25 percent were females. For internet users, the survey showed that over a period of three months, 19percent of population (10 years and older), used internet. Among them males were 24 percent and female users were only 14 percent. In rural areas women are still not allowed to keep cell phones as it is culturally taboo.

National Strategies

The period of CP9 coincides with the political transition in the country, when in 2018, Pakistan Tehreek-e-Insaf (PTI) formed the government under the leadership of Prime Minister Imran Khan. The strategies that have been implemented by the current government are highlighted in this section. In order to provide social nets to the citizens, against growing poverty and also food shortages during the current COVID-19 pandemic crisis, the current government’s ‘EHSAAAS’ Program⁹¹ has become an active platform. Like its predecessor Benazir Income Support Program, EHSAAAS too, continues more as a welfare program providing social safety nets for the marginalised women by providing monthly payment of Rs. 2000 under its Kafalat Program, and has not been transformed into a skill-building and entrepreneurship program. For income generation it is set to transfer 200,000 productive income-generating assets in 23 districts to needy households. Among its national strategies, the current government’s ‘Health card’ scheme under the ‘Sehat Sahulat Program’, provides free quality health care to the needy, that is, all people living below poverty with earnings less than \$2/day.⁹² After meeting with success in the KP province the programme has expanded to cover Punjab, KPK, AJK, GB and entire population of Newly Merged Districts of KPK and District Tharparker (Sindh). In tandem with achieving SDGs, Pakistan initiated its National Youth Development Programme, ‘Kamyab Jawan’⁹³ in 2019, for targeting over 50 million youth of Pakistan. The program aims at advancing adolescents’ and youth’s health, education, employment, economic empowerment, civic engagement and societal protection. Developed on the basic principles of 3Es: Education, Employment and Engagement, it is designed a comprehensive program to provide opportunities for socio-economic empowerment of youth. Among entrepreneurship, skills building, scholarships, internships and other initiatives it even has a volunteer program, the Tigers Force.

Since promulgation of the 18th Constitutional amendment, the Council of Common Interests (CII) is the forum for resolving issues between the provinces and the federation. The CCI is a constitutional body set up under Article 153 of the Constitution, while Article 154 authorizes it to formulate and implement policies on matters covered in

⁸⁸ <https://www.unicef.org/pakistan/emergencies-disaster-risk-reduction>.

⁸⁹ <https://tradingeconomics.com/pakistan/corruption-rank>.

⁹⁰ <https://www.transparency.org/en/cpi/2020/index/pak>.

⁹¹ <https://pakistan.gov.pk/ehsaas-program.html>.

⁹² <https://www.pmhealthprogram.gov.pk/>.

⁹³ <https://kamyabjawan.gov.pk/home/federal>.

Part-II of the Federal Legislative List. During the Year 2019-20, the CCI was re-constituted, with the Prime Minister as its Chairman, Chief Ministers of Provinces, and three members from the Federal Government, that is Minister for Planning, Development & Special Initiatives, Minister for Inter Provincial Coordination, and Minister for Power Division. During this year, one meeting of the CCI was held with twenty-three items for consideration. The meetings are generally focused on issues of power, water, and transfer of resources. After the 18th Amendment, provinces are directly responsible for social sector services including health and education. Before devolution, the vertical health programs were funded and managed by the federal government. These included the Expanded program on immunization (EPI), LHW programme, Tuberculosis control programme, Maternal and Child Health (MNCH) programme, and population welfare programme. After the devolution federal government provides support to these provincial programs in terms of purchase and supplies of vaccines, contraceptives, and in some instances the staff salaries. In July 2018, the Supreme Court of Pakistan, considering Population Growth and Family Planning as the human right issues, took Suo Moto Notice and constituted a Task Force to frame clear, specific and actionable recommendations to address matters relating to alarming population growth.⁹⁴ The Task Force, after a series of meetings, framed a set of recommendations aiming at enhancing Contraceptive Prevalence Rate to 50percent and 60percent and lowering the total fertility rate to 2.8 and 2.2 by 2025 and 2030, respectively. This is expected to lower population growth rate to 1.5 percent by 2024 and to 1.1 percent by 2030. These recommendations were placed before the CCI in November, 2018 and were approved. The CCI asked the Ministry of NHR&C to prepare an Action Plan with financial modalities for operationalization of the recommendations in consultation with all relevant stakeholders. In pursuance to the direction / decision of CCI, the recommendations have been translated into an Action Plan, prepared in consultation with provincial governments, relevant CSOs and other implementing partners in the private sector. The process of development of action plans, right from the taskforce was supported by UNFPA.⁹⁵

The National Command and Operation Centre's Strategy for fighting COVID-19 through smart lockdowns has placed Pakistan as high on the list, as the third best country by The Economist⁹⁶ for tackling Covid-19. The Economist's normalcy index tracks the progress of 50 countries' return to pre-pandemic life on the basis of eight indicators. Each country is scored on the benchmark score for the pre-pandemic level of activity, where Pakistan's current score is 84.4. At present, the top-ranked country on the index is Hong Kong, followed by New Zealand, and Pakistan is ranked third. The smart lockdowns allowed construction workers, labourers and small vendors, to go out to earn their livelihoods, which was the reason why economic activity did not come to a complete standstill. Alongside tackling COVID-19 Strategy that paid exciting dividends, the national strategy for support to the construction sector is foreseen to also pay off dividends in terms of improving the GDP figure and creating jobs. During the pandemic the construction sector with workers in elementary occupations faced the strongest contraction in terms of employment. This sector, whose expansion had contributed to lifting millions of households out of poverty over the previous decades, suffered the heaviest toll. Some 80 percent of its workers lost their jobs or had reductions in income in 2020, as per the PBS survey.⁹⁷ As per national strategy, the construction sector, which has sixteen industries affiliated to it, will be supported with amnesty schemes, tax reliefs and other means to create employment in the country and help boost development and the economy.

2.1.1 Sexual and Reproductive Health and Rights

During the last more than two decades federal and provincial governments took a number of initiatives in the health sector in Pakistan, in collaboration with development partners like WHO, UNFPA, UNICEF, and DFID, as well as by their own means. These initiatives primarily focused on addressing the issues of high maternal and child morbidities and mortalities through vertical as well as horizontal developments in provision and quality of services across the country. A cadre of Community Mid Wives (CMW) was introduced through engaging willing rural educated girls, training them in midwifery skills, and placing them at their own areas to serve their own communities. In 2001 the ministry of health's policy decision allowed LHWs to administer EPI vaccines. This resulted in LHWs involvement in giving vaccinations only on need basis. However, no concrete step was taken until 2009 when it was planned to formally train LHWs in EPI. The implementation of this decision added around 39,000 formally EPI trained LHWs into the community-based workforce, with support from WHO.⁹⁸ With support

⁹⁴ Supreme Court of Pakistan, Human Right Case No 17599 – a Suo Moto action taken on 4th July 2018.

⁹⁵ Action Plan (2019-2024) for implementation of Task Force recommendation approved by CCI.

⁹⁶ <https://www.dawn.com/news/1633713>.

⁹⁷ <https://www.pbs.gov.pk/content/special-survey-evaluating-socio-economic-impact-covid-19-wellbeing-people>.

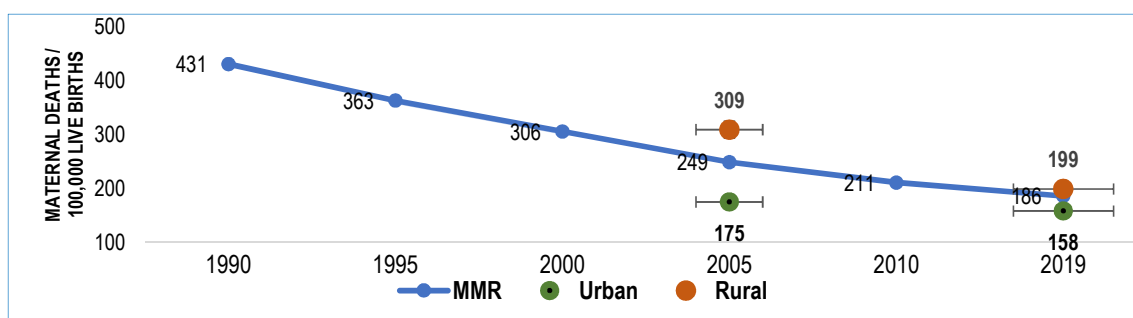
⁹⁸ WHO 2017 Involvement of LHWs in giving routine vaccinations, third party evaluation.

from WHO, additionally Lady Health Workers were trained in administering routine vaccinations to children and women. Basic EmONC services were ensured through availability of staff and services at basic EmONC centers on 24/7 basis. The health management information systems were revitalized to add more indicators pertaining to FP, maternal and child deaths.

Maternal Mortality Ratio (MMR)

In Pakistan, the last three decades have witnessed a decline in Maternal Mortality Ratio (MMR) by around 57 percent, from 431 in 1990 to 186 in 2019 (Error! Reference source not found.). Similar trend is reported for urban and rural areas.

Figure 2: Trends in Maternal Mortality Ratio in Pakistan during the last three decades^{1,2,3}



¹ From 1990 – 2010: World Health Organization; 2015, 'Trends in maternal mortality: 1990 to 2015', Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division

² For 2019: Pakistan Maternal Mortality Survey, 2019

Status of Maternal Care Indicators

The reduction in MMR appears to be the outcome of improved health service delivery and its utilization over the same time period in at least four important maternal care indicators:

- i. between the years 1990-91 and 2019, proportion of pregnant women who received Antenatal Care was increased by 255 percent, i.e., from 26 percent in 1990-91⁹⁹ to 91 percent in 2019;¹⁰⁰
- ii. similarly, during the same period, proportion of deliveries conducted at health facilities was increased by 294 percent, from 13percent in 1990-1 to 71 percent in 2019.
- iii. regarding TT vaccination coverage between the years 1990-91 and 2017-18, there was 196 percent increase in proportion of pregnant women who had received Tetanus Toxoid vaccination, from 23 percent in 1990-91 to 69 percent in 2017-18¹⁰¹; and lastly,
- iv. around 294 percent increase was observed in proportion of pregnant women who were assisted by Skilled Birth Attendants (SBA) during delivering their babies, from 19percent in 1990-1 to 74 percent in 2019.

Almost similar trends are observed in the provinces for two doses of tetanus toxoid, deliveries conducted by skilled birth attendants, deliveries conducted at health facilities and antenatal care. Although maternal care indicators have improved in Balochistan, it still markedly stays behind the other provinces. During 1990 and 2017, for all the four maternal care indicators across the provinces, similar pattern of change is observed with highest improvement in Balochistan, followed by KPK, Punjab and Sindh.

Other Health Impact Indicators

Pakistan has shown improvement in key health impact indicators that reflect the effect of health service delivery on the population. These include Neonatal Mortality Rate (NMR), Infant Mortality rate (IMR) and Under-Five Child Mortality rate (U5MR).

⁹⁹ PDHS 1990-91.

¹⁰⁰ Pakistan Maternal Mortality Survey, 2019.

¹⁰¹ PDHS, 2017-18.

Table 4: Provincial Trends in Neonatal, Infant and under 5 Child Mortality Rates

PROVINCE	NMR			IMR			U5MR		
	1990-91	2012-13	2017-18	1990-91	2012-13	2017-18	1990-91	2012-13	2017-18
Punjab	58.4	63.0	51.0	104.1	88.0	73.0	132.8	105.0	85.0
Sindh	44.4	54.0	38.0	80.5	74.0	60.0	105.6	93.0	77.0
KPK	48.2	41.0	42.0	79.6	58.0	53.0	97.7	70.0	64.0
Balochistan	46.1	63.0	34.0	72.4	97.0	66.0	101.1	111.0	78.0

Neonatal, Infant and Under-Five Mortality Rates

The NMR, IMR and Under-Five mortality rates captures new-born deaths occurring in the first 28 days, first 12 months and first 60 months of life respectively, and is expressed at the population level as a rate per 1,000 live births. The PDHS reported a decline in infant and under-five mortal rates by 34percent and 39 percent respectively, for the period between 1990 and 2017. IMR has reduced from 94 deaths per 1000 live births in 1990 to 62 deaths per 1000 live births in 2017. Similarly, the U5MR has reduced from 120 deaths per 1000 live births in 1990 to 74 deaths in 2017.

Provincial NMR, IMR, and U5MR

Table gives provincial trends for NMR, IMR, and Under five Mortality rates for years 1990-1991, 2012-2013, and 2017-2018.¹⁰²

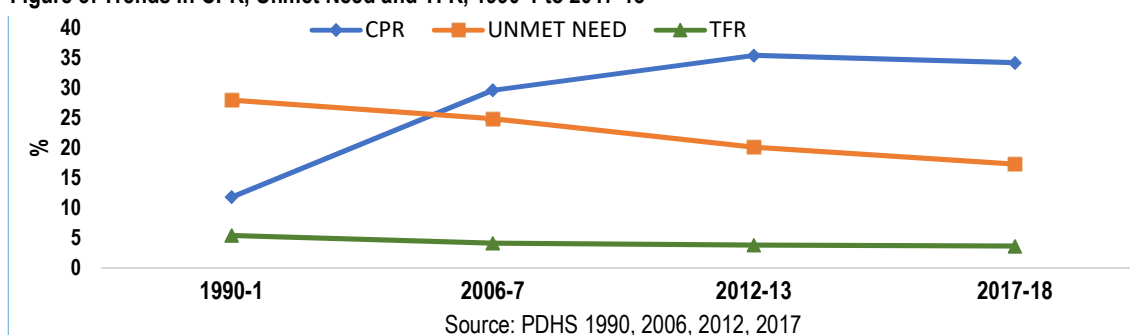
Except in the province of KPK, all others province witnessed an increased NMR in 2012-2013 as compared to 1990-1991. In 2012-2013, the province of Balochistan faced an increase in both the IMR and U5MR. From 1990 to 2017, maximum reduction in NMR (26 percent) was reported in Balochistan, followed by 14 percent in Sindh and 13 percent in each of KPK and Punjab. Whereas, among the provinces, 33 percent reduction in IMR in KPK was highest, followed by 30 percent in Punjab, 26percent in Sindh and 9 percent in Balochistan.

Fertility and Family Planning

Fertility

During the last 30 years, Pakistan has been facing a slow decline in fertility rate. On an average the TFR is reducing at the rate of 0.06 per year. PDHS has reported a 33 percent decline in total fertility rate (TFR) from 5.4 in 1990 to 3.6 in 2017 (Figure 6).

Figure 3: Trends in CPR, Unmet Need and TFR, 1990-1 to 2017-18



Across the provinces maximum reduction in TFR was reported in Punjab (37percent), followed by Balochistan 31 percent, Sindh 30percent and KPK at 29 percent.

Contraceptive Prevalence

Over the last three decades, the CPR has increased by 190 percent from 11.8 percent in 1990 to 34.2 in 2017 (**Error! Reference source not found.**). In the rural areas of Pakistan, this increase in CPR is found 407percent (from 5.8 in 1990 to 29.4 in 2017) as compared to 65 percent in urban centers.

¹⁰² PDHS 1990-91; 2012-13; 2017-18.

Over the same period, across the provinces highest increase in CPR was reported in Balochistan, followed by KPK, Punjab, and Sindh.

Unmet Need for Family Planning

Error! Reference source not found. shows that the unmet need for FP has reduced from 28 percent to 17.3 percent from year 1990 to 2017, respectively. During the period 1990 to 2017, the rate of reduction for TFR and Unmet Need for FP is observed at 33 percent and 38 percent, respectively, whereas the CPR has increased by 190percent during the same time frame. Across provinces, except Balochistan, where it was reported to have increased, the unmet need for FP has reduced in other three provinces (Table 5).

Table 5: Provincial Trends in TFR, CPR, and Unmet Need for FP

PROVINCE	TFR			CPR			Unmet Need		
	1990-91	2012-13	2017-18	1990-91	2012-13	2017-18	1990-91	2012-13	2017-18
Punjab	5.4	3.8	3.4	13.0	40.7	38.3	30.5	17.7	15.8
Sindh	5.1	3.9	3.6	12.4	29.5	30.9	23.9	20.8	17.7
KPK	5.5	3.9	4.0	8.6	28.1	30.9	29.6	25.5	20.5
Balochistan	5.8	4.2	4.0	2.0	19.5	19.8	11.4	31.2	21.6

2.1.2 Adolescents and Youth

Adolescence is the phase of life stretching between childhood and adulthood, and its definition refers to the period between 10 and 19 years of age. Youth are defined in Pakistan as women and men of 15-29 years of age. During the present slow phase of fertility transition, which started in the 1990s, the share of adolescents in the population of Pakistan declined marginally by 1.2 percentage points, from 23.9 percent in 1990-91 to 22.7percent in 2017-18. The share of youth in the total population has increased only slightly - from 25.7 percent in 1990-91 to 28.5 percent in 2017-18, an increase of 2.8 percentage points in about three decades. Because of this modest increase, the “youth bulge” in Pakistan is not considered very pronounced.¹⁰³ The change in the share of youth population in Punjab, Sindh and KP was also modest, very close to the national level situation. However, Balochistan witnessed relatively higher increase in the youth population between 1990-91 and 2017-18 probably because of relatively high fertility.¹⁰⁴ Two-thirds of the population of Pakistan is under the age of 30 and a median age of 22, one of the lowest in the world. A delay in marriage affects fertility levels in the reproductive ages. Among women aged 15-29 the married proportion, at the national level, decreased from 53percent in 1990-91 to 44percent in 2017-18. The proportion married among men (15-29) was 24percent in 2017-18.¹⁰⁵ The province-level variations in the proportion of married women aged 15-29 in 2017-18 were very high, and surprisingly it was higher in Punjab (53percent) than in other provinces (43 percent in Sindh, 36percent in KP and 34 percent in Balochistan).¹⁰⁶ Teenage childbearing has declined during the 1990-2018 period. According to the 2017-18 PDHS, 8percent of women age 15-19 have started childbearing; 6 percent have had a live birth, and 2percent are pregnant with their first child. In KP, 15percent of women age 15-19 have started childbearing while the corresponding proportions in other provinces were 12 percent in Balochistan, 19 percent in Sindh and 6percent in Punjab. Pregnancies before age 18 are regarded as high-risk pregnancies. Among women age 15-17, 3 percent have started childbearing. The age specific fertility rates show a modest decreasing trend among the young women.

There has been only very slow improvement in literacy and educational attainment among the adolescents and youth. In fact, the proportion of adolescent with no education has increased from 26 percent in 1990-91 to 29percent in 2017-18.¹⁰⁷ The PSLM 2019-20, which has recently been released, shows a stagnation in middle (11-13 years old) and matric (14-15 years) level net enrolment at 37 percent and 27percent respectively between 2014-15 and 2017-18 period, suggesting that a large number of adolescents remains out of school.¹⁰⁸ The situation of youth is not different either. More than a third of women and a fifth of men age 15-29 had no education at all (Figure 7). While the gender gap in youth illiteracy persists, the gap has narrowed in secondary and higher educational

¹⁰³ Population Situation Analysis 2020, UNFPA/Ministry of Planning, Development and Reforms, Islamabad.

¹⁰⁴ Population Situation Analysis 2020, UNFPA/Ministry of Planning, Development and Reforms, Islamabad.

¹⁰⁵ Pakistan Demographic and Health Surveys, 1990-91, 2017-18.

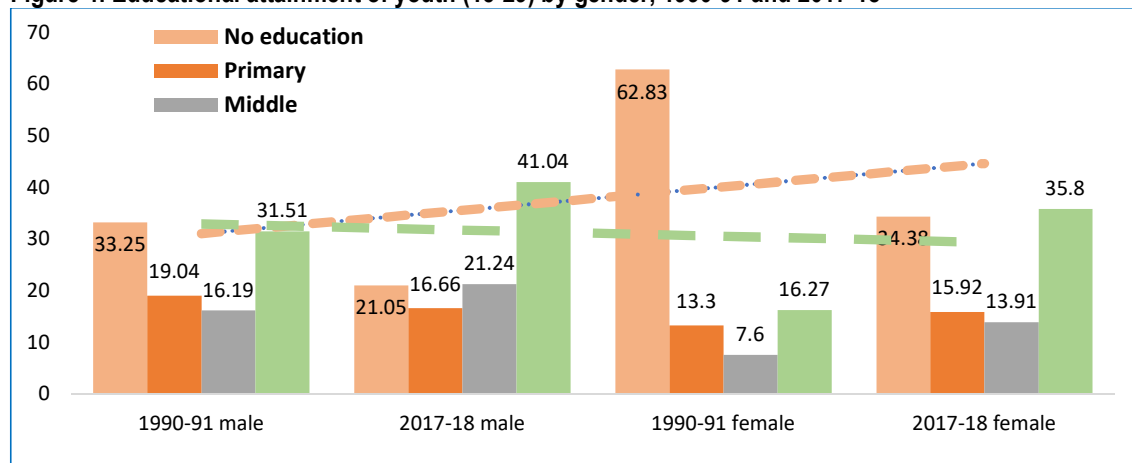
¹⁰⁶ Computed from the micro-data of the 2017-18 PDHS during the 2020 PSA.

¹⁰⁷ Pakistan Demographic and Health Surveys, 1990-91, 2017-18.

¹⁰⁸ Pakistan Socioeconomic Living Standard Measurement Survey 2019-20.

attainment. However, Pakistan compares very unfavourably with other countries in the region in female secondary gross enrolment ratios. The PSLM 2019-20 shows a great deal of variations in youth literacy across the provinces – 72percent in Punjab, 67percent in KP, 62 percent in Sindh and only 57 percent in Balochistan.¹⁰⁹ These variations are even deep across the districts within provinces. For example, in Punjab, Sialkot is ranked as the top performing district in youth literacy with the rate of 93 percent while the youth literacy in Rajanpur district, located in South Punjab, is only 52 percent. The PSLM 2019-20 also gives the information on out of school children age 5-16 years who have never been to school or those children who attended school and left afterwards. Out of school children at national level was 32 percent in 2019- 20, with a higher proportion in rural areas, 37 percent as compared to 22 percent in urban areas. Punjab has the lowest ratio of out of School children with 24 percent while Balochistan has the highest ratio of out of school children with 47 percent.¹¹⁰ The enrolment rates are relatively higher in Punjab and KP than in Sindh and Balochistan, according to the 2019-20 PSLM.

Figure 4: Educational attainment of youth (15-29) by gender, 1990-91 and 2017-18



The labour force participation rate of females aged 15-29 remains dismally low in Pakistan, though it has grown over the last three decades from 13 percent in 1990-91 to 22 percent in 2018-19. More than a quarter of women in Punjab (26 percent) were economically active in 2018-19 while the activity rate in other provinces was considerably low – 15 percent in Sindh and KP and 13 percent in Balochistan. When labour supply increases there is a potential for more employment and economic growth, but this will only occur if jobs are available. Lack of employment opportunities can lead to large scale unemployment. The youth unemployment rate in Pakistan (11.8 percent among the 20-24 years age group) is well above the average unemployment rate (6.8 percent in 2018-19).¹¹¹ Overall as well as youth unemployment rates vary across the provinces. Compared to only 4 percent unemployment rate in Sindh, 10 percent of the adult population in KP was unemployed in 2018-19. The corresponding rate was 10 percent and 7 percent respectively in Balochistan and Punjab. The youth (20-24) unemployment rate was lowest in Sindh (6 percent) and highest in KP (18 percent). Unemployment rates for women age 15-29 (around 13 percent in 2017-18) were higher than for males. It appears that the working environment has not changed for Pakistan's youth over time.¹¹² According to the PSLM 2018-19, about a quarter of the youth (15-29) used the internet in three months preceding the survey. The use of internet is considerably higher among males (31 percent) than among females (17 percent). The findings of a recent study show that youth have interests in political activities, such as participation in political discussions in public spheres and electoral activities.¹¹³

The Government of Pakistan is fully aware of the changes in age structure and their implications for the country. All policy documents that have appeared during the last 15-20 years, such as Poverty Reduction Paper-II, Vision

¹⁰⁹ Pakistan Socioeconomic Living Standard Measurement Survey 2019-20.

¹¹⁰ Pakistan Socioeconomic Living Standard Measurement Survey 2019-20.

¹¹¹ Pakistan Labour Force Survey 2018-19, Pakistan Bureau of Statistics, Ministry of Planning, Development and Reforms, Government of Pakistan.

¹¹² Human development Report 2020, UNDP.

¹¹³ Saud, Muhammad, Rachmah Ida & Musta'in Mashud (2020); Democratic practices and youth in political participation: a doctoral study, International Journal of Adolescence and Youth 25:1, 800-808, <https://doi.org/10.1080/02673843.2020.1746676>.

2025, 11th Five-year Plan, and more recent initiatives of the present government under the Prime Minister's Hunarmand Programme (Skill for All) have addressed the issue of demographic changes, with at least some appropriate policies, primarily concerning skills development and employment.¹¹⁴ However, the last 30 years' experience of Pakistan show that Pakistan could not take advantage of the changing age structure because of the continued rapid growth of the dependent population and a weak economy - well below the 7 to 8 percent per annum GDP growth considered to be necessary to absorb the growing youth population into productive employment. In the context of ongoing demographic transition and changing age structure (adolescents and youth), Pakistan faces the four key challenges: (i) slow fertility transition and a rapidly growing youth population; (ii) low educational enrolment rates, especially for girls; (iii) low female labour force participation; and (iv) mismatch between increasing working age population and labour demand. It is right time for Pakistan to address these challenges and harness the youth potential to transform the country's future.

2.1.3 Gender Equality (GE) and Empowerment of Women, including Gender-based Violence (GBV)

Article 25 of the Constitution of Pakistan states that "All citizens are equal before law and are entitled to equal protection of law. There shall be no discrimination on the basis of sex". Constitutionally this guarantees women the same rights as men, but in reality, this is not realized, as indicated in the Global Gender Gap Index Report 2020. Pakistan ranked last but third from the bottom, that is 151st out of 153 countries, and barely managed to surpass Iraq and Yemen. The index indicated how females in Pakistan lag behind males on different indicators, where it scored 150 in economic participation, 149 in health and survival, and 143 in educational attainment. The report underscored those economic opportunities for women remain inadequate with only 32.7 percent of the gap between men and women in the workplace was filled, while in health, the gap widened to 94.6 percent, ensuing that woman do not have the same access to healthcare as men. Among the seven South Asian countries included in the index, Pakistan charted at the very bottom at 150th rank while Bangladesh, another Muslim country, ranked 50th, making one wonder over the big discrepancy between the ranking of two similar countries that have shared a joint past. Instead of improving, Pakistan has drastically slipped from 112 in 2006 to 151 in 2020. Recently most indices of gender have ranked Pakistan among the most dangerous countries in the world for women. Pakistan is ranked fifth in the world for the highest absolute numbers of child marriages.¹¹⁵ The U.N.'s Gender Inequality Index ranked Pakistan 133 out of 160 countries in 2018.¹¹⁶ These rankings reflect the reality that discrimination by gender is prevalent in many aspects of life in Pakistan.

The Gender Equity Project (GEP) Endline Survey Report of USAID¹¹⁷ 2018, compared findings from a baseline study of 2011, nationally, and reported the changes that had taken place in 11 dimensions of gender equality—women's rights, leadership and public life, marriage, women's mobility, inheritance, workforce participation, women's empowerment, political participation, access to justice, and domestic violence (DV) and gender-based violence (GBV). It reported that Pakistan had made formidable progress across many aforementioned dimensions, except for DV and GBV. On the question whether women and men should have equal rights, 85 percent of women and 80 percent of men agreed, registering a 5 percentage-point increase among women and a 15 percentage-point increase among men since the 2011 baseline survey. The report states that the findings reflect Pakistani society is becoming more progressive on women's rights, and attributes it to the 'country's women's rights movement and media exposure of the issues. On the other hand, the same survey reported on GBV that the Pakistani society not only regarded violence against women as permissible but that it had registered an increase over the study period of 2011 - 2017.

Similarly, the PDHS 2017-18 reported that three in ten Pakistani women are married by the age of 18, where 42 percent of ever-married women and 40 percent of men assent that a husband is justified in beating his wife for reasons like if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him. GEP study found a 7.2 percent increase from 16.3 percent in 2011 to 23.5 percent in 2017 on the question whether men have the right to hit women.¹¹⁸ On GBV, the study reported, that 19 percent of

¹¹⁴ Pakistan Economic Survey 2020-21.

¹¹⁵ Girls Not Brides, Where Does It Happen, available at <https://www.girlsnotbrides.org/where-does-it-happen/>

¹¹⁶ UNDP, Human Development Indices and Indicators: 2018 Statistical Update: Pakistan (UNDP, 2018), http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/PAK.pdf.

¹¹⁷ https://pdf.usaid.gov/pdf_docs/PA00TR3D.pdf

¹¹⁸ https://pdf.usaid.gov/pdf_docs/PA00TR3D.pdf, page 30.

respondents said honor killing is justified, with an increase of 8 percentage points. Similarly, on whether Wann/ Swara is justified, there was an increase of 2 percentage points for both genders. These findings indicate that attitudes and possibly behaviors, regarding violence against women have worsened over time, and that necessitates for the government to enact and implement laws for the protection of women by punishing the perpetrators, but also to systematise government referral and response mechanisms for GBV survivors, which currently have much to be desired for in terms of effective improvement.

On the law-making and implementation side, major strides were taken, when the National Commission for The Status of Women was established and mandated to review all laws pertaining to women. Additionally, more progressive laws were enacted, namely the Criminal Law Amendment Act 2004, for countering traditional customary practices which perpetrated gender based violence in the name of honour, the very important Protection of Women Criminal Law Amendment Act, 2006 that shattered the myth that Zia's Sharia based Hudood laws could not be amended, the Protection Against Harassment of Women at the Workplace 2010, which has become a milestone act for protection of women at work, Acid Control And Acid Crime Prevention Act 2010 against acid burning of women, and most importantly the Prevention of Anti Women Practices Criminal Law Amendment Act 2011, which prohibits deprivation of women of their Rights of Inheritance, protects them from Forced Marriage, Marriage to the Holy Quran, Dissolution of Marriage in the absence of husband, and criminalizing local cultural practices like honor killing, bride price or giving a female in marriage or otherwise in Badla-e-Sulh, Wann, or Swara where girls are given as truce offering to appease the wronged party, among others. After the 18th amendment, it has devolved upon the provinces to frame laws, ensuing that the exercise of legislative reform is still underway. Apart from the recently passed legislation on anti-rape and women's property which secure women and their assets/ property received through inheritance; the legal situation is not improving. Addressing gender inequities, and especially GBV has been a daunting challenge in Pakistan, as at times it is not inflicted just by individuals but is condoned by the community. This has to change as Pakistan, as a signatory to the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) and other international treatise including the Universal Declaration of Human Rights, is committed to promoting women's rights and providing protection to them. Moreover, removing barriers to women's empowerment and gender equity, and combating GBV are necessary to increase the progress and development in a country.

Regional Variations in GEWE / GBV

Apart from significant variation in urban/ rural divide throughout Pakistan in terms of GEWE or GBV, there is marked regional variation found in Pakistan's four provinces namely Punjab (Pun), Khyber Pakhtunkhwa (KP), Balochistan (Bal), and Sindh, and 3 regions that is Newly Merged Districts (NMD/ or former FATA), Azad Jammu and Kashmir (AJK), and Gilgit Baltistan (GB), as well as capital Islamabad (ICT). It can be noted that Islamabad is always more progressive as it has higher literacy rate, is an urban center and has better law and order situation. Sindh with Karachi as a metropolitan center is more progressive than other provinces though there are many feudal areas in the province. KP is home to Pashtoons and conservative in observing gender segregation as compared to Punjab where women enjoy more rights and mobility. Former FATA is the worst region for GE or GBV, being remote and tribal in culture where even till recently FCR laws were being implemented that itself were violating human rights. GEWE / GBV is directly correlated to the remoteness of an area, and different regions and cultures have distinct forms of prevalence of GBV. While in Punjab watta satta or bride murder on the pretext of stove burns are more reported, in the KP and FATA or NMD it is honour killing or swara (truce offering of girls). The following data on regional disparities is taken from Pakistan Demographic and Health Survey (PDHS) 2017-18:

- By region, the percentage of women who have control over their earnings is highest in AJK and GB (96 percent each) and lowest in Balochistan (62 percent). For ownership of assets, overall 97 percent of women did not inherit land or a house, while less than 1 percent of women inherited non-agricultural/ residential plots, reflecting that it is a rarity for women to inherit property. Also, women are much less likely to own a house (3 percent) or land (2 percent) than men (72 percent and 27 percent, respectively). Regional variation is not conspicuous as women's ownership of land and house is abysmally low for all regions, ranging from 94 percent to 99.5 percent in all the regions.
- For Prevalence of Sexual Violence, only 6 percent of women age 15-49 have ever experienced sexual violence, where 3 percent of women had experienced sexual violence by age 22, and 1 percent had experienced it by age 18. Women residing in KP are most likely (9 percent) to have experienced sexual violence, followed by women in GB (7 percent) and Punjab (6 percent), while it is least common in ICT at 3 percent.

- While for women who have experienced spousal physical, sexual, or emotional violence. the percentage is highest in FATA (66 percent), followed by KP (52 percent) and Balochistan (49 percent), while the lowest 18 percent is in Sindh. ICT stands at 31 percent which is probably because women are not afraid to report the incidents.

Table 5 shows regional variation found in Pakistan, for spousal violence of ever-married women age 15-49 who have ever experienced physical or sexual violence committed by their current or most recent husband, according to background characteristics. It also shows which region believes that wife beating is justified.

Table 5: Regional variation in Pakistan, for spousal violence among ever-married women age 15-49 years¹¹⁹

Province / Region	Pun	Sindh	KP	Bal	ICT	FATA (NMD)	AJK	GB	Total
Percentage of physical or sexual violence faced by women									
% of women	22.1	12.9	35.5	44.5	7	51.2	14.7	11.1	23.7
Percentage of women who justify wife beating									
% of women	35.0	36.9	63	52.3	26	95	31.3	57	41.7

Source: Pakistan DHS 2017-18

Total excludes Azad Jammu and Kashmir and Gilgit Baltistan

The percentage of women who justify wife beating both among men and women is alarming. 95 percent women and 75 percent men in FATA/NMD believe that wife beating is justified. Regrettably when it comes to progressive legislation, /KP/ NMD is the province that has been obstructing the passage of DV bill against Punjab and Sindh that have progressive laws in place for protection of women against violence. Moreover, Sindh is the only province where child marriage restraint act places the age of 18 years as marriageable age for girls, against all other provinces and national laws that continue discrimination whereby girl's marriageable age is set at 16 years and for boys at 18 years. The proportion of women seeking help to end violence is higher in urban areas (39 percent) than in rural areas (25 percent). Also, women with a higher education are much more likely to seek help (46 percent) than women with no education (25 percent). There is great variation in help-seeking behaviour according to region, where only 10 percent of women in GB and 14 percent of women in FATA have sought help to end violence, as compared with 43 percent of women in AJK and 41 percent in Punjab. Among women who sought help, the most common source is their own family (76 percent), followed by their husband's family (36 percent) and neighbours (2 percent each). It is significant that only 1 percent women went to the police, lawyers, or social work organisations.

2.1.4 Population and Development (PD)

The development trajectory of a country is determined by the size and growth rate of population in relation to its economic growth. Pakistan' population growth rate has been well above 2 per cent for many decades, leading to a more than six-fold increase in population since 1951, and the total population in 2020 was 215.25 million.¹²⁰ Pakistan has a low economic growth trajectory. It has one of the lowest GDP per capita growth rates in South Asia. However, after a negative and slow growth during last two years, FY2020 and FY2019, the economy of Pakistan rebounded in FY2021 and posted growth of 3.94 percent, which surpassed the target of 2.1 percent. The beginning of FY2021 is better in terms of containment of pandemic and economic recovery.¹²¹ However, Pakistan needs 7-8 percent GDP growth for the next 30 years to absorb its growing labour force. Pakistan has the lowest savings ratio to GDP currently in the region. Private Consumption has a significantly large share in GDP.¹²² This large share implies that Pakistan's economy is a consumption-driven economy. Better consumer confidence can influence domestic production by increasing demand for durable. However, a predominantly consumption based economic growth is volatile and unsustainable because in general it is short lived. Moreover, economic growth achieved on the back of private consumption does not support the job creation process.¹²³

¹¹⁹Pakistan DHS 2017-18

¹²⁰ Pakistan Economic Survey 2020-21.

¹²¹ Pakistan Economic Survey 2020-21.

¹²² Pakistan Economic Survey 2020-21.

¹²³ Population Situation Analysis 2020 – UNFPA/Ministry of Planning, Development and Reforms.

For the creation of job opportunities, sectoral share in GDP is very critical; economic growth backed by manufacturing has a positive impact on a country's export level and employment. In 2020-21, agriculture and manufacturing contributed around 19 percent each to the GDP of Pakistan, and 61 percent of the economy's contribution to GDP came from the services sector.¹²⁴ The agriculture sector still plays an important role for the country by employing 39 percent of employed labour force despite having a much lower share in GDP. In comparison, industrial and service sectors absorb 16 per cent and 45 percent of employed labour force respectively, with higher shares in GDP.¹²⁵ This reflects low-productive employment in the agriculture sector.

Pakistan has a long history of more than 40 years for placing workers abroad for employment. These workers are the most valuable asset of Pakistan and they are playing key role in the socio-economic development of the country through their remittances. More than 11.43 million Pakistanis have proceeded abroad for employment to over 50 countries between 1975 and 2020 through official procedures.¹²⁶ The comparison among provinces shows that during the last five years (2016-20), the highest number of workers went abroad were from Punjab, followed by Khyber Pakhtunkhwa. The share of Sindh and Balochistan, particularly the latter, in overseas migration remained low.¹²⁷ The migration of Pakistani workers is mostly concentrated to Gulf Cooperation Council countries (96 per cent) and majority is still in low and semi-skilled categories. Due to COVID-19 pandemic, overall a declining trend was observed in terms of emigrants registered in 2020 including GCC countries.¹²⁸ Despite a recent sharp decline in outflows of workers due to COVID-19, workers' remittances in Pakistan have been rising consistently since FY2018 and the trend continued in FY2021 with a remarkable growth of 27 percent on yearly basis. Remittances thus reached US\$ 29.4 billion during the FY2021 (Dawn, July 14, 2021).¹²⁹ The performance of social sector in Pakistan remained poor, with low literacy, high infant and child mortality and high maternal mortality ratio. Expenditures on education and health are two fundamental investments in human capital. According to United Nations Development Programme (UNDP) Human Development Report 2020, Pakistan is ranked 154th out of 189 countries with the Human Development Index (HDI) value of 0.557.¹³⁰ Pakistan spends 1.5 -2.5 percent of its GDP on education. Expenditure on health also very low, around 1 percent of GDP.

About a quarter of the population lives below the official poverty line. Inequality is high as well. About 16 percent of households faced moderate or severe food insecurity in 2019-20.¹³¹ At the province level, the official statistics on Multidimensional Poverty shows Balochistan as the poorest province while the lowest poverty was found in Punjab, followed by Sindh and KP. In Punjab, poverty in southern districts is much higher than the poverty in its northern districts. District-wise variations in poverty present in all four provinces of the country.¹³² A strong relationship between poverty and food insecurity exists in urban as well as rural areas of Pakistan. Thus, a common set of policy interventions would work. To achieve "No Poverty" by 2030 is part of a comprehensive SDG Agenda-1 that calls to end poverty (extreme) in all its manifestations by ensuring social protection, increase access to basic services and support people from economic, social and environmental shocks. The Government of Pakistan has launched the *Ehsaas* poverty reduction program, with four pillars: addressing elite capture and making the governance system work for an equal society; implementing safety net programmes for the disadvantaged segments of the population; supporting jobs and livelihoods; and enhancing human capital development.¹³³

The other two noteworthy developments in Pakistan are 'urbanization' and 'devolution of power to the provinces in 2010'. Pakistan is the most urbanized country in the South Asian region, despite a very narrow definition of 'urban', based on the administrative criterion.¹³⁴ Sindh is the most urbanized province, followed by Punjab, Balochistan and KP. Cities can be an engine of economic growth and have a great potential for development. The devolution of power to provinces is a fundamental political change brought about by a Constitutional Amendment passed by the National Assembly in 2010 (the 18th Amendment), which resulted in the abolition of 43 departments and 18 ministries in 2011/12. The functions of these ministries and departments were transferred to the provinces, while

¹²⁴ Pakistan Economic Survey 2020-21.

¹²⁵ Pakistan Labour Force Survey 2017-18; 2018-19.

¹²⁶ Bureau of Emigration and Overseas Employment; <https://beoe.gov.pk/reports-and-statistics>

¹²⁷ Pakistan Economic Survey 2020-21.

¹²⁸ Bureau of Emigration and Overseas Employment; <https://beoe.gov.pk/reports-and-statistics>.

¹²⁹ Dawn (2021); Pakistanis send back record \$29.4bn in year, Dawn, July 14, 2021, page 1.

¹³⁰ Human development Index Report 2020, reported in Pakistan Economic Survey 2020-21, Table 10.1

¹³¹ Pakistan Socioeconomic Living Standard Measurement Survey 2019-20, page 39.

¹³² Multidimensional Poverty in Pakistan, Ministry of Planning, Development and Reforms, Government of Pakistan, Islamabad.

¹³³ Pakistan Economic Survey 2020-21.

¹³⁴ Housing and Population Census 2017.

a new resource distribution formula shifted greater funding to the provinces. However, a common observation is that the 18th Constitutional Amendment could not lead to an effective empowerment at the local government level (district-level). Another issue was whether the administrative capabilities at the provincial level were sufficient to manage the diverse responsibilities that have fallen to the provinces when they inherited the administrative and planning functions and responsibilities previously residing at the Federal level. A third issue was whether the provinces could effectively take ownership of some of the international commitments made by the federal government, of which the SDG targets are a clear example. However, an effective empowerment of provincial and local governments can lead to development through more participation of people in the process of development. Finally, because of high population growth, Pakistan has a large and young population that could become either a burden or an asset. Public policy must be designed in a way that the youth could add to the country's economic strength. The youth's involvement in the development of information technology and small and medium enterprises can produce this result.¹³⁵ Both need educated and well-trained workforces. Pakistan needs to invest in developing institutions both in the public and private sectors designed to produce such worker streams. Pakistan is also in a position to take advantage of the global demographic situation e.g., declining share of working age population in United States of America, Europe, Australia and China.¹³⁶ The Pakistani diaspora could help out in making the Pakistani youth major contributors to the county's economic growth.

Population data systems

Pakistan has a long history of generating demographic data through population censuses and demographic surveys. However, the 10-year periodicity of the census data has been disturbed after the 1981 Population and Housing Census. The next census was carried in 1998 after a gap of 17 years. Similarly, the last sixth census was carried out after 19 years in 2017. The Pakistan Demographic Survey could not be carried out after 2007. The delay in population censuses and halting of the PDS affected the timely availability of demographic data and evidence-based decision-making process in Pakistan. For example, the annual population growth of 2.4 percent for the intercensal period (1998-2017), as revealed by the 2017 census data, was much higher than the official population estimates, which were less than 2 percent per annum. The Pakistan Demographic and Health Survey series fills the data gaps but it does not provide information on the natural increase, necessary for planning as well as population projections. However, it is commendable that the PBS has been conducting regularly the Labour Force Surveys, Household Integrated Economic Surveys (HIES) and Pakistan Socio-economic Living Standard Measurement (PSLM) surveys, which are very useful data sources for monitoring the labour market indicators, poverty and inequality and SDG progress. All the household surveys carried out by the PBS are representative at the province level. Some surveys of the PSLM series e.g. 2014-15 and 2019-20 were also representative at the district level. The ongoing LFS is designed to generate statistics representative at the district level. The provincial governments have initiated the Multiple Indicator Cluster Survey (MICS) series with the assistance of UNICEF. The round of MICS was carried out in different period across the provinces: 2017-18 in Punjab, 2018-19 in Sindh, 2019 in Punjab and 2019-20 in Balochistan. The coverage of demographic issues in different surveys has gradually improved. Migration and disability, which were largely neglected areas, have been included in the PDHS 2017-18 and PSLM 2019-20. All demographic information is generated by age and gender. In short, a good population data system exists in Pakistan with the exception of the irregular intervals in the production of census data.

¹³⁵ Burki, Shahid Javed (2021); Population and Pakistan's development, The Express Tribune, May 31, 2021.

¹³⁶ Burki, Shahid Javed (2021); Population and Pakistan's development, The Express Tribune, May 31, 2021.

CHAPTER 3: UNFPA Response and Programme Strategies

3.1 United Nations and UNFPA Strategic Response

3.1.1 The UN and UNFPA Response

The United Nations Country Team (UNCT)¹³⁷ works in partnership with and supports the Government and people of Pakistan towards achieving its national development priorities and results. The partnership is guided by the United Nations Sustainable Development Framework (UNSDF) for Pakistan, 2018 - 2022. The development of the partnership guidelines was led by the GoP and guided by the United Nations Development Group (UNDG) programming and other related international principles, including human rights-based approach (HRBA), the 2030 Agenda for Sustainable Development to ensure greater focus on transformational results through sustainable partnerships.

UN Country Teams have been agreeing to strategic planning frameworks, known as UN Development Assistance Frameworks (UNDAFs) with countries for almost two decades now. Their purpose is to target the collective support of UN Agencies at the country level towards meeting national development priorities and international commitments. New guidelines were agreed by the UN Development Group to draw lessons from this experience and to set good practices as to ways these frameworks can be made most meaningful to the Member States in achieving the broad 2030 Agenda for Sustainable Development, can take a HRBA in line with UN values, and, as in Pakistan, respond to the circumstances of Lower Middle-Income Countries (LMIC). The title for the UN programme for Pakistan, UN Sustainable Development Framework (UNSDF) 2018-2022, reflects the conviction that UN work should support SDG attainment and expresses the nature of work with the UN as a partnership rather than as a source of assistance. The UNSDF 2018-2022, reflects Pakistan's national goals and its commitments to global development initiatives and sets out the UN system's collective contributions to help the Government and other stakeholders achieve these goals. In particular, the UNSDF is aligned to The Coordinated Programme of Economic and Social Development Policies, 2017- 2024, which sets out a vision for agricultural modernisation, industrial diversification, and youth employment; embeds national strategies to localise and achieve the Sustainable Development Goals; and articulates a self-reliant pathway to economic transformation and inclusive growth. The partnership framework set out in the UNSDF brings together the efforts of two dozen UN agencies to provide coherent, effective, and efficient support – in keeping with the principle of 'Delivering as One.' In encompassing the entirety of the UN's activities in Pakistan, the UNSDF presents the Third One UN Programme commonly known as OP III for Pakistan. It is implemented through annual joint work plans agreed with Government Ministries and Agencies and carried out with many implementing partners in government, civil society, and academia. The UNSDF has been designed to meet the overarching programming principles that UN country programmes be gender sensitive, human rights based, environmentally sustainable, and focused on developing national capacities for results.¹³⁸ The UNSDF for 2018-2022 builds on past work and recognises the importance of building up national capabilities all along the continuum from needs assessment to policy design, to implementation and monitoring results.

3.1.2: Link of CPD outputs with UNDAF and UNFPA SP outcomes

As showcased in Table 7, it is clear that there is a link between the CPD 2018-2022 and the United Nations Sustainable Development Framework for Pakistan (UNSDF 2018-2022), also known as the Pakistan One United Nations Programme III (OP III) 2018-2022. The OP III is a medium-term strategic planning document that articulates the collective vision and response of the UN system to Pakistan's national development priorities. In addition, the OP III highlights activities to be implemented in partnership with the GoP, as well as in close cooperation with international and national partners and civil society. The link is also reflected in the UNFPA Strategic Plan, 2018-2022 which reaffirms the relevance of the current strategic direction of UNFPA, the goal of which is universal access to SRHR, focusing on women, adolescents and youth. The outcomes in the CPD 2018-2022 are in sync with the outcomes as showcased in the UNFPA SP 2018-2022. The link between these three documents as articulated in Table 6 shows that UNFPA Pakistan does not operate in a silo. It draws its strategic direction from the UNFPA Strategic Plan 2018-2022 and within Pakistan the CPD 2018-2022 is implemented in harmony with the frameworks of the UNSDF (2018-2022) which underscores that the United Nations is committed to working with the Government and people of Pakistan to make a lasting contribution to national development

¹³⁷ UNCT comprises of 24 resident and non-resident UN agencies.

¹³⁸ Ibid.

priorities; to take forward the principle of 'leaving no one behind'; and to improve the living conditions of all the people in the country.

Table 6: Link between CPD 2018-2022; UNSDF 2018-2022 and UNFPA Strategic Plan 2018-2021^{139;140;141}

CPD 2018-2022 Outputs	UNSDF 2018-2022	UNFPA Strategic Plan 2018-2021
Output 1: Increased national and subnational capacity to accelerate delivery and accessibility of high-quality FP information and services.	Supporting the Government to ensure universal health coverage for all segments of the population – with a special focus on newborns, children, women, adolescents, the elderly and people with disabilities; on strengthening health systems; on reducing the incidence of communicable diseases, including eradicating polio and vaccine-preventable diseases; on reducing the burden of non-communicable diseases; and on promoting early childhood development (see Outcome 7 for details), mental health and environmental health.	Outcome 1. Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.
Output 2: Enhanced national and subnational capacity to provide integrated sexual and reproductive health services, particularly for marginalized and affected populations in humanitarian settings.	Improving national and sub-national capacities to deliver quality integrated health services – including integrated maternal, newborn and child health services; SRH services and family planning information; immunization coverage; and WASH services – while promoting health awareness within communities.	
Output 3: Increased national and subnational capacity to develop policies, programmes and institutional mechanisms that incorporate the rights and needs of youth, particularly access to sexual and reproductive health information and services.	Assisting government efforts to expand equitable access to WASH services, with a focus on eradicating open defecation; ensuring better quality drinking water sources; WASH in schools and health facilities; and streamlining Disaster Risk Reduction (DRR) in WASH sector planning and financing.	Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.
Output 4: Strengthened capacity of public sector and civil society partners to advance gender equality and to prevent and respond to gender-based violence in development and humanitarian settings.	Backing efforts and policies to curb gender-based violence, while improving access to quality care, support and treatment services, alongside safe public spaces, for GBV survivors;	Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings
Output 5: Enhanced national capacity to generate, analyse, disseminate and use disaggregated population data to inform evidence-based policy-making, planning, budgeting, and monitoring.	Strengthening national capacity to generate and use disaggregated data to inform evidence-based policy-making, planning, budgeting and monitoring of the SDGs, particularly SDGs 3 (Health) and 6 (WASH).	Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development
CPD 2018-2022 Outputs	UNSD 2018-2022	UNFPA Strategic Plan 2018-2021
Output 1: Increased national and subnational capacity to accelerate delivery and accessibility of high-quality FP information and services.	Supporting the Government to ensure universal health coverage for all segments of the population – with a special focus on newborns, children, women, adolescents, the elderly and people with disabilities; on strengthening health systems; on reducing the incidence of communicable diseases, including eradicating polio and vaccine-preventable diseases;	Outcome 1. Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free

¹³⁹ United Nations Population Fund Country Programme Document for Pakistan (2018-2022).

¹⁴⁰ United Nations Population Fund Strategic Plan (2018-2021).

¹⁴¹ United Nations Sustainable Development Framework for Pakistan (UNSDF) / Pakistan One United Nations Programme III (OP III) 2018-2022.

CPD 2018-2022 Outputs	UNSDF 2018-2022	UNFPA Strategic Plan 2018-2021
	on reducing the burden of non-communicable diseases; and on promoting early childhood development (see Outcome 7 for details), mental health and environmental health.	of coercion, discrimination and violence.
Output 2: Enhanced national and subnational capacity to provide integrated sexual and reproductive health services, particularly for marginalized and affected populations in humanitarian settings.	Improving national and sub-national capacities to deliver quality integrated health services – including integrated maternal, newborn and child health services; SRH services and FP information; immunization coverage; and WASH services – while promoting health awareness within communities.	
Output 3: Increased national and subnational capacity to develop policies, programmes and institutional mechanisms that incorporate the rights and needs of youth, particularly access to sexual and reproductive health information and services.	Assisting government efforts to expand equitable access to WASH services, with a focus on eradicating open defecation; ensuring better quality drinking water sources; WASH in schools and health facilities; and streamlining Disaster Risk Reduction (DRR) in WASH sector planning and financing.	Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.
Output 4: Strengthened capacity of public sector and civil society partners to advance gender equality and to prevent and respond to gender-based violence in development and humanitarian settings.	Backing efforts and policies to curb gender-based violence, while improving access to quality care, support and treatment services, alongside safe public spaces, for GBV survivors;	Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings
Output 5: Enhanced national capacity to generate, analyse, disseminate and use disaggregated population data to inform evidence-based policy-making, planning, budgeting, and monitoring.	Strengthening national capacity to generate and use disaggregated data to inform evidence-based policy-making, planning, budgeting and monitoring of the SDGs, particularly SDGs 3 (Health) and 6 (WASH).	Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development

3.2 UNFPA Response through the Country Programme

The GoP and UNFPA jointly developed the CPD9 (2018-2022) through a participatory process involving national and provincial stakeholders, including civil society, the private sector, young people, UN organizations and development partners. The Programme is aligned to the GoP Vision 2025, the UNSDF 2018-2022, the International Conference on Population and Development, the 2030 Agenda for Sustainable Development, and FP 2030. To implement the programme, a comprehensive Monitoring and Evaluation and Operation Framework is in place.¹⁴² The programme responds to the call of the SDGs to combat inequalities; foster peaceful and inclusive societies, free from fear and violence; protect human rights; promote gender equality and the empowerment of women and girls; and integrate humanitarian and development agendas. In order to achieve this, the programme will be guided by UNFPA geographical analysis, which has ranked disparities across provinces and districts based on a composite index. Based on these consultations and lessons learned, the programme focuses on advancing women's and young people's ability to exercise their reproductive rights through: (a) targeted advocacy with policy and decision-makers for gender-responsive and youth-friendly policies, laws and initiatives; (b) advocating for increased health and education expenditures; (c) strengthening capacities of Government and civil society institutions for youth-led and gender-responsive sexual and reproductive health programmes and partnerships; (d) promoting alliances and strategies to reduce gender inequality; (e) promoting an integrated and multisectoral approach to population dynamics and its linkages to development; (f) instituting communication strategies to address social norms change; and (g) enhancing Government partnerships with the private and civil society sectors.

¹⁴² Ibid.

In line with its partnership plan, the programme leverages the financial and technical resources of and develop alliances with civil society, UN organizations, development partners, media and the private sector and promote South-South cooperation. It adjusts to the emerging realities of devolution to ensure partners are accountable.

3.2.1 The 9th Country Programme

The following sub-sections describe the intervention logic in the thematic components of the UNFPA Pakistan 9th CP.

3.2.1.1 The Intervention Logic in the Sexual and Reproductive Health and Rights Component

Output 1: *Increased national and subnational capacity to accelerate delivery and accessibility of high-quality family planning information and services.*

The programme focusses on revitalizing FP through advocacy and capacity-development efforts that promote universal access and rights-based approaches at the national and subnational levels.

The intervention logic for Output 1 builds on four overarching goals:

- a) Mobilizing the political support and engagement of stakeholders for FP, including for increased budget allocations to underserved areas;
- b) Strengthening the capacity of institutions to design and implement rights-based FP policies and programmes, including task shifting with a focus on hard-to-reach areas;
- c) Supporting expansion of Government partnerships with civil society and private sector to reach the most marginalized; and
- d) Supporting capacity development for reproductive health commodity security at the subnational level.

Output 2: *Enhanced national and subnational capacity to provide integrated sexual and reproductive health services, particularly for marginalized and affected populations in humanitarian settings.*

The intervention logic for Output 2 builds on four overarching goals:

- a) Advocacy and technical assistance for high-quality midwifery education service delivery and quality assurance;
- b) Strengthening national and subnational institutions to develop and implement policies and programmes that address disparities in sexual and reproductive health;
- c) Strengthening the capacity of local health systems to incorporate the Minimum Initial Service Package within national and subnational disaster risk reduction policies and plans; and
- d) Promoting community-, women- and youth-centred initiatives to build resilience and empower communities to address social barriers to sexual and reproductive health.

3.2.1.2 The Intervention Logic in the Adolescent and Youth Component

Output 3: *Increased national and subnational capacity to develop policies, programmes and institutional mechanisms that incorporate the rights and needs of youth, particularly access to sexual and reproductive health information and services.*

This will be achieved by supporting leadership and the participation of young people in initiatives that encourage dialogue and seek local solutions for sexual and reproductive health challenges, with a focus on young girls.

The intervention logic for Output 3 builds on four overarching goals:

- (a) Promoting gender-responsive and age-appropriate life skills-based education for in- and out-of-school youth;
- (b) Supporting targeted research on youth to guide policies and programmes;
- (c) Supporting policy initiatives and advocacy for increased investment in marginalized young people, including access to sexual and reproductive health; and
- (d) Strengthening organizational systems of youth-led platforms for leadership on sexual and reproductive health, peace building and achieving the Sustainable Development Goals

3.2.1.3 The Intervention Logic in the Gender Equality and Empowerment of Women and GBV Component

Output 4: *Strengthened capacity of public sector and civil society partners to advance gender equality and to prevent and respond to gender-based violence in development and humanitarian settings.*

The intervention logic for Output 4 builds on four overarching goals:

- a) Supporting evidence-based prevention and response to gender-based violence, including survivor-centred care;
- b) Strengthening multisectoral coordination mechanisms for gender-based violence prevention and response;
- c) Advocacy to promote implementation and monitoring of national and subnational policies and laws that reduce disparities; and
- d) Promoting gender-focused sociocultural research to inform interventions for eliminating harmful cultural practices, including child, early and forced marriage.

3.2.1.4 The Intervention Logic in the Population and Development Component

Output 5: Enhanced national capacity to generate, analyse, disseminate and use disaggregated population data to inform evidence-based policy-making, planning, budgeting, and monitoring.

The intervention logic for Output 5 builds on six overarching goals:

- a) Supporting census post-enumeration phase, household surveys and demographic and health surveys;
- b) Strengthening skills for data utilization for evidence- and equity-based planning and budgeting;
- c) Promoting research on population and development for evidence-based advocacy;
- d) Enhancing institutional competencies to integrate population, reproductive health and gender into national and subnational policies and programmes;
- e) Strengthening statistical systems for Sustainable Development Goals monitoring and mapping inequities;
- f) Advocacy on harnessing benefits of the demographic dividend.

3.2.1.5 Measurement of Achievement in Planned Targets

The progress in the indicators as assessed for each thematic area by an analysis of the results framework. This was done for each of the indicators in order to measure achievement of each indicator based on the target. The evaluation report showcases in tabular presentation (Annex 10) whether CP9 was able to meet and even surpass its planned targets during the 2018-2022 period.

3.2.2 The Financial Structure of the Country Programme

UNFPA committed US\$39.5 million over the five years of its 9th Country Programme (2018-2022) with US\$19 million dollars from regular resources and US\$20.5 million through co-financing modalities and/or other resources, including regular resources. The proposed funding for the UNFPA Pakistan CP9 (2018-2022) is provided in Table 7 and is as follows by thematic programme: (a) Sexual and Reproductive Health (US\$22.5 million); (b) Adolescents and Youth (US\$4.5 million); (c) Gender Equality and Women's Empowerment (US\$6 million), and Population Dynamics (US\$5 million). In addition, an amount of US\$1.5 million was allocated for programme coordination and assistance.¹⁴³

Table 7: Proposed Indicative Assistance (in millions of \$), Pakistan 9th CP (2018-2022)¹⁴⁴

Strategic Plan Outcome Area	Type of Funding			Funding Source Allocation		Total as % of Total Budget
	Regular Resources (US\$)	Other Resources (US\$)	Total (US\$)	Regular	Other	
1. Sexual and Reproductive Health	10.5	12.0	22.5	46.7%	53.3%	57.0%
2. Adolescents and Youth	1.5	3.0	4.5	33.3%	66.7%	11.4%
3. Gender Equality and Women's Empowerment	2.0	4.0	6.0	33.3%	66.7%	15.2%
4. Population and Development	3.5	1.5	5.0	70.0%	30.0%	12.7%
Programme Coordination and Assistance	1.5	0.0	1.5	100.0%	0.0%	3.8%

¹⁴³ United Nations Population Fund Country Programme Document for Pakistan (2018-2022).

¹⁴⁴ UNFPA Pakistan Country Programme Document (2018-2022).

Total	19.0	20.5	39.5	48.1%	51.9%	100.0%
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Source: UNFPA Pakistan Country Programme Document (2018-2022).

The SRH component accounted for the highest allocation (57 percent) of which more than half, 53 percent was proposed to be financed by other resources and 47 percent by regular resources. The GEWE component followed with 15 percent, of which two thirds, (67 percent) was to be financed through other funds and the remaining third (33 percent) to be sourced from regular funds. The PD component was allocated 13 percent of the budget but with a significant part (70 percent) to be financed by regular funds while the remaining 30 percent was to be financed through other resources. The AY component was allocated 11 percent of the budget allocation, with two thirds (67 percent) financed by other funds and the remaining third (33 percent) to be financed using regular resources. Finally, programme coordination and assistance were allocated 4 percent of the budget with all of this allocation coming from regular funding.

CHAPTER 4: EVALUATION FINDINGS

The information given in this chapter consists of data from both the primary and secondary sources. The primary sources included interviews and group discussions with UNFPA CP9 grantees, beneficiaries, development and implementing partners; whereas the secondary sources consist of authentic UNFPA program documents, including, but not limited to, plans, monitoring and annual reports, implementation and tracking frameworks, evaluation reports, and the White Paper.

4.1 Relevance: Evaluation Question 1

EQ1: To what extent has UNFPA support in the field of Sexual & Reproductive Health, Adolescents & Youth, Gender Equality and Women's Empowerment, and Population Dynamics: i) adapted to the needs of population, including the needs of marginalized and vulnerable groups; ii) adapted to the changing needs in the COVID-19 context iii) was responsive to human rights and gender equality dimensions?

Summary

The GoP/UNFPA CP9 is well aligned to international, national and provincial development priorities. It is relevant to UNFPA mandate, the needs of GoP as well as the beneficiaries. The priorities are linked and aligned with the United Nations Sustainable Development Cooperation Framework for Pakistan (UNSDCF 2018-2022), also known as the Pakistan One United Nations Programme III (OP III) 2018-2022. This link is further reflected in the UNFPA Strategic Plan 2018-2021 which reaffirms the relevance of the current strategic direction of CP9. The programme interventions of the four components are consistent with priority components of ICPD PoA and SDG Agenda and the transformative and people-centred results of UNFPA's Strategic Plan 2018-2021.

The GoP and UNFPA jointly developed the 9th CP through a participatory process involving national and provincial stakeholders, including civil society, the private sector, young people, UN organizations and development partners. The 9th CP had national coverage, with some interventions in specific locations based on local context and availability of resources. As regards adaptation to the changing needs in the national context, UNFPA responded effectively and timely to the COVID-19 pandemic and also to the recent influx of Afghan refugees.

4.1.1 Sexual and Reproductive Health Relevance

Despite some improvement in service delivery over the last three decades, unfortunately, the availability and access (*in terms of geographic, financial, cultural and quality*) to SRH services is generally compromised for more than half of the country's population. The study participants from the federal and across the provincial population welfare departments and the provincial departments of health, shared that the: i) current state of SRH and FP affairs in the country undoubtedly demand an expansion of higher quality SRH and FP services, which are widely available, accessible and are delivered on equitable basis. Provincial annual plans are developed in line with provincial needs, and are finalized with UNFPA to identify potential resource gaps in implementation; and iii) support from UNFPA is always available during the implementation of annual plans. The UNFPA support consists of technical support, capacity building, and filling the financial and material resource gaps.

Increase National and Sub-national Capacities for FP Information and Services

An outline of UNFPA's response, aimed at enhancing national and subnational capacities to accelerate delivery and accessibility of FP information and services is shown in **Error! Reference source not found.**. The relevance of UNFPA's responses to SRHR and FP needs and their effects, as perceived by study participants, are briefly discussed below.

Increase Budgetary Allocations: The respondents shared that to increase availability and access to SRHR and FP services, government had to increase the budgetary allocations. They further elaborated that an increased budget would facilitate them in many ways, such as: engaging qualified and expert human resources; enhancing

staff capacities; reducing stockouts of supplies; improving monitoring and support mechanisms; learning and introducing modern approaches; and prioritizing the service provision to deprived and marginalized communities.

Introduce Human Rights-based Approach: In 2018, UNFPA introduced Human Rights Based Approach (HRBA) in pre-service training curricula of SRH and FP service providers, which was updated in 2020 to align it with latest human rights concepts and principles of FP programmes and with the CCI recommendations and the new population narrative.

Increase Public Private Partnership: To increase availability and access to SRH and FP services, UNFPA emphasized on fetching non-government service providers and organizations in service delivery. Study participants shared that it was adequately planned and implemented through development of public private partnership framework and standard operating procedures for issuance of and provision of FP commodities to private entities. They study participants stated that active private sector involvement in service delivery, would certainly enhance the access to services.

Adopt Task Shifting and Sharing: Task sharing and task shifting strategies were introduced to enhance the scope and outcome of service delivery. The provincial respondents stated that task shifting and sharing had increased the pool of service providers and had enhanced the population access to FP services, specifically in remote areas where it was more required.

Build Integrated SRHR Service Delivery Capacities, include Marginalized & Affected Population

Box 1 shows the outline of UNFPA response to integrated SRHR needs, particularly for marginalized and affected population in humanitarian settings. Primarily, the focus remained on building capacities, strengthening, elevating and expanding the midwifery cadre. These are discussed below in view of their relevance to the prevalent needs as perceived by the study participants.

Development of Midwifery Service Regulatory Mechanism: Although the midwifery cadre was started in Pakistan over a decade and a half ago, however it still lacked a mechanism to regulate and standardize the midwifery services. The respondents stated that having in place a mechanism to regulate midwifery service delivery, was to optimize adequate and standardized midwifery service delivery.

Standardization of Midwifery Curricula: The study participants stated that standardization of midwifery curricula across the country, which is in line with internationally acceptable and at par with WHO standards, was immensely required. In response to this, in 2019, UNFPA had supported the GoP for development of a plan to regulate the midwifery teaching standards as well as the midwifery practices.

BSc Midwifery - Bringing Midwifery Training to meet WHO/ ICM Standards: In 2019, UNFPA provided technical support to the government for developing a plan to regulate the midwifery teaching standards and practices, and to initiate a degree course in 'BSc in Midwifery' in the public sector in line with the standards set by International Confederation of Midwives (ICM). In 2020, faculty members from Dow University of Health Sciences (DUHS) Karachi, a public sector organization, were trained to initiate the BSc Midwifery programme. A two-year BSc Midwifery course was notified after approval by the Pakistan Nursing Council and enrolment of 25 students for the year 2020 was announced. Moreover, four-year direct entry programme is in the process of development. The UNFPA participants shared that the roadmap for initiation of BSc Midwifery was developed for the capital and province of Punjab. The faculty development and curricula revision were planned for 2021.

Integration of MISP in Contingency Plans: The majority of respondents informed that they had participated in orientation and consultative process for development of Minimum Initial Service Package (MISP) for SRH in humanitarian settings. The process, however, was interrupted by the COVID-19 pandemic. The KPK participants informed that UNFPA had supported KPK for development of costed implementation plan on MISP in the form of PC-1. The PC1 approach would secure funds from the government sector. Currently, MISP is part of health emergency response and contingency plans in Sindh and KPK.

Box 1: UNFPA response to integrated SRH, particularly for marginalized and population in humanitarian settings

Output 2: Enhanced national and sub-national capacity to provide integrated sexual and reproductive health services, particularly for marginalized and affected population in humanitarian settings

To accelerate the delivery and accessibility of SRH services, UNFPA adopted five approaches. These included:

- a) Standardize midwifery curricula as per WHO/ICM standards for training midwives;
- b) Incorporate MISP in the provincial contingency plans
- c) Develop and implement regulations to govern midwifery practice and teaching standards;
- d) Develop Midwifery service delivery framework for emergencies and its pilot test.
- e) Develop and test models for resilient community health systems

Testing the Resilient Community Health Systems Models: To strengthen resilience, UNFPA follows three key principles: i) Build national and local capacities and capabilities; ii) Secure long-term strategic frameworks and plans; and iii) Shift away from the relief to development paradigm. In line with these principles, and in collaboration with provincial stakeholders, UNFPA developed and tested two models of Resilient Community Health Systems in response to COVID-19 pandemic. The first model “*The Neighbour-hood Watch Project*” was piloted in the severely affected slums of six districts of Karachi and the second “*The Hub and Spoke*” was tested in the province of Balochistan to provide SRH and GBV Services.

4.1.2 Adolescents and Youth Relevance

The UNFPA support under its 9th CP was adapted to the needs of adolescents and youth including the needs of marginalized and vulnerable groups particularly transgender and religious minorities. The UNFPA CO made its interventions relevant to the needs of adolescents and youth in a logical way. Firstly, the data gaps were identified. No doubt that Pakistan has good micro-level demographic datasets available by gender, age and region, but for the AY component of 9th CP, the use of this data was limited because it was linked with the marital status, thus no information on youth SRH was available. The youth SRH was not a priority of the Ministry of Health at least at the Federal level. Under the 9th CP, a situation analysis of youth, carried out in 2019 by the Population Council, provided the feedback to support the Government of Pakistan in fulfilling the rights and needs of AY. At the federal level, the technical support of UNFPA, which is very much relevant to the needs of AY, was given to the *Kamyab Jawan Program (KJP)* of the Prime Minister Office in the construction of Youth Development Index (YDI). It will eventually provide accountability framework for the provinces in areas such as ‘marginalized youth, ‘child marriage’, ‘abuse cases’ and ‘life-skill-base-education’ (LSBE). It is important to report here that the *KJP* was primarily about the youth employment, entrepreneurship and engagement, the three Es. It also had a component on ‘health and wellbeing’. The UNFPA found the opportunity to support the *KJP* through its ‘health and wellbeing’ component.

The same is the case for the technical assistance of UNFPA for integration of gender-responsive and age-appropriate LSBE, which is about mainstreaming of LSBE. In Pakistan, LSBE is not treated as a standalone subject, rather it is treated as integrated, across various subjects and languages. The National Curriculum Council (NCC) developed single curriculum for 1-5 grade students covering all three types of educational institutions - public, private and madrassa. The age and gender specific intervention in LSBE was carried out under the child protection approach of the UNFPA. Thus making it very much relevant to the needs of population (adolescents and youth) by ensuring the protection of young population e.g. protection from child marriage. The UNFPA assistance in supporting targeted research on youth to guide policies and programmes at the federal and province level will provide the much-needed evidence to generate the policies. The last pillar of the AY component is focused on increasing the opportunities for adolescents and youth to exercise leadership and participate in networks that promote sustainable development, humanitarian action, as well as peace and security. Increasing youth participation and leadership is particularly important to Pakistan, considering the large share of AY in total population of Pakistan. For example, about 24 million individuals or one-fifth of the total eligible voters in Pakistan are in the 18-25-year age group. The intervention of the UNFPA in the provinces such as the provision of “youth friendly spaces” worked as a hub for all the youth. The UNFPA support also adapted to the needs of marginalized and vulnerable groups through a solid approach. The population of transgender is in general among the marginalized people. Their rights have been protected through the Transgender Act 2018, but its implementation was weak because there was no Action Plan associated with the Act. Under the 9th CP, UNFPA supported technically the Social Departments of Sindh and Punjab, which are the home of large transgender population, for developing their Action Plans. Minority girls and vulnerable women are the other identified segments of population under the 9th CP.

The UNFPA interventions for adolescents and youth are relevant in regard to national objectives/priorities and global policies and strategies including the humanitarian situation. The Government of Pakistan and UNFPA jointly developed the 9th CP through a participatory process involving national and provincial stakeholders, including civil society, the private sector, young people, UN organizations and development partners. The 9th CP had national coverage, with some interventions in specific locations based on local context and availability of resources. The present federal government accorded the highest priority in its manifesto to youth empowerment at national level. To accomplish the vision of the Prime Minister, National Youth Development Framework (NYDF) was developed on the basic principles of 3Es: Education, Employment and Engagement. The UNFPA intervention through the

KJP under the 'Health and well-being' indicates its relevance to the national objectives/priorities. The National Education Policy (NEP) 2009 continued to be a jointly owned national document ever since the 18th Constitutional Amendment. The NEP 2009 assigns Inter Provincial Education Ministerial Conference (IPEMC) the role to oversee educational development including monitoring and review of the NEP. In the light of the aforementioned decision, the formation of the National Curriculum Council (NCC) was approved unanimously by all provinces and areas in the IPEMC held on Feb 11, 2014, with the objective to develop minimum Curriculum that ensures Minimum National Standards in all subjects and emphasizes on national ideology and societal needs. The association of UNFPA with the NCC for the developing the LSBE was very much relevant to the national objectives/priorities.

4.1.3 Gender Equality and Women Empowerment Relevance

UNFPA's SP 2018-21 Outcome 3¹⁴⁵ on Gender Equality & Women Empowerment (GEWE), '*Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and settings*' and its linked output in CP 9, are deemed to be relevant to the Government of Pakistan's (GoP) national priority. This is stated in, 'Pakistan 2025: One Nation-One Vision' _ 'Pillar 1-People First: developing social and human capital, and empowering women', and Pillar 6 on Knowledge economy. Additionally, it is aligned with GoP's international commitments, as it is a signatory to UDHR, CEDAW and SDG 2030, including its commitment to achieving SDG 5 among others. Most importantly, Article 25 of the Constitution of Pakistan states: "*All citizens are equal before law and are entitled to equal protection of law. There shall be no discrimination on the basis of sex*". Constitutionally, this article and others guarantee women the same rights as men, but in reality, this is not realized, as indicated in the Global Gender Gap Index Report 2020. Pakistan was ranked last but third from the bottom, that is 151st out of 153 countries, highlighting the relevance of the CP9 GEWE programme.

UNFPA's CP9 Output 4 for GEWE:¹⁴⁶ '*Strengthened capacity of public sector and civil society partners to advance gender equality and to prevent and respond to gender-based violence (GBV) in development and humanitarian settings*', is relevant as it is in tandem with UNSDF 2018-2022, Outcome 8 on gender equality and rights, which states that by 2022, government institutions would have increased accountability towards gender equality commitments. Additionally, UNSDF¹⁴⁷ states that, 'backing efforts and policies to curb GBV, while improving access to quality care, support and treatment services, alongside safe public spaces, for GBV survivors. The evaluation found that CP9 was adapted to the needs of the population, during the trying times of COVID-19 pandemic for the period 2020 – 21. The smart lockdown in Pakistan resulted in the closure of government services but UNFPA's support for operationalizing essential services and servicing hotlines for GBV survivors, catered directly to needs of vulnerable women and girls. It is established that domestic violence (DV) increased due to amplified exposure of women and children to the perpetrators, making them more vulnerable, compounded by reduced means of reporting to extended family due to curbs on mobility and authorities which remained non-operational due to the COVID lockdown. The Punjab Safe City Authority (PSCA) and Punjab Unified Communication and Response (PUCAR-15) showed a 25 percent increase in DV, based on the number of complaint reports received on their helplines, during lockdown between March 23 and April 23 across the Punjab province.¹⁴⁸ (It may be noted that only 25 percent of women have mobile phones,¹⁴⁹ and therefore the 25 percent increase reflects a tip of the iceberg of the increase in DV).

4.1.4 Population Dynamics Relevance

The **Output 5** of the CP is about population dynamics and reads as: *Enhanced national capacity to generate, analyse, disseminate and use disaggregated population data to inform evidence-based policy-making, planning, budgeting, and monitoring*. The evaluation suggests that the UNFPA interventions through its PD component are relevant to the needs of population through enhanced national capacity to generate, analyse, disseminate and use disaggregated population data to inform evidence-based policy-making, planning, budgeting, and monitoring for socio-economic development. The generation of data and demographic analyses were inclusive and covered well the needs of marginalized and vulnerable groups. The UNFPA interventions in PD are relevant to the government priorities and global policies and strategies. On the direction of Supreme Court of Pakistan, the CCI set the goal to enhance CPR to 50 percent and 60 percent and lowering the total fertility rate to 2.8 and 2.2 by 2025 and 2030,

¹⁴⁵ United Nations Population Fund Strategic Plan (2018-2021).

¹⁴⁶ United Nations Population Fund Country Programme Document for Pakistan (2018-2022).

¹⁴⁷ United Nations Sustainable Development Framework for Pakistan (UNSDF) / Pakistan One UN Programme III 2018-2022.

¹⁴⁸ <https://www.thenews.com.pk/tns/detail/678152-locked-down-and-vulnerable>.

¹⁴⁹ PSLM Report 2018-19.

respectively. The Ministry of Health has prepared an Action Plan in consultation with provincial governments, relevant CSOs and other implementing partners in the private sector. The UNFPA CO supported the process of development of action plans. A new population narrative, *tawazun*, has emerged in the policy era. At the State level, *tawazun* implies achieving a sustainable balance between population growth and available resources. At the individual level, it implies balancing family size with family resources. The evaluation showed that UNFPA played a key role in developing this narrative. The UNFPA support was relevant to Pakistan's Vision 2025 and international frameworks including ICPD agenda, SDGs and FP2020/30. The multi-sectoral national action plan to harness the demographic dividend will pave the way for economic development as envisaged in the Pakistan's Vision 2025.

4.1.5 Response to Changing Needs in COVID-19 Context

In line with the mandate of UNFPA, the Pakistan Country Office developed a Response Plan to COVID-19 pandemic and implemented it as a plan of action from the onset of this emergency. The Plan of action encompassed key interventions and high priority areas to reduce the impact of pandemic to development and humanitarian interventions. In view of the changing situations, the interventions were revised during mid-2020. The CO facilitated the online trainings on Infection Prevention and Control (IPC), procured personal protective equipment (PPE), developed and disseminated IEC materials on COVID-19 prevention. The provinces stated that during the shortage of PPE, UNFPA had effectively filled that gap. The Pakistan COVID-19 Response Framework was developed and rolled out in line with the WHO guidelines and the national priorities. Since the outbreak, UNFPA, in collaboration with government and development partners was able to immediately redirect USD 1.6 million and made significant progress. The 9th CP proved to be responsive to the changing needs in the COVID-19 context by reallocation of funds and being active in preventive measures, beneficial for the population including adolescents and youth. The evaluation found that all stakeholders appreciated the flexibility of UNFPA during the COVID-19 pandemic for being very responsive to it in terms of redirecting funds and human resources. The UNFPA support in AY during the 9th CP was responsive to gender equality dimensions. The youth study carried out in 2019 on FP and reproductive health focused on gender. However, the human right dimension of the AY component of the 9th CP appears to be weak in clarity about the concept of human rights in AY and its implementation.

All activities of the UNFPA under 9th CP were aligned with COVID-19 situation. The Population Situation Analysis (PSA) carried out in 2020 included COVID-19 as a cross-cutting theme. A panel study has particularly been designed to examine the long term effects of COVID-19. A COVID-19 study of marginalized segments of population has also been carried out. A new method of research e.g. Distance Qualitative Research was used by the Population Council to assess the demographic impact of COVID-19. All demographic micro-dataset generated by the Pakistan Bureau of Statistics (PBS) or other organisations and supported by the UNFPA are disaggregated by gender. The examples include the population census, 2017-18 Pakistan Demographic and Health Survey (PDHS) and 2019 Pakistan Maternal Mortality Survey (PMMS). A chapter in the PSA 2020 addressed the inequalities including gender and rural-urban. The 9th CP has been responsive for enhancing institutional competencies to integrate population, reproductive health and gender into national and sub-national policies and programmes. Again, the responsiveness of 9th CP to human rights is not clear.

4.2 Coherence: Evaluation Question 2

EQ2: To what extent is UNFPA's support i) coherent with the priorities set by relevant national policies as well as international normative frameworks, including the 2030 Agenda, ICPD PoA and ii) complements, coordinates with and adds value to the support of UN partners (in the UNCT) and development partners in the UNFPA mandate areas, including for the COVID-19 response and recovery efforts?

Summary

The GoP/UNFPA CP9 is coherent with the Pakistan Vision 2025, national development plan and provincial initiatives, UNSDF 2018-2022, ICPD PoA, the 2030 Agenda for Sustainable Development, and FP 2030 National Commitments. The results achieved under the Pakistan One UN Programme III (2018-2022), served as a base for the GoP and the UN system to jointly pursue the national priorities given in Pakistan's Vision 2025 and the localization of the SDGs. The CP9 is coherent with the major provincial SRH and FP priorities in Punjab, Sindh, KPK and Balochistan. There is coherence between UNFPA interventions for the adolescents and youth and the national priorities. The GEWE component is coherent with the priorities set by GoP. UNFPA ably provided leadership in leading the cluster for GBV through its Multi-sectoral Coordination Mechanism established at NDMA at national level and in KP. The studies on different demographic issues are also aligned to national priorities and UNFPA support in data generation, such as PDHS 2017-18 and Pakistan Maternal Mortality Survey 2019, has filled the data gaps particularly in the absence of census data.

4.2.1 Sexual and Reproductive Health Coherence

National Priorities and Annual Plan 2021-2022

The National Action Plan on Population reflects the national priorities whereas UNFPA response to national priorities is given in **Error! Reference source not found.** and Box 1 afore-mentioned. The National Action Plan on Population aims to increase CPR to 50 percent, decrease TFR to 2.6 births per woman, and population growth rate to 1.5 by 2025 and the federal and provincial population welfare programmes are geared to achieve these objectives. The interventions were in line with the latest evidence presented in the Population Situation Analysis (PSA) 2020; and with the national consultative forum series on population and development.

This was hosted by the Planning Commission in collaboration with provincial governments and development partners.¹⁵⁰ The provincial annual plans are developed and finalized through consultation with UNFPA. The UNFPA identifies the requirements during planning process and later ensures the support required during the implementation of plans. The provincial implementation process follows the respective annual development plans (ADPs), whereas the Planning Commission acts as a platform for sharing best practices, and mutual learning. Major provincial initiatives are highlighted in Box 2.

International Framework of UNSDF for Pakistan, and 2030 Agenda

While ensuring the principle of 'leaving no one behind' the Government and people of Pakistan to make a lasting contribution towards national development priorities and to improve the living conditions of all the people in the country.

The results achieved under the Pakistan One UN Programme III (2018-2022), served as a base for the Government of Pakistan and the UN system to jointly pursue the national priorities given in Pakistan's Vision 2025 and the localization of the SDGs, framed by the 2030 Agenda. The UN in Pakistan follows 'Delivering as One' approach in supporting the Government's vision for a more prosperous, inclusive, equitable and developed nation.

The UNSDF for Pakistan¹⁵¹ is a medium-term strategic plan that articulates the collective vision and response of the UN system to Pakistan's national development priorities. It highlights the activities to be implemented in partnership with the Government of Pakistan, as well as in close collaboration with international and national partners and civil society. As part of the UN system, the CP9 has also followed the framework of UNSDF and 2030 Agenda in Pakistan.

4.2.2 Adolescents and Youth Coherence

The UNFPA interventions for AY were aligned to the national priorities in the following major ways: (i) promoting accountability by assisting the *KJP* for developing the YDI, (ii) improving the quality of education through supporting the national curriculum and LSBE, (iii) ensuring child protection – training and lectures on LSBE, and (iv) contributing in the development and implementation of youth policies. The 9th CP was also aligned to the Government of Pakistan Vision 2025, the UNSDF 2018-22, the International Conference on Population and Development, the 2030 Agenda for Sustainable Development, and FP 2030. The UNFPA interventions in AY are directly related to SDGs 3-5, and 10. The value addition by the UNFPA

United Nations is committed to working with the

Box 2: Major provincial SRH and FP priorities

Punjab plans to: strengthen services, access and management; improve service delivery outlets; perform pre-marital counselling, establish adolescent health centres; automate services; advocacy campaign social and behaviour change; integrate supply chain and MIS; renovate RTIs; and develop human resource.

Sindh plans to: Extend complete PW package in un-served areas where RHS-B model is introduced; start capacity building initiatives along Sindh population task force, for theoretical and clinical training and strengthening of RTIs; maintain sufficient stocks of contraceptives.

KPK plans to: form 14 Adolescent and SRH centres; involve 200 Religious Scholars as Social Mobilizers at Village Council Level; establish MSUs in most remote areas; facilitate public private partnership to offer franchising of Population Welfare Services.

Balochistan plans to: provide modern Population Welfare services and commodities through FP facilities; raise awareness and counselling for FP services through conventional and clinical methods; and facilitate male and female contraceptive surgeries.

¹⁵⁰ Annual Plan 2020-2021, Government of Pakistan

¹⁵¹ UNSDF for Pakistan, also known as the Pakistan One United Nations Programme III (OP III) 2018-2022

is supporting the SRH for youth under the 'health and wellbeing' components of *KJP*. It would gradually be a national priority as well.

The UNFPA intervention adapted well to the major national need and context emerged with the spread of COVID-19, through trainings on Universal Precautionary measures and Infection Prevention and Control, procurement of PPEs, and development of the IEC material. In public sector hospitals, kits for the medical staff, front line workers, were distributed across the country. UNFPA has also provided technical support to NDMA through senior technical experts on gender and sexual and reproductive health to strengthen the national COVID-19 response with a lens of women's health and rights. A key response was the distribution of rations in slum areas of the country with the support of local philanthropists, police and tehsil level administrators. Food was also distributed in Rawalakot district of Azad Jammu and Kashmir.

4.2.3 Gender Equality and Women Empowerment Coherence

The GEWE component was found coherent with the priorities set by GoP and international normative frameworks, as elaborated under section on relevance above. UNFPA's support complemented and added value to the support of UN and development partners in the UNFPA mandate areas, including for the COVID-19 response and recovery efforts. Demonstration of One UN engagement was effectively witnessed whereby UNFPA ably provided leadership in leading the cluster for GBV through its Multi-sectoral Coordination Mechanism established at NDMA at national level and in KP, advocated moving GBV response services to women and girls during COVID-19 from non-essential to essential package during the lockdown phase imposed by government, and set up a Model Quarantine Centre for COVID-19 affected women and girls' patients in Balochistan. Additionally, much needed data generation on impact of COVID-19 was provided through undertaking a Socio-Economic Assessment of COVID-19 on Reproductive Health and GBV, as part of UN's support to Pakistan by providing a 'rapid assessment' of COVID-19's socio-economic impact in Pakistan.

UK's Foreign and Commonwealth Development Office (FCDO) support was structured in line with OP-III/1UN, where UNICEF (on community engagement and birth registration), UNW (on WE) and UNFPA (on GBV) were engaged to work on different pillars of the AAWAZ-II programme. MISP and ESP are One UN engagement initiatives, with rollout among different UN partners for integrated health system response for GBV survivors. Under ESP, UNFPA partnered with WHO, for entrenching its health sector response to GBV at DOH KP and Punjab, through integration of GBV protocols and contextualizing WHO clinical handbook. Although the output was not found effective, the engagement of UNFPA and WHO in a partnership was in line with OP-III/1 UN.

4.2.4 Population Dynamics Coherence

The population and development component of the 9th CP of UNFPA is aligned well to national priorities and international frameworks. The evaluation showed that all interventions were picked up from the national priorities. This coherence is evident in three ways. First, the UNFPA support in data collection, such as PDHS 2017-18 and Pakistan Maternal Mortality Survey 2019, has filled the data gaps particularly in the absence of census data. Second, these datasets have very strong policy relevance on key demographic issues particularly fertility, contraception, child and maternal mortality. The Action Plan of the Ministry of Health is based on CCI's decision, which is influenced by recent demographic trends. Third, they are the major source for monitoring the progress in socio-demographic indicators. The evaluation found that the studies on different demographic issues are also aligned to national priorities. The PSA 2020, for example, is designed and prepared with a very close cooperation of the Ministry of Planning, Development and Reforms. The findings were presented at high policy forums to secure resources for health and population sectors. The 9th CP is aligned to international frameworks including FP 2020/30, ICPD priorities and SDGs. A Monograph on population and SDGs was availed to major political parties of the country to keep the population priority on top. UNFPA has been responsive to change in national needs and contexts. A survey in Islamabad was carried out to understand the needs of COVID-19 emergency. The findings helped to understand the needs. The Government of Pakistan has allocated funds for a new census probably in 2022. The UNFPA CO commissioned a comparative study on the census methodology, field operation and data processing to support the pre-census efforts of the Pakistan Bureau of Statistics (PBS).

4.3 Effectiveness: Evaluation Questions 3-6

EQ3: To what extent has UNFPA strengthened the national capacities and the policy environment to provide quality integrated SRH and FP information and services, especially for the vulnerable and marginalized populations?

Summary

There were significant achievements under FP namely: (i) Increase in provincial government expenditures on SRH and FP programme as well as the development of a costed national population action plan amounting to US\$ 1.312 billion; (ii) Introduction of HRBA in pre-service trainings of LHV, CMWs, and FWWs; (iii) Introduction of task sharing and task shifting in all four provinces; (iv) Private Sector Consortium involvement in FP services; and (v) Provision of FP Commodities through Non-Government entities in the provinces of Sindh, Punjab and Balochistan. Under SRHR, UNFPA achieved the following: (i) Standardization of midwife training curricula under ICM and WHO standards; (ii) launched the BSc midwifery training programme; (iii) Incorporated MISP into contingency plans; (iv) introduced regulation of midwifery practices and teaching standards; and (v) pilot tested the Resilient Community Health System Models. In addition, UNFPA provided support for the development of a costed Action Plan on CCI recommendations.

4.3.1 Sexual and Reproductive Health Effectiveness

The evaluation criterion of Effectiveness was assessed in terms of extent to which UNFPA CP9 strengthened the national capacities and the policy environment to provide quality: i) FP information and services; and ii) Integrated SRH services.

4.3.1.1 Evaluation of the Results and Intervention Logic for the SRHR Component

Status of Output 1 – FP Indicators

The summary of targets and yearly status of respective indicators is shown in Annex 10. This information is drawn primarily out of secondary data available in the form of annual reports and the white paper.

Increase in Provincial Government Expenditures on SRH and FP Programme: The evaluation found that in 2019-2020 the collective provincial budgetary allocations for SRH and FP were around PKR 14 billion (USD 87M), which was slightly higher (around 1 percent) than the budgetary allocation for the fiscal year 2018-2019. Whereas, this increase was higher (above 18 percent) in 2019-2020 compared to the year 2017-2018. When asked, the main reason stated was diversion of financial resources to the COVID pandemic. Moreover, the country programme has recently supported development of a costed national population action plan amounting to US\$ 1.312 billion, with US\$ 802 million commitments from domestic resources, followed by the government call to the international donor community to fill the gap of US\$ 510 million at the donor conference, hosted by the president of Pakistan and supported by UNFPA in November 2021.

Introduction of HRBA in Pre-service Trainings of LHVs, CMWs, & FWWs: The basic concept of HRBA encourages parents to exercise the right to consciously and willingly decide on number of children while keeping a balance between family size and family resources. In 2018, HRBA based FP Protocols were developed and integrated into existing training programs for women health care providers. In 2020, these protocols were updated to incorporate latest human rights concepts and principles, and to ensure that they were aligned with the CCI recommendations and the new population narrative. A total of 346 service providers, 78 in Sindh, 188 in Balochistan, 50 in KPK, and 30 in Punjab, were trained in HRBA based FP Protocols.

Introduction of Task Sharing and Task Shifting: In response to continued advocacy by UNFPA, in 2018 all four provinces had committed to adopt and roll out task sharing for FP. In 2019, all four provinces endorsed task sharing strategies for insertion of implants by mid-level service providers. In 2020, provinces approved this strategy and rolled it out in selected pilot districts. A total of 427 health care providers (29 doctors, 187 LHVs, 33 Nurses, 27 FWCs, 78 CMWs, 73 FWWs) were trained on long-acting reversible contraceptives. In Sindh and KP Provinces, LHVs were notified to administer first dose of Contraceptive Injection after getting training and under mentorship for the initial days.

Table 8: Status of Output 1 – 2018-2021

Indicator	Baseline 2017		2018	2019	2020	2021
Output 1: Increased national and sub-national capacity to accelerate delivery and accessibility of high-quality family planning information and services						
a. Percentage increase in provincial Government expenditures on FP programme	1	Target	2	2	2	
		Reported	0	18%	1	
b. Curriculum on HRBA for FP institutionalized in pre-service trainings of LHV, CMWs, & FWWs.	0	Target	1	0	0	
		Reported	0	0	2	
c. Number of provinces adopted task shifting for two additional modern contraceptives methods	0	Target	1	1	2	
		Reported	0	2	4	
d. National/Provincial Public-Private Partnership frameworks/ guidelines on FP in place	None	Target	None	Yes	Yes	
		Reported	None	Yes	Yes	
e. Number of provinces that provide FP commodities to non-government providers	0	Target	1	2	3	
		Reported	1	2	3	

Private Sector Consortium – Public-Private Partnership Frameworks: All four provinces have developed Public-Private Partnership (PPP) framework to enhance partnerships and promote private sector in FP service delivery across Pakistan. UNFPA has been successful in establishing “Private Sector Consortium”, an innovation in PPP initiatives. The development of National framework on PPP “Public- Private Partnership to Accelerate FP Uptake in Pakistan: A Conceptual Framework” has been completed.

Provision of FP Commodities through Non-Government Entities: In 2018, the provinces of Sindh, Punjab and Balochistan had developed framework for procurement of FP commodities for non-government service providers and organizations. The Sindh and Punjab started providing free FP commodities through private sector in 2018 and 2019, respectively. In 2020, Balochistan also started PPP. The two main CSOs, Peoples Primary Health Initiative (PPHI) and Family Planning Association of Pakistan have signed MoUs and received their initial supplies.

Status of Output 2 – Integrated SRHR Indicators

Error! Reference source not found. summarizes the yearly targets and their status of achievement for integrated SRHR indicators. This information is drawn primarily out of secondary data in the form of annual reports.

Standardization of Midwife Training Curricula: In 2018, UNFPA supported the review of midwifery curricula to identify gaps against the WHO/ICM standards, and to standardize it for midwifery training. The findings were shared with key stakeholders and 20 midwifery tutors, 14 in Punjab, 3 in Balochistan and 3 in FATA received TOT on clinical aspects.

Launching of BSc Midwifery Training Programme: UNFPA supported the government to launch first-ever BSc Midwifery training programme in the public sector, in line with ICM and WHO standards. This BSc Training Programme has been launched in Sindh and Punjab. Faculty members from Dow University of Health Sciences (DUHS), a public sector entity, was trained to start BSc Midwifery programme. After approval from Pakistan Nursing Council, it was notified and 25 students were offered enrolment whereas 19 were enrolled in 2020. UNFPA supported the participation of four faculty members in faculty development training conducted by the APRO and 19 midwifery tutors and supervisors to receive 30-day clinical refresher training. At the federal level, direct entry BSc Midwifery programme is also in the process of development. UNFPA had requested ICM to identify experts to support the initiation of BSc Midwifery in Pakistan. With assistance from ICM, a team of experts, led by Dr Karyn Kaufman, was set up to assess a potential government site in Islamabad i.e., Pakistan Institute of Medical Sciences, to launch the programme. The continued advocacy efforts of UNFPA have been successful in mobilizing federal government support to incorporate BSc Midwifery into the Universal Health Coverage benefit package and in convincing Government of Punjab to initiate BSc Midwifery programme in Punjab province.

Incorporation of MISP in Contingency Plans: The study participants shared that they were part of the orientation and consultative process to develop Minimum Initial Service Package (MISP) for SRH in humanitarian settings. However, the COVID pandemic interrupted the process. The respondents from KPK shared that, under technical assistance from UNFPA, government of KPK was in process of developing costed implementation plan on MISP in the form of PC-1 to secure funds from government. Currently, MISP is part of Sindh and KP's emergency health response and contingency plans.

Regulating Midwifery Practices and Teaching Standards: In collaboration with the Midwifery Association of Pakistan and APRO, UNFPA has been successful to mobilize ICM support in strengthening the midwifery regulations in Pakistan in line with ICM standards. A series of consultation/meetings were held to outline midwifery regulations as per the ICM standards.

Pilot Testing the Resilient Community Health System Models: UNFPA follows three key principles for strengthening resilience: i) Build national and local capacity including institutional and community capacities, systems and capabilities; ii) Secure long-term strategic frameworks and plans; and iii) Shift away from the relief to development paradigm. In line with these principles, and in collaboration with provincial stakeholders, UNFPA developed and tested two models of Resilient Community Health Systems in response of COVID-19 pandemic. The First model “The Neighbour-hood Watch Project” was piloted in the severely affected slums of six districts of Karachi. The respondents from UNFPA shared that 1,224 community-based health workers were engaged who reached out to around 600,000 households. They educated them on preventive measures for COVID 19 and offered their support to connect them to SRH services. The second model “Hub and Spoke’ was tested in the province of Balochistan to provide SRH and GBV Services. This Model was designed around the network of basic health units (BHUs) and outreach services, which were linked to a hub at RHC for RH service delivery. Availability of adequate human resources like lady doctors and midwives, and equipment and supplies were ensured to equip the health facilities. The RHCs were offering 24/7 RH services and the doctors were rotating to surrounding BHUs.

Support to Task-Force and Costed Action Plan on CCI Recommendations

In July 2018, the Supreme Court of Pakistan, while considering population growth and FP as the human right issues, took Suo Moto Notice and constituted a Task Force to frame clear, specific and actionable recommendations to address alarmingly high population growth. The Task Force framed a set of recommendations aiming at enhancing CPR to 50 percent and 60 percent and lowering the TFR to 2.8 and 2.2 by year 2025 and 2030, respectively. This is expected to lower population growth rate to 1.5 percent by 2024 and to 1.1 percent by 2030. These recommendations were presented to the Council of Common Interest (CCI) in November, 2018 and were approved. The CCI asked the Ministry of NHR&C to develop a Costed Action Plan in consultation with all relevant stakeholders to operationalize the recommendations. The CCI recommendations have been translated into an Action Plan, prepared in consultation with provincial governments, relevant CSOs and other implementing partners in the private sector. The process of development of action plans, right from the constitution of taskforce was supported by UNFPA.

4.3.2 Adolescents and Youth Effectiveness

EQ4: *To what extent has UNFPA increased national priority on Adolescent and Youth and enhanced national capacities to provide adolescent and youth friendly Adolescent Sexual and Reproductive Health (ASRH) services, especially to the most vulnerable adolescent girls?*

Summary

UNFPA support in AY helped develop programmes and policies that incorporate the rights and needs of youth, particularly access to SRH information and services. In addition, it also provided space to the young people where they could voice their concerns and aspirations and identify the gaps, and take their points of view to policy makers e.g., National Youth Council.

The notable achievements under AY were as follows: (a) development and adoption of the first-ever Adolescents and Youth Strategy on Sexual and Reproductive Health and Rights; (b) adoption of Integrated Community Outreach Strategy on Adolescents/Youth Sexual and Reproductive Health and Rights; (c) development and roll-out of the National Health and Wellbeing Action Plan for Adolescents and Youth; (d) National Volunteerism Policy and Youth Engagement Strategy adopted by the Prime Minister’s National Youth Development Programme known as ‘Kamyab Jawan’ programme; (e) development and adoption of three provincial youth policies and action plans, as well as revision of two provincial youth policies along with the implementation support plans; (f) establishment of an inclusive National Youth Council (NYC) notified by the Prime Minister and inaugurated by the Preside; and (g) the development of the Youth Development Index (YDI) by the KJP.

4.3.2.1 The Intervention and Results Logic for Adolescent and Youth Programming

Adolescents and youth, aged 10-19 and 15-29 respectively, are the beneficiaries of the AY component of the 9th CP. At the output level, the 9th CP (2018-22) has supported the stakeholders particularly the Government of Pakistan in fulfilling the rights and needs of adolescents and youth by supporting leadership and participation of youth in initiatives that encourage dialogue and seek local solutions for sexual and reproductive health challenges, with a focus on young girls.

4.3.2.2 Evaluation of the Results and Intervention Logic for Adolescents and Youth Component

The UNFPA strategic plan articulates a set of results at the impact, outcome and output levels that UNFPA has planned to achieve during 2018-2022. Accordingly, the theory of change (TOC) underlying the four components of 9th CP including A&Y component is based on an intervention logic, with causal linkages between these levels - output, outcome and impact. The overall objective or impact level (see Evaluation Matrix) reads as: **“by 2022, increased number of women make informed decision and choices over their fertility, enabling a demographic transition in Pakistan”**. A year-wise output targets and expected outcomes have also been indicated so that it is clear when the attainment of the outcome is expected. The linkages between activities for planned interventions and the output were clear. When put together, the results were equivalent to increased national and sub-national capacity to develop policies, programmes and institutional mechanisms that incorporate the rights and needs of youth, particularly access to sexual and reproductive health information and services (Output 3). The evaluation suggests that the CO did its best to provide the human, financial, material and management resources which were required for the implementation of various interventions and eventual achievement of results. However, the concept of TOC, as used in the 9th CP, seems to be much bigger than the intervention logic, which has focused on SRH information and services for adolescents and youth. A close look at the TOC shows that the intervention logic for Output 3 is based on “consequences” e.g. high fertility, low CPR, which is in line with the strategic plan of the UNFPA. But, the intervention logic has ignored many “problems” or “needs”. For example, under the TOC (Annex 2 of the Design Report), inadequate spending of the Government for health and education and lagging behind particularly of girls across all levels of education were among the key “problems” affecting fertility levels. Health, except SRH, and education were not part of the intervention logic. It can be argued that these key sectors were probably the focus of some other development partners or international agencies. Indeed, it is a valid argument. However, the application of TOC, without an emphasis on health and education, at least in case of Pakistan, may not show the desired results (or change). Similarly, the scale of UNFPA interventions for adolescents and youth were too small for the TOC. Theoretically, the ‘contribution analysis’ applies well on the intervention logic for the AY component of the 9th CP. This contributed or made the difference through its intervention logic in building ‘national and subnational capacity to develop policies, programmes and institutional mechanisms that incorporate the rights and needs of youth, particularly access to SRH information and services’.

4.3.2.3 Achievement of Planned Results for the Adolescents and Youth Component

Regarding the results, the information provided by the country office on year-wise progress by indicators is summarized in Annex 10. Indicator-wise progress is as follows: **National/provincial curricula on gender-responsive age-appropriate life-skills-based education:** The UNFPA signed an MOU with the Ministry of Education in 2018 to initiate integration of LSBE in the national curricula. After completing the advocacy and communication strategy draft and 3-year roadmap for integration of LSBE for in and out-of-school adolescent and youth in 2019, extensive consultations with the policy makers, federal and provincial education and associated departments, key stakeholders and civil society organizations were held to initiate integration of LSBE in the educational curricula. The existing national and provincial curriculum on LSBE was reviewed and updated by the UNFPA for the Ministry of Federal Education and Profession Training and Sindh Education Department respectively with regard to the international guidelines and comprehensive LSBE curriculum. With this foundational work, the first national guidelines on the adoption of gender responsive, contextualized, age appropriate LSBE contents were developed in 2020 through a consultative process.

Participatory platforms: Under the Youth-led platform initiative, a pool of ‘Youth Leaders on SRHR’ was established representing youth-led organizations. During 2020, 60 youth champions from 30 youth-led organizations in ICT and KP were trained on SRHR; whereas, 16 Master Trainers’ were trained and engaged for the cascade training. The Handbook and ToT Manual for the Youth Leadership Course on SRHR was developed. These youth leaders will be engaged for advocating with the Provincial Youth Affairs Departments for designing and implementing programmes on SRHR; while supporting the government in achieving SDG 3.7. At the National

level, the expectation is that these youth leaders will contribute to the National Youth Development Framework and Development Program – *Kamyab Jawan*, to set up a formal structure of the National Youth Council.

Availability of national data on youth for informed policy making: In 2018, a concept note was prepared to initiate discussions to carry out a comprehensive study on youth. However, due to lack of funding, the study could not be initiated. However, the UNFPA has maintained the coordination with UNDP to come up with national data on youth and information on SDGs at province level.

Action plans for provincial youth policies: Sindh Youth Policy was approved in 2018. The policy approval was a result of significant policy advocacy by UNFPA over the past few years. For the development of action plan to implement the Sindh Youth Policy, the process was initiated in 2019. At the beginning of 2020, the National youth-led policy conference was organized with UNFPA's support, to bridge the gap between young people and the policy makers. Gaps were identified and new areas were highlighted to be incorporated in the policies including the support for persons with disabilities and additional focus on adolescents and youth SRHR. Due to the COVID-19 pandemic situation, the focus was routed towards preventive measures against COVID-19 and therefore youth policy development work came to a halt.¹⁵² However, the recent White Paper of UNFPA shows a good progress including: (a) development and adoption of the first-ever Adolescents and Youth Strategy on Sexual and Reproductive Health and Rights; (b) adoption of Integrated Community Outreach Strategy on Adolescents/Youth Sexual and Reproductive Health and Rights; (c) development and roll-out of the National Health and Wellbeing Action Plan for Adolescents and Youth; (d) National Volunteerism Policy and Youth Engagement Strategy adopted by the Prime Minister's National Youth Development Programme known as 'Kamyab Jawan' programme; (e) development and adoption of three provincial youth policies and action plans, as well as revision of two provincial youth policies along with the implementation support plans; (f) establishment of an inclusive National Youth Council (NYC) notified by the Prime Minister and inaugurated by the President.¹⁵³

The other achievements of the UNFPA support through its 9th CP include the construction of Youth Development Index (YDI) by the KJP; capacity building sessions with law enforcement agencies, media and health workers to meet the needs of marginalized and vulnerable groups; the holding of several sessions with religious minority young girls in Sindh and Punjab; and availability of adolescents friendly spaces through the Aga Khan Foundation (AKF) and Rural Support Program Network (RSPN). A helpline for youth was initiated. The issue of early marriage was unpacked. Digital engagement of youth on LSBE was initiated. The UNFPA continued funding of new partners every year e.g., Pakistan Girls Guide, Boys Scouts, and Punjab Vocational Training Institutes. During the evaluation, some critical issues concerning the effectiveness of UNFPA interventions were discussed with the sampled stakeholders through the following questions. The main findings are follows:

Youth SRH was not a priority area of the Government of Pakistan. The evaluation suggests that under the 9th CP, the UNFPA did scanning to find the opportunity and identified the health and wellbeing component of the *KJP* of Prime Minister Office as the entry point. The UNFPA assisted the *KJP* to develop YDI. The UNDP was also engaged in the YDI; its report has been finalized and will soon be released. In the second phase, the *KJP*, with the technical assistance of UNFPA, will develop the youth-SRH strategy. The provision of youth friendly health services and youth development centres particularly in Balochistan was good example of the enhanced capacities to provide these services. In Balochistan, the Early Child Marriage Restraint Act prepared by Social Welfare Department was submitted to the Provincial Cabinet for approval. Thus, it appears that UNFPA has been successful in finding the way for increasing the national priority on the youth-SRH and enhancing the national capacity through the *KJP*. LSBE is a priority area of the federal and provincial governments particularly Sindh and Balochistan. In the former, according to Pakistan Economic Survey 2020-21, it has been included in the curriculum of secondary and high school, and the process was started in 2019. In Balochistan, consultations are in progress to include LSBE in secondary and high school-level education. As afore-mentioned, the UNFPA has contributed significantly in this priority area of LSBE, through development of training resources on LSBE for teachers and their training; teachers

¹⁵² During 2021, UNFPA will continue with its youth policy support initiative and will support the 4 provinces and 2 regions with the review and implementation of the policies.

¹⁵³ UNFPA Pakistan; White Paper: accelerating progress towards achieving the three transformative results and the Sustainable Development Goals, UNFPA Islamabad.

are now better equipped with knowledge and teaching methodologies on LSBE. LSBE is now mandatory in teacher training in Sindh. Advocacy sessions with the provincial/regional education departments have contributed well in sensitizing the government officials on the importance of LSBE integration and garnering their buy-in for the roll out of the National guidelines. During the evaluation, it was reported that all leaders in the country talk about the LSBE. The results about the effects of LSBE, however, would come after 2-3 years. *KJP* is the major initiative of the present government to engage youth in development efforts and improve their quality of life and wellbeing. The UNFPA support to this initiative has indeed strengthened the policy environment for adolescents and youth. During 2021, UNFPA will continue with its youth policy support initiative and will support the 4 provinces and 2 regions with the review and implementation of the policies.

Under the Youth-led platform initiative, a pool of 'Youth Leaders on SRHR' was established representing youth-led organizations. During 2020, 60 youth champions from 30 youth-led organizations in ICT and KP were trained on SRHR; whereas, 16 Master Trainers' were trained and engaged for the cascade training. These youth leaders will be engaged for advocating with the Provincial Youth Affairs Departments for designing and implementing unique programmes on SRHR. Moving forward, UNFPA will train the National Youth Council members, to enable them to advocate with the Ministry of Planning (responsible for annual budget allocations) for increased investment in adolescents/ youth SRHR. The Youth Leadership Course and Training module on SRHR was developed and rolled out. The specific objective of this course is to create youth activists at the organizational level championing the SRHR in Pakistan through sustained rights-based advocacy, designing and implementing unique programme interventions on SRHR. The capacity building youth champions is part of the programme. The stakeholders particularly UNDP, UNICEF were fully supportive to the AY initiative of UNFPA.

In short, the UNFPA support in AY helped develop programmes and policies that incorporate the rights and needs of youth, particularly access to SRH information and services. In addition, it also provided that sort of space to the young people where they could voice their concerns and aspirations and identify the gaps, and take their points of view to policy makers e.g., National Youth Council. The evaluation found that in Sindh, after training on LSBE, some teachers worked very effectively and changed the whole school outlook about the LSBE. Overall, the 9th CP succeeded in achieving the set targets on LSBE and participatory platforms for increased investments in adolescents and youth. However, it is not clear that how the LSBE efforts of UNFPA are appropriate for out-of-school adolescents and youth, which are quite large in size.

4.3.3 GEWE Effectiveness

EQ5: *To what extent has UNFPA increased the national priority, strengthened capacities, systems and institutions, including technology, and improved legal and policy environment in support of gender equality, women empowerment, gender-based violence presentation and response services and other harmful practices including child marriage?*

Summary

In CP9, the approach adopted was a top-down one, through advocacy/ tracking for effective legal/ policy improvement, multi-sectoral coordination mechanisms formulated at government level for addressing GBV, systematizing health sector response to GBV (in line with the Essential Services Package), and evidence generation including for harmful cultural practices, like early/child and forced marriage. GEWE contributed significantly to strengthening women's empowerment machinery like the Provincial Commissions or Provincial departments (WDD Punjab and SWD KP), through providing GMIS to Punjab Commission, and capacity building through latest equipment. Regarding laws and policy improvement, UNFPA contributed to lobby for Sindh Reproductive Health Rights Bill 2019 and Child Marriage Restraint (CMR) Act KP and supported the drafting of the Sexual Violence Framework (SVF) at federal level. In terms of effectiveness, the reviewers noted that there was no significant impact on the output or outcome at the provincial / regional level. At the federal level, UNFPA GEWE made a number of major achievements namely: (i) It assisted MOLJ on drafting the Sexual Violence Framework (SVF); (ii) the passing of the Anti-Rape Act 2021 by parliament was a landmark legislation.

The setting up of MSCMs was an effective platform for GBV prevention and response and ensured the delivery of high-quality services for women and girls experiencing GBV. It was noted by the evaluation that male involvement was lacking.

4.3.3.1 Evaluation of the Results and Intervention Logic for GEWE

With **Output 4**, framed around *strengthening capacity of public sector and CSOs to advance gender equality and to prevent and respond to GBV, both in development and humanitarian settings*, all four key areas of strategic interventions as stated in ToC, (above a–d), were effective means of achieving output 4. However, the outcome indicator was ambitious. A programme resourced by four-member staff team with USD 6m, where 4m were from other sources, over a 5-year period, could bring a 5 percent decrease among married women who believed that a husband can beat his wife where social norms traditionally justify husbands (or even in-laws) to beat women even for overcooked food.

The CP9 interventions were designed as effective response to the prevalent gender inequalities and alarming GBV situation emanating from entrenched patriarchal system that pervades Pakistan's socio-cultural fabric and mindset of masses at large. As per the Global Gender Gap Index Report 2020, Pakistan ranked 151 out of 153 countries, barely managing to surpass Iraq and Yemen. Among the seven South Asian countries, Pakistan was at the very bottom at 150th rank while Bangladesh (former East Pakistan), ranked 50th, making one wonder over the big discrepancy between the ranking of two similar countries that shared a joint past. Pakistan has drastically slipped from 112 in 2006 to 151 in 2020. Pakistan was ranked fifth in the world for the highest absolute numbers of child marriages.¹⁵⁴ Recently Pakistan was ranked among the most dangerous countries in the world for women. USAID's GEP Endline Survey,¹⁵⁵ compared findings from a baseline study of 2011, reported that Pakistani society not only regarded violence against women as permissible, but it registered an increase over the study period of 2011 - 2017.

All four sub-components are effective means of addressing GEWE/ GBV. In CP9, the approach adopted was a top-down one, through advocacy/ tracking for effective legal/ policy improvement, multi-sectoral coordination mechanisms formulated at government level for addressing GBV, systematizing health sector response to GBV (in line with the ESP), and evidence generation including for harmful cultural practices, like early/child and forced marriage. All four sub-components were focused on aiding the government, policy makers and women's empowerment machinery, to improve GEWE situation from top-down level. The four sub-components under the intervention logic aimed to impact the outcome as stated in ToC. However, a breakdown of CP 9 sub-outputs and interventions reveal that 'social norm change' in relation to GBV, DV, and CM, was not the focus directly. Social

¹⁵⁴ Girls Not Brides, Where Does It Happen, available at <https://www.girlsnotbrides.org/where-does-it-happen/>

¹⁵⁵ https://pdf.usaid.gov/pdf_docs/PA00TR3D.pdf

norm changes alongside top-down need bottom-up interventions, which focus on GBV and DV prevention, by targeting male youth, and outreach to communities.

4.3.3.2 GEWE Performance assessment against CPD indicators

'A mechanism to track the implementation of key policies and laws on women's rights is established and functional', although not formulated, does fail to highlight the institutional strengthening or advocacy measures adopted for policy/ legal reform to contribute to the output and outcome. GEWE section has contributed significantly to strengthening women's empowerment machinery like the Provincial Commissions or Provincial departments (WDD Punjab and SWD KP), through providing GMIS to Punjab Commission, and capacity building through latest equipment, multiple trainings in different fields, technical assistance, hotlines, referral mechanisms, among other inputs.

Multi-sectoral coordination mechanisms (MSCM) on GBV:

These mechanisms were envisaged as part of institutional building of women's empowerment provincial / humanitarian machineries (under ESP), established specifically to improve GBV prevention and response systems. The functionality of MSCMs entailed that they should have a robust agenda with government's system for prevention and response to GBV. Out of the target of four MSCMs, two were currently notified by the government but remained non-functional, as not a single meeting had been conducted, nor agenda formulated to-date.

UN's GII) ranked Pakistan 135 out of 162 countries in 2019 index¹, that indicates loss in potential human development due to gender disparity in three dimensions: reproductive health, empowerment and labour market. Women make up 48.8 percent of Pakistan's population,¹ with 60m of working age but only 20 percent participate in 'paid' labour¹; the ratio of female to male labour force participation rates decreased further in 2021. Their retention in labour market is challenged by many factors emanating from structural gendered societal and workplace barriers. The IMF estimates that by addressing the gender parity issue, Pakistan could gain USD 91.5 b per year.¹ This clearly reflect that prevalent gender discrimination needs urgent addressing in Pakistan.

Health sector response to GBV in line with the Essential Services Package: Health sector response entails building the capacity of the provincial health departments to systematize its protocols for GBV response. It is reported that it was rolled out in KP and Punjab, with trainings conducted and 1,350 WHO clinical handbooks distributed. The target was not met as the health sector in the two target provinces and all other areas also, were not prepared to respond effectively to GBV.

Elimination harmful cultural practices, including early/child and forced marriage: The PEA on child marriage is conducted in Punjab and KP with strategies formulated; this strategy can impact CM/ forced marriage situation after it is disseminated and implemented. The latter had not yet taken effect though the data was still useable. Moreover, evidence-generation on other aspects of GEWE and GBV, alongside the availability of CM strategy, are landmark achievements of UNFPA, providing necessary groundwork measures that will contribute positively to the outcome in the short and long term.

4.3.3.3. Planned results and Achievements under GEWE

Laws and Policy Improvement: By the time of the evaluation, the GoP had not notified a narrative yet on GBV. Taking cognizance of the GBV pandemic in Pakistan lately, and relevant laws on GBV/DV and CMR, advocacy and tracking of effective protection laws for women was deemed a priority. In this regard, UNFPA rightfully implemented interventions in this field. On the legislative front, UNFPA contributed to lobby for Sindh Reproductive Health Rights Bill 2019 and Child Marriage Restraint (CMR) Act KP and supported the drafting of the Sexual Violence Framework (SVF) at federal level. In terms of effectiveness, the reviewers noted that there was no significant impact on the output or outcome at the provincial / regional level. It was reported that the GoP, like its predecessors over the years, invariably resort to Council of Islamic Ideology when it wants to delay or dilute legislation pertaining to effective protection of women against violence or for increasing legal marriageable age for girls from 16 to 18 years. Both the DV bill and the CMR bill after delays get enacted in diluted forms time and again. To-date, all national and provincial CMR Acts (except for Sindh province) continue to legitimize marriage for 16-year-old girls, including the CMR KP Act (with contribution from UNFPA). These 16 year-old girls are thus legally considered capable to produce children but ineligible to have NIC cards, cast votes or own/manage property and assets until the age of majority, which is 18 years in the country.

At the federal level, UNFPA GEWE amassed major achievements. For example, it assisted MOLJ on drafting the Sexual Violence Framework (SVF). The SVF could provide a beacon to other provinces to produce its provincial / regional SVFs, in cognizance of how GBV and specifically sexual violence has become a pandemic in Pakistan. The MOLJ produced the Rape Ordinance, which included chemical castration and death penalty for the perpetrators. The ordinance was met with profound objections by Human Rights groups and donor community, and it lapsed when opposition countered its passage as a law. The Presidential Ordinances, instead of parliamentary enacted legislation, defeat the principles of democracy, because parliament has the right and responsibility for law-making. Moreover, Ordinances under the Pakistan's Constitution have a short-term validity unlike acts enacted by the parliament. After the 18th amendment, the MOLJ restricted jurisdiction for supporting law-making for ICT only. However, the Anti-Rape Act 2021 passed on November 18th by the parliament is a landmark legislation, where opposition's and rights groups objections were addressed. This was a big achievement for Pakistan, and for UNFPA for contributing to its drafting and enactment. Although it is valid for the ICT area only, the Prime Minister who had pursued this legislation, ensured that the Inspector General Police from all provinces adhere to it. In future, it will be critical to support the same legislation to be enacted in different provinces.

Tracking for the legal reform was part of UK AID's AAWAZ I program as well as others over many years, and tracker templates from previous initiatives can be adopted by UNFPA. Documentation of a standardized tracking mechanism (including a template) and its vigilant implementation would chart the path for effective tracking, and would provide regional offices also with documented direction, (as two meetings with five parliamentarians over CM bill, as reported by the Balochistan office, could not be categorized as effective initiatives for legal reforms). Legal / policy reform also includes contributing to implementation of laws. Pakistan has some good protection laws for women, but many good laws are not implemented effectively, and thus need to be inserted on the tracker and pursued rigorously.

Multi-sectoral Coordination Mechanism (MSCM): 'The Programme identifies health, social services, police and justice sectors (the "Essential Services") as well as guidelines for the coordination of Essential Services and the governance of coordination processes and mechanisms (the "Coordination Guidelines"). Service delivery guidelines for the core elements of each essential service were identified to ensure the delivery of high-quality services, for women and girls experiencing violence. Taken together, these elements comprised the "**Essential Services Package**" (ESP).¹⁵⁶ As part of the ESP, MSCMs and health sector response, were taken as CP9 GEWE interventions and targets.

The MSCMs were an effective platform for GBV prevention and response. MSCMs have no hard or fast rules about who or which government department should house the MSCM but the ESP programme indicates health, social services, police and justice as the main sectors of intervention. UNFPA GEWE was not successful in establishing effective MSCMs because its model included establishing these forums at P&D department instead of ESP's four indicated sectoral departments. As a result, the target of establishing MSCMs in four provinces was not met. Initiatives for MSCM at Balochistan (which has the worst gender situation), were just starting at the end of the CP9 period and an MoU was signed with WDD for this purpose. Sindh MSCM, again was not established, and was reported that it would be housed at the Home Department with WDD aiding it. This was after the Chief Justice ordered that GBV survivors should be given facilities under one-window operation instead of the current scattered mechanisms. In KP, the effort of establishing MSCM started in 2019. It is envisaged as a three-tier platform, with the highest tier comprising of CM and the Cabinet, the second tier at P&D, chaired by the Additional Chief Secretary, and the working group tier would comprise of relevant Secretaries of departments, with SWD as the Chairperson. Punjab MSCM was also not functional but was on same model as KP.

The internal UNFPA's documentary review showed that two MSCMs in Punjab and KP, were reported as established bodies, as government issued notification to that effect. However, neither MSCM had had an agenda notified, nor managed to hold a meeting to-date. This showed that both MSCMs to be ineffective since they were unable to call a meeting (be it an introductory or agenda setting meeting). It was reported that the CM and Chief Secretary, are the highest government positions in a province, responsible for approval/ chairing the Provincial Development Working Party, which is a clearing house for development projects ranging from PKR 400 m to PKR 10,000 m. In addition, the CM and Chief Secretary are responsible for effective governance in the province. The

¹⁵⁶ Essential Service Package for Women and Girls: Module 1 page 6

evaluation assessed that it was not prudent to house MSCM at these hierarchical tiers, where they would not be able to dedicate time to GBV agenda. SWD/ WDD is mandated for GEWE and is the appropriate forum to house such mechanisms. Moreover, such mechanisms have been formulated over the years and have been effective in working towards a government response system for GBV. USAID's GEP Project (2012 – 17) initiated such an initiative, called the Seamless hub for GBV response, which included CSOs, private shelters and Darul-amans, academia, Human Rights groups, police, WDD /SWD departments, among other watchdogs, and was evaluated as an effective intervention. UNICEF in KP chaired 'VAW Forum' for many years from 1997 onwards. Such mechanisms exist in different provinces and UNFPA should best co-opt them instead of striving to reinvent the wheel.

Health Sector Response to Adopting GBV Guidelines: UNFPA and WHO partnered with DOH KP and Punjab, to enable them to adopt the guidelines for health sector response to GBV through integration of GBV protocols and contextualizing WHO's clinical handbook for usage in Pakistan. A total of 1,350 copies of clinical handbooks were disseminated, and training was imparted to "over" 200 healthcare providers of district headquarter hospitals, RFCs, BHUs, and THUs. Three years after the launch of this intervention, there was no data to establish whether the skills imparted under this programme were being utilized by the trainees. Looking at the volume of the clinical handbook (141 pages) and the plethora of protocols that are required along with filling forms, it was better suited to NHS, UK, than the Pakistan government's poorly funded health sector. The handbook did not seem to be effectively contextualized to local situation. Health staff neither had the time nor was the paper available to fill out forms, like the sample history and examination form, which are (141 pages long) spread over 9 pages (pages 127 to 136). Protocols were extensive, for example "conduct tests for HIV and pregnancy, offer STI prevention and treatment, offer hepatitis B immunization", etc. Although these services were necessary, the health sector does not provide these facilities free of cost or under one roof. For example, hepatitis B immunization is offered only to children and not GBV survivors, while other tests cannot be done at BHU or THQ level but they have to be referred to DHQ but only for forensic evidence. The latter highlights that the protocol tests could be conducted only if forensics were needed implying that the GBV survivor has opted for a criminal case and FIR has been successfully lodged with the police. Documentary review on the subject of medico-legal (ML) and forensic facilities revealed the local plight. A report on Karachi, Sindh revealed that only nine Karachi hospitals had ML facilities, while only three had fully functional departments. Out of the 70 posts of ML officers, 41 vacancies remain unfilled.¹⁵⁷ In KP, when questioned on why the doctor did not perform a post-mortem of the minor girl raped and killed in Nowshera in 2020, the Senate committee was informed that "forensic reports can only be prepared at just one location in the entire province, the Khyber Medical College."¹⁵⁸

Taking cognizance of the above health sector situation, interventions for enabling it to adopt the guidelines for response to GBV through the integration of WHO GBV protocols, was deemed not realistic. Although WHO conducted a readiness assessment survey of KP's health sector for this purpose, the document was not available with UNFPA. Thus, it cannot be established how WHO's survey found the health sector ready for adopting the given protocols and guidelines. This intervention needs to be redesigned for local health sectors for it to be usable and thus effective. It was reported that UNFPA rolled it out in KP and Punjab. GEWE's target of rolling it out in four provinces remained unmet, and activities undertaken in KP and Punjab of contextualizing WHO's clinical handbook for local health sectors, and training given to staff to adopt the guidelines/ protocols given therein, were assessed as a non-operational response to GBV and therefore ineffective.

Evidence Generation: UNFPA made major achievements in terms of evidence generation. The Domestic Violence data in PDHS national survey was supported by UNFPA. GMIS Punjab, Gender Parity Reports Punjab with 300 indicators, and Generating Data to Advance Women's Socio-Economic Wellbeing Survey 2016-2018 (WSEWS), Punjab, were all landmark achievements. Additionally, Political Economy Analyses for Child Marriage for Punjab and KP were conducted, and strategies formulated. On the humanitarian side, Socio-Economic Assessment of COVID-19 pandemic on Reproductive Health and GBV was completed, filling the gap for much needed data covering the pandemic. This existence of evidence-generation could go a long way for effective informed evidence-based planning for GEWE, provided it was analysed and disseminated. At a strategic level, these interventions are recognized by the reviewers as contributing to outcome indicators and positively to Pakistan's GEWE information landscape. UNFPA's support accomplished production of ground-breaking SEWS,

¹⁵⁷ <https://tribune.com.pk/story/1966384/three-karachi-hospitals-meet-medico-legal-requirements>

¹⁵⁸ <https://tribune.com.pk/story/2266617/only-kmc-can-prepare-forensic-reports-in-k-p>

Punjab (focusing data on gender disparities, female labour force participation and environment, perception of social /economic inequities, with data disaggregated for religious minorities). The survey was completed in February 2019 but had not been published or disseminated to-date. The intervention was deemed to be very effective for furthering GEWE initiatives but unless the data was available and utilized by the policy makers/ implementers, it remained ineffective. The reviewers considered the choice of evidence generation with Punjab as the targeted province for most of the surveys as unrealistic since Balochistan, NMD/ FATA districts, and GB region's gender disparities call for more focus in evidence generation and activities implementation.

Institutional strengthening: UNFPA targeted the government and national / provincial institutions as partners; some of these departments / bodies are mandated to promote and protect women's rights. The institutions include the National Commission on Status of Women (NCSW) and Provincial Commissions on Status of Women (CSW) (Punjab, Sindh & KP), Ministry of Human Rights (MOHR) and Social Welfare Department (SWD), KP, and Women Development Department (WDD), Punjab. Others did not have gender mandate like the Bureau of Statistics Punjab, Punjab Safe City Authority (PSCA), and Planning & Development Department (P&D) (Punjab & KP). By choosing to partner with government, the likelihood increases for interventions becoming institutionalised and sustainable. However, the transfers of government personnel/ chairpersons of commissions delay the process of implementation. It was reported that "Tenure was a stop-over in SWD/ WDD departments" and "UNFPA should focus on systems instead of individuals, because when the post of Chairperson CSWs becomes vacant, then things come to a halt.

Institutional strengthening measures were adopted in two provinces, mainly Punjab and KP and some were very effective while others were not. UNFPA successfully supported PCSW, in multiple endeavours, by providing it with GMIS, capable of producing pioneering Annual Gender Parity Reports with 300 data indicators on women in the province, and support for activation of helpline and human resource support for technical assistance. It institutionally strengthened the oversight body but WDD the implementation department, was not supported as such, which would have enabled both to work in tandem for GEWE in the province. PCSW also made the custodian of the SEWS, Punjab, instead of WDD, which could have affected its timely dissemination, that is yet to be done after a lapse of 4 years. In Punjab, partnership for GBV prevention and referral with PSCA resulted in adoption and re-launch of Women's Safety App for response by Punjab Police. It has been already acclaimed as digital innovation in the realm of women's protection and need to be emulated in other provinces. PSCA was unaware of gender/ women protection but after its Women's Safety App via UNFPA's support, the organization was not only active in protecting women but perceived GEWE as its responsibility. Dedicated hotlines provided for psycho-social support and referral mechanism for GBV survivors, helped in providing services and much needed data on GBV during the COVID-19 pandemic. The Bureau of Statistics Punjab were exposed for the first time to conducting surveys on VAW following the University of Melbourne designed protocols. P&D (Punjab & KP) received technical assistance for gender assessments of ADP projects, and the latter even got a Gender Cell just like NDMA supported by UNFPA. In KP governmental partnership focused on SWD, P&D, DOH for GBV and KP Commission on Status of Women. UNFPA's support included trainings, child marriage political economy analysis and advocacy, technical assistance, and procurement of equipment, among others. The result of these interventions did not produce the desired impact as the MSCM was not functional, GMIS was not installed and P&D was not accepting gender markers drafted for the assessment of its ADP schemes, where the 9-month technical assistance support become an exercise in futility. This highlighted the significance of government/ partner ownership for effectiveness and sustainability of the intervention. Also, the 5-year roadmap for KPCSW included capacity building of its District Committees (DCs), where its members received training and furniture from UNFPA, which was not put to use as the DC members were not accepted by the government and DCs were disbanded before they could start working.

Service Delivery via local CSOs: A number of CSOs were engaged by UNFPA for interventions focusing on service-delivery activities in targeted fields of their expertise. STEP is an organization totally dedicated to working on disability. ROZAN has years of experience in trainings including GEWE and GBV. BRSP and SRSP have been working for community development. HRCP is known as a national human rights organization. LAS made a name for itself in Sindh by providing pro bono legal aid to GBV survivors. These CSOs were engaged mostly during the COVID-19 emergency for reaching out to their target beneficiary communities. Activities like psycho-social support for GBV survivors, public advocacy and awareness raising, restoring / strengthening hotlines for GBV reporting and COVID-19 SOPs awareness, distribution of dignity kits, providing Women Friendly Health Spaces (WFHS), among others, were deemed to be effective activities catering for the needs of the population and contributing to CP9 output. This was in terms of advancing women's rights and protection measures against GBV. Similarly,

INGOs like Pathfinders International, was contributing to the formation of MSCM Sindh, and revived a complaint mechanism of WDD including restoring its Helpline. Rahnuma FPAP reported that it was implementing LSBE module and videos on gender including critical learnings on human rights, puberty, gender, Protection Against Violence and Abuse, SRH and others, which were developed and imparted by CSOs in the past. It was reported that other donors who would fund LSBE for communities had abandoned it (as the present government is shying away from terminologies on sexuality and gender) while UNFPA is the only agency left that actively continues supporting its implementation. Furthermore, implementing services for GBV survivors, including public advocacy and awareness raising, strengthening of systems and procedures, for psycho-social counselling, establishing referral pathways, restoring helplines, opening shelters, providing LSBE and WFHS, were all in line with ESP, and therefore contributed to the CP9 output.

4.3.3.4 Achievements of strategic outcomes under GEWE

FP/SRHR achievement can only be possible if gender/ women's rights including their reproductive rights are addressed. Currently women have no agency when it comes to decision-making on FP/SRHR because they are not empowered to influence/ take decisions pertaining to their mobility, accessing health outlets within the village or outside, allowing a male health sector staff for checkup, selecting or deciding the choice of FP options for fertility control, or related decisions, as socio-culturally these decisions are taken by men. GEWE did not include men in its targeted segmentation of population groups, for advocacy or research interventions. Husbands of married women need to be specifically targeted to support women in FP/SRHR decision-making and raise their awareness and interest in safety and health issues of their wives, to impact the given outcome.

4.3.4 PD Effectiveness

EQ6: *To what extent has UNFPA support contributed to improved disaggregation of data to ensure that evidence-based development and implementation of plans, programmes and policies reflects needs of variety of stakeholders, including those furthest behind?*

Summary

Most of the planned results were achieved in data generation, research, training and communication/advocacy and around 95 percent of activities under the PD component were implemented as planned. Notable achievement were as follows:

- a. The UNFPA support through its PD component has contributed to improve disaggregation of data to ensure that evidence-based development and implementation of plans, programmes and policies reflect needs of variety of stakeholders. The 2017-18 Pakistan DHS and 2019 Pakistan Maternal Mortality Survey are good examples of this contribution.
- b. The UNFPA interventions in PD has contributed in generating evidence for development policies and plans and their implementation.
- c. UNFPA support contributed in improving national data systems and this was acknowledged by the PBS. However, the current level of support was considered low given the size of country's population and data needs.
- d. The integration of PD in the curriculum/courses of the Civil Service Training institutions was a major achievement, which will increase the understanding of young policy makers about the population issues and its impact on socio-economic situation of the country.
- e. The establishment of population research centres in three major universities of the country will gradually promote the demographic research culture in Pakistan.

4.3.4.1 The Results and the Intervention Logic for PD Component

The intervention logic for **Output 5** builds on following overarching goals: (a) supporting census post enumeration phase, household surveys and Demographic and Health Surveys; (b) strengthening skills for data utilisation for evidence- and equity-based planning and budgeting; (c) promoting research on population and development issues for evidence-based advocacy; (d) enhancing institutional competencies to integrate population, reproductive health and gender into national and sub-national policies and programmes; (e) strengthening statistical systems for SDGs monitoring and mapping inequities; and (f) advocacy on harnessing the benefits of the demographic dividend.

The key stakeholders at the federal level included the Ministry of Planning, Development and Reforms, Pakistan Bureau of Statistics (PBS), and National Institute of Population Studies. In Punjab, the Department of Planning and Development and Punjab Bureau of Statistics were the major stakeholders. Among the UN agencies, UNFPA closely worked with the UNDP. In the NGO sector, the Population Council was the key stakeholder.

4.3.4.2 Evaluation of the Results and Intervention Logic for PD Component

The year-wise outputs by CP indicators are shown in Annex 10, based on information which was provided by the country team. The linkages between activities for planned interventions and the output were clear. The evaluation suggests that overall the CO did its best to provide the human, financial, material and management resources which were required for the implementation of various interventions and eventual achievement of results. When put together (intervention/activities) the results were very close to **Output 5: Enhanced national capacity to generate, analyse, disseminate and use disaggregated population data to inform evidence-based policy-making, planning, budgeting, and monitoring.**

The concept of TOC, as used in the 9th CP, seemed to be appropriate for its PD component. After the results of both the 2017-18 PDHS and 2017 Population Census, the Government of Pakistan established a Task Force to address the challenge of high population growth in Pakistan. A new population narrative, *tawazun*, emerged in the policy era. The narrative stipulates that, "Parents have the right to freely and responsibly decide the number and spacing of their children to fulfil the fundamental rights of their children and family by maintaining a balance (*tawazun*) between their family size and resources. The Government and society have the responsibility to facilitate parents to achieve this balance by providing universal access to FP information and services." The evaluation showed that UNFPA played a key role in developing this narrative.

The TOC also applies well on the introduction of courses on 'population dynamics' in college and university level education, particularly in Khyber Pakhtunkhwa (KP). The incorporation of age-appropriate LSBE in single curriculum supports the TOC. The same is the case for introducing the PD in training courses for the civil servants. These activities can bring a change in the behaviour of population towards small family norms and balancing family size with family resources.

4.3.4.3 Achievement of Planned Results in the PD Component

Although some population census related activities such as post-census-enumeration-survey and census data analysis could not be carried out because of some administrative issues and the delay in census results, most planned results were achieved in data generation, research, training and communication/advocacy. It has been reported during the evaluation that 95 percent of activities under the PD component were implemented as planned. The Indicator-wise situation was as follows:

(i) Disaggregated population data available through Census, DHS, and other surveys: With the support of UNFPA, NIPS completed the Fourth round of PDHS (2017-2018), and its full report is available. The Punjab Bureau of Statistics completed the Social and Economic Well-being survey of Punjab for the Punjab Women Commission to generate provincial and district level representative data on the economic and employment status of women in Punjab province. The first ever stand-alone maternal mortality survey – Pakistan Maternal Mortality Survey (PMMS) – was completed by the NIPS with the support of UNFPA and its final results and full report were launched. The PMMS generated reliable statistics on the causes and risk factors of maternal mortality. The UNFPA also supported the development of National standards for establishing the Demographic Unit in Pakistan Bureau of Statistics (PBS) to strengthen the demographic data collection tools and to institutionalize the FP expenditures under the National Health Accounts. Training on basic demography and population projection was provided to the staff from PWD Punjab and Baluchistan. However, the post-enumeration-survey could not be carried out by the Pakistan Bureau of Statistics, and the 2017 census results could be finally approved in 2021, after a delay of 4 years.

(ii) Establishment of think tank for data utilization and equity-based planning and budgeting: With continued advocacy of UNFPA, the Ministry of Planning, Development and Reform has agreed to establish a Population Resource Center in the Planning Commission rather than at PBS. The PC-1 for the Centre was approved.

(iii) Thematic research and analyses of PD for policy development: Three in-depth and theme-specific analytical reports on (i) unmet need for FP, (ii) child marriage and (iii) gender-based violence based on Pakistan Demographic and Health Survey (2017- 2018) were conducted and disseminated. The Population Situation Analysis 2020 (PSA) was undertaken by national/international consultants. The PSA was well received by the policymakers and development partners. The first phase of longitudinal Panel Study was successfully completed to provide a regular stream of data to Programme managers in order to evolve corrective measures for FP and other health programmes.

(iv) Population Research Centre: With the technical and financial support of UNFPA, three Population Research Centres were established at the FC College University Lahore, University of Peshawar and Institute of Business Administration (IBA), Karachi. Post-graduate students and faculty members from Social Science departments of the respective universities were associated with these research centres.

(v) Incorporation of population dynamics in the curriculum of civil service training institutions: After a series of advocacy meetings, the Civil Service Academy (responsible to train newly recruited civil servants) integrated PD in its training courses for young officers. Furthermore, curricula on Demography have been developed for integration in the graduate level (Bachelors of Science) courses of social sciences. High level advocacy meetings with the National Institute of Management of Khyber Pakhtunkhwa (KP) were conducted and principally it was agreed to include PD into the provincial service training institution of KP province. However, the activity was affected because of COVID-19 situation.

(vi) Integration of population related indicators into national data base for SDGs and Plan of Action for harnessing the demographic dividend: UNFPA in collaboration with UNDP provided technical support to the Ministry of Planning, Development and Reform to set up a SDGs Unit. An SDG lab was established to support the data collection for tier 3 indicators. The National SDG framework was developed and population related indicators incorporated into the framework. SDG dashboard was designed and aims to document national and subnational progress on SDG indicators. The Monograph on SDGs and Population Dynamics was developed based on the country specific evidence base to explore in depth the links of PD with SDG indicators, relating to climate change, health, education, poverty, women's empowerment, and sustainable economic growth. Although the delay in the release of 2017 disaggregated census data affected the process of developing the Action Plan for harnessing the demographic dividend, the Multi-Year Population and Development Framework and Action Plan (MYPDFAP) was completed.

Some other achievements of the 9th programme were: (i) development of FP index by utilization of existing data, (ii) national health accounts, (iii) family planning expenditures, and (iv) integration of FP in health policies.

The evaluation found that:

- a. The UNFPA support through its PD component has contributed to improve disaggregation of data to ensure that evidence-based development and implementation of plans, programmes and policies reflect needs of variety of stakeholders, particularly the Government of Pakistan, development partners, NGOs and research community of the country. The 2017-18 PDHS and 2019 PMMS are good examples of this contribution.
- b. The UNFPA interventions in PD has contributed in generating evidence for development policies and plans and their implementation. For instance, in 2018, in the immediate aftermath of the release of the preliminary census data, the Supreme Court set in motion a human rights case on population dynamics, which resulted in a set of eight recommendations calling for up scaling human rights-based population programmes and upholding reproductive rights, with the subsequent approval by the CCI. Similarly, the findings of the 2017-18 PDHS brought about national commitment for more investments to accelerate the delivery of rights-based FP services in Pakistan. The Women's Economic and Social Well-Being Survey in Punjab informed policies and programmes to address gender-based violence and to advance women's economic empowerment, including access to resources, education and reproductive health services. The results of the 2019 PMMS helped national health institutions prioritize life-saving maternal health service delivery nationwide, with targeted interventions and addressing geographic disparities in maternal death and disability. The 2020 PSA was used by policy makers for setting the demographic priorities. A new population narrative (*tawazun*) was developed.

- c. Overall, the UNFPA support contributed in improving national data systems and this was acknowledged by the PBS. However, the current level of support was considered low given the size of country's population and data needs. The UNFPA support in providing the tablets for large surveys contributed in improving the data quality as well. Because of this technology, the data processing improved.
- d. The integration of PD in the curriculum/courses of the Civil Service Training institutions was a major achievement, which will increase the understanding of young policy makers about the population issues and its impact on socio-economic situation of the country.
- e. The establishment of population research centres in three major universities of the country will gradually promote the demographic research culture in Pakistan.

4.3.4.3 Challenges in PD Programming

The PD component was well associated at the federal level with the Ministry of Planning, Development and Reforms, PBS and NIPS. The key challenges were as follows. How to make population one of the priority areas of the State and Government of Pakistan? What role the Ministry of Planning, Development and Reforms could play in this regards? The capacity building of the PBS was also a challenge particularly for holding the next digital census. The time was short and preparation seemed to be at the initial stages. Some urgent actions from the PBS would be useful for the census credibility. The situation of NIPS also needed some special attention from the Government of Pakistan and UNFPA. It was the only specialized research institute in the public sector, but it lacked in human resources and research capabilities.

4.4 Efficiency: Evaluation Question 7

EQ7: *To what extent has UNFPA made good use of its human, financial, and administrative resources and used an appropriate combination of tools, approaches, innovation and technology, also leveraging the national resources, to pursue the achievement of the outcomes defined in the country programme?*

Summary

UNFPA funds are managed through a well chalked out strong financial system. UNFPA's systems were financially efficient with manifested strict cost benefit analysis, allowing for only 7 percent overhead/ institutional costs to IPs, showing that UNFPA was stringent about utilization of funds. The implementing partners acknowledged that UNFPA largely fulfils its commitments in a timely manner. The practice to select low-cost and high value interventions provide sufficient evidence to conclude that UNFPA technical and material support was efficiently provided. The UNFPA adopted the Harmonized Approach to Cash Transfers (HACT), which provides a common operational framework for transferring cash to government and non-government IPs. However, delays in finalization of contracts for IPs and the slow approval procedures of UNFPA were reported by some IPs as impeding timely implementation of interventions.

4.4.1 Funding Modalities, Reporting and Administrative Arrangements

4.4.1.1 SRHR efficiency

Under the CP9, a total of US\$ 22.5M (57 percent) was allocated to SRH component. The funds were contributed by two resources, i.e., regular UNFPA resources and other resources. The proportion of contribution from UNFPA resources and other resources was 47 percent and 53 percent, respectively. For the management of funds, the UN Secretary-General is the custodian of UNFPA funds. The rules and regulations of UNFPA permit the grantees to keep managing the finances under their respective financial regulations, rules, policies and procedures, however, to the extent that they are appropriate, or those of UNFPA shall apply. UNFPA requires each implementing partner to maintain accounts and records as are necessary to enable it to report on the financial status of funds obtained from UNFPA, including in particular the balance of recorded allocations, expenses and commitments. In case where the implementing partner is a government, an inter-governmental institution or an agency not part of the United Nations system, a non-governmental organization or an academic institution, the respective organization and UNFPA enter into a letter of understanding (LoU) which defines the operational modalities.

4.4.1.2 AY efficiency

The UNFPA allocated US\$4.5 million for the AY component. It was only 11.4 percent of the total budget for the 9th CP. One-third of the allocated funds for the AY component was provided through the regular sources while the rest, two-third was mobilized from other sources (or donors). The contribution of UNFPA from its sources was much lower than from other sources. It indicated the collaborative efforts of the UNFPA to draw sources for achieving common goals. Thus, the UNFPA had the collaborative advantage in engaging development partners in different activities. It was reported during the course of evaluation that the interagency collaboration could lead to working together as a team for achieving the planned results. The UNFPA adopted the Harmonized Approach to Cash Transfers (HACT), which provided a common operational framework for transferring cash to government and non-government IPs. In general, the IPs were satisfied from the UNFPA modalities for transferring the resources. However, delays in finalization of contracts and complex procedures of the UNFPA were also reported by some IPs. Similarly, it was reported that nothing goes out without UNFPA approval from its different departments, which created delays in the implementation of activities. The UNFPA developed the monitoring and reporting mechanism for efficient use of funds. In addition, it held regular meetings with its IPs. The sharing of information among the agencies and with IPs was reported during the evaluation as a strong indicator of efficiency. An IP in the NGO sector acknowledged that administratively UNFPA was good, and held monthly meetings.

4.4.1.3 GEWE efficiency

GEWE partners generally reported that UNFPA's systems were financially efficient with manifested strict cost benefit analysis, allowing for only 7 percent overhead/ institutional costs to IPs, showing that UNFPA was stringent about utilization of funds. Also, that in one case UNFPA objected vociferously where even the Country Representative himself complained about remuneration given to an IP's staff member (while he was on office payroll) for certain tasks, although that activity was supported by UNFPA. Also, it was reported by IPs that funds transfer to them was done on timely basis with no delays ever. On the other hand, most of the partners, both from government and CSOs, complained about delays faced in approvals from UNFPA. They reported that processes were slow impeding progress of implementation of interventions. It was reported that due to slow processes at times a 6-month activity finds only 4 months for getting implemented. Given this scenario they were constantly chasing deadlines instead of focusing on impact. Additionally, the workplan although annual, has 6-month activity plans, which was not conducive for implementation timeframe. Many reported that the activity plan should be over a year instead of 6 or 9 months. Provincial CSOs reported that logos, radio programme content and the like also needed approvals and were initially sent to provincial head office and further to Islamabad country office of UNFPA, which meant a long-time consuming route for approvals. Because of this, they reported that implementation of their programme gets delayed with adverse impact as they were left with minimal time in which they ended up chasing deadlines. It was reported by some respondents that COVID-19 pandemic emergency period was exceptional, when UNFPA processes were put on fast track for expediency over normal times. IPs appreciated UNFPA centralized procurement system were timely, and quality of goods/ services was delivered to them for the programme. Although one IP wanted to procure itself, UNFPA rules about centralized procurement system, left IPs to focus more on outputs and implementation than to expend time on procurement of inputs.

4.4.1.4 PD efficiency

The UNFPA allocated US\$5 million for the population and component. It is about 13 percent of the total budget for the 9th CP. The UNFPA managed 70 percent of the budget for this component from its own sources while 30 percent were mobilized from other sources (or donors). The UNFPA applies well the consultancy approach in the case of PD component: use first own resources and then bring resources from outside. The UNFPA had the collaborative advantage in engaging development partners in different activities under this component. The funds allocated for the PD component were not sufficient to initiate some planned activities, although 95 percent of the activities under component were as planned. In general, the IPs were satisfied from the UNFPA modalities for transferring the resources under the HACT. However, some IPs such as PBS reported that the allocation of funds was insufficient given the data needs for a country of 220 million people. The UNFPA team held regular meetings with its IPs. The sharing of information among the agencies and with IPS was reported during the evaluation as a strong indicator of efficiency.

4.4.2 Personnel Resources and Utilisation of Funds

4.4.2.1 SRHR

The study participants from across the provinces shared that they were not the drawing and disbursing authorities therefore they were not much aware of funds timeliness, utilization, reporting, audits, etc. However, they confirmed that the activities which were planned with commitment from UNFPA, did not face any delay or shortage of resources. Moreover, the study participants also shared that during the development of annual workplans with UNFPA, they preferred to include those interventions which had proven to be low cost with high outcome.

4.4.2.2 AY

UNFPA team associated with the AY component was rated very high by the stakeholders, and their technical know-how was well acknowledged. However, the attitude of a local UNFPA team in a province was considered by a stakeholder as “not good”. Another stakeholder from the government sector was unhappy with the “heavily paid consultants”. In this regard interns were preferred over the consultants.

*“UNFPA team is amazing”;
“highest rate for UNFPA team
among the UN organizations”;
“outstanding technical support
from the UNFPA”; “UNFPA team
is good at negotiating and
decreasing the unit cost”.*

4.4.2.3 GEWE

Provincial CSOs reported that logos, radio programme content and the like also needed approvals and were initially sent to provincial head office and further to Islamabad country office of UNFPA, which meant a long-time consuming route for approvals. Because of this, they reported that implementation of their programme gets delayed with adverse impact as they were left with minimal time in which they end up chasing deadlines. It was reported by some that COVID-19 pandemic emergency period was exceptional, when UNFPA processes were put on fast track for expediency over normal times. IPs appreciated UNFPA centralized procurement system where timely, and quality of goods/ services was delivered to them for the programme. Although one IP wanted to procure itself, UNFPA rules about centralized procurement system, left IPs to focus more on outputs and implementation than to expend time on procurement of inputs.

4.4.2.4 PD

The UNFPA and its staff were well respected in both the government and non-government sectors. The team associated with the PD was also well respected by stakeholders because of its sound knowledge of the subject and close cooperation with stakeholders. The evaluation found the UNFPA was efficient in the utilization of funds by using the national systems and not creating new data system. The national system for the UNFPA support in PD component consisted of federal Ministry of Planning, Development and Reforms, and provincial Departments of Education, Health and Population Welfare. The PBS is the official agency for data generation and NIPS was also a public sector research organization which managed the PDHS during last thirty years. UNFPA assisted these organizations as well as some provincial statistical bureaus in data generation. As part of this approach, public institutions and places were used for training. The team associated with the PD component was evaluated as technically sound by the stakeholders. It appears from the evaluation that the use of national systems, interagency collaboration, and an efficient team helped UNFPA to initiate and complete a sizeable number of activities. The evaluation also showed that the value of money concept was well understood by the IPs, and this understanding played a crucial role to manage finances as well as achieve the planned results.

4.5 Sustainability: Evaluation Question 8

EQ8: *To what extent has UNFPA been able to generate political will and support partners and stakeholders in developing capacities and establishing mechanisms to ensure ownership and the durability of effects also considering the COVID-19 context?*

The evaluation criterion of sustainability was assessed in terms of extent to which support of UNFPA has: i) improved Government/partners/ stakeholders’ capacities; ii) improved mechanisms for ownership and continuation of interventions despite resource constraint due to COVID pandemic.

Summary

There was evidence of a widespread ownership for interventions supported by UNFPA as well as of their respective governments. Although a sustainability plan involving GoP was non-existent in the 9th CP, there are aspects of the interventions that can guarantee sustainability of the various interventions. These include the various capacity-building initiatives, the health system strengthening, institutional structures like Ministries, institutionalizing training, initiating BSc in midwifery programme, development of policies and strategies and national involvement in the identification of needs and priorities in the country. Evaluation found a widespread ownership for interventions supported by UNFPA as well as of their respective governments.

The UNFPA approach of using the national systems for its interventions was conducive for sustainability. UNFPA has been successful in building adequate capacities of its implementing partners, specifically the government counterparts, enabling them to professionally carry out interventions beyond its support. While this confidence prevails that the respective governments would manage and ensure finances in almost a year's time, there are evident fears of facing financial constraints without UNFPA support.

4.5.1 Ownership and Sustainability of Interventions

4.5.1.1 SRH

Among government sector study participants, evaluation found a widespread ownership for interventions supported by UNFPA as well as of their respective governments. When asked about their technical capacities to continue planning and implementation of programmes without UNFPA support, almost all of them were found confident. They shared that they had gained sufficient experience while working with UNFPA team and their capacity building and training interventions, had further polished their skills. However, participants expressed some fears to miss the capacity building opportunities that were available through international exposures. They stated that participation in international events and short trainings, had been their best learning experience. The participants shared that despite having high ownership of interventions and capacities, financial resources were essentially required to carry out interventions currently supported by UNFPA. When asked about the potential alternatives, in case UNFPA support was ceased, their responses included: i) it would much depend on understanding and will of politicians particularly those in the government; ii) the size of UNFPA's assistance is not more than 10 to 15 percent of total expenditures, therefore the activities would suffer for six months to a year, but government would definitely provide or arrange resources; and iii) assistance would be ensured by government through PC-1.

4.5.1.2 AY

'Political will' is required for sustainability of interventions supported by the UNFPA. The UNFPA approach of using the national systems for its interventions was conducive for sustainability. For example, the UNFPA seized the opportunity to support the NCC and *KJP* at the federal level. With this approach, it has had very strong government counterparts in all interventions. The UNFPA interventions in AY have contributed in building the capacity of relevant federal government institutions and other partners to maintain the change made by the programme interventions. The NCC was the main stakeholder, responsible for developing the single curriculum and an appropriate forum for making the LBSE part of curriculum. The NCC was capable to maintain this change. The NYC, as an institution, was strengthened for engaging youth. The same was the case for YDI, developed by the *KJP* with the support of UNFPA. The *KJP* has a small team, but it was very motivated. In the next phase, the UNFPA will assist the *KJP* to develop Youth SRH policy, enhancing further the capacity of *KJP* motivated team. The province level interventions have also been contributed in strengthening the institutional capacity to maintain the change. In Punjab, sustainability is part of interventions and after three years, the PD board will take them over. In Sindh, UNFPA interventions are part of the 5-year plan, not a project base approach, thus helpful for strengthening the government structure. However, in Balochistan, the evaluation showed that capacity was limited, therefore the support (from UNFPA) would be needed for a relatively longer period. Multiple partners in the youth championship programme built each other's capacity.

4.5.1.3 GEWE

For GEWE, it was reported that technical assistance was supported through UNFPA providing short term assignment of consultants, in the absence of institutional arrangements for the government to fill these positions eventually at PCSW, KPCSW, NCSW, MoLJ, WDD, SWD, and P&D (Punjab and KP), which made it unsustainable. Most of the trainings imparted under the programme were sustainable as skills were being used by participants. Hotlines and Women's Safety App were part of government's projects, although supported by UNFPA during the COVID-19 pandemic, to help restore hotlines and trained operators and other staff for effective response to GBV survivors. Under evidence-generation UNFPA had landmark achievements including some pioneering initiatives. Although Punjab Gender Parity Reports could not be produced each year without UNFPA's technical support provided through engagement of consultants, the data produced so far cannot become redundant. However, negotiations with PCSW should be initiated to ensure sustainability of this intervention when UNFPA withdraws support. PEA or SEWS are yet to be disseminated for usage by planners but contain reliable and valid data therein. Initiatives for MSCM to be established and functional were underway. However, it was reported that the forums at PD would not be sustainable without UNFPA's support. The health sector response to GBV through adoption of WHO's protocols/ guidelines, could be a sustainable initiative in future. Presently the intervention was deemed not effective or large enough (200 staff trained instead of Training of Trainers programme) to achieve sustainability. Policy advocacy and legal reform initiatives like support to Reproductive Health Rights bill, implementation of CMR Act in Sindh by LAS working at community level, support in formation of Enquiry Committees under Protection of women at Workplace Act 2010, among others would have the desired impact and remain sustainable. In addition, the Gender cell at NDMA that was established with UNFPA's support, remained operational and provided effective services for GBV survivors during the COVID-19 pandemic.

4.5.1.4 PD

The UNFPA approach of using the national system for its interventions is conducive for capacity building for the Government structure. The evaluation indicated that the UNFPA interventions contributed in capacity building of the PBS by strengthening its 'data processing centre', providing training opportunities for 'population projection', and assisting in 'population census planning' through an international advisor. The UNFPA support to NIPS through the surveys and research activities was a major source for its overall sustainability and building the capacity of this Institute. The nature of collaboration of UNFPA with the Population Council was also a source for its capacity building. The province level interventions also contributed in strengthening the institutional capacity to maintain the change e.g., Punjab Bureau of Statistics. All these organizations in public and private sectors were capable to maintain changes made under the 9th CP of UNFPA. With the availability of disaggregated data, age-gender-appropriate and evidence-based planning has increased overtime in the country. Policies for different segments of population e.g., women, children, youth, disabled were possible because of the availability of disaggregated data. The UNFPA supported datasets were part of the national data systems, which generated the disaggregated data. Thus, the increase in the use of disaggregated demographic and socio-economic information and data in evidence-based planning was sustainable. However, the delay in holding of the population census and final approval of results affected the decision-making process in the country. The evaluation found that CRVS initiative supported by the UNFPA was probably not sustainable. The UNFPA needed to assess the issue so its sustainability could be ensured. There was the biggest ownership of new population narrative 'tawazun'. It is evaluated as durable and would stay. The UNFPA supported interventions in training courses for government officials and newly recruited officials were sustainable as well. The strong ownership of newly established population research centres at three universities indicated to their sustainability.

With the support of UNFPA, the Women Wellbeing Survey was carried out by the Punjab Bureau of Statistics for the Women Commission of Punjab. But from the beginning the Women Division was not engaged in this survey. Because of some administrative changes in the Women Commission and non-ownership of Women Division, the report of the survey, which has been finalized by the Bureau, could not be approved and released. The lesson for the UNFPA was that for any major interventions all stakeholders should carefully be identified and engaged in execution. UNFPA has a comparative advantage in addressing the demographic issues faced by Pakistan including high population growth, high child and maternal mortality and slow fertility transition. This advantage created space for the UNFPA to work closely with the ministries and relevant departments. The evaluation indicated that UNFPA deployed a technically sound team for the PD component at least at the federal level, and this team has personally been engaged with stakeholders and IPs in all stages of interventions. This team was probably the main factor for rating UNFPA very high by many stakeholders.

4.6 Coverage: Evaluation Question 9

EQ9: Using policy level initiatives, to what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/marginalized groups based on socio-economic and geographical disparities?

The evaluation criterion of coverage was assessed in terms of extent to which UNFPA support using policy level initiatives, has systematically targeted different segment of the society with humanitarian assistance, including: i) vulnerable/marginalized groups; and ii) groups with socio-economic and geographical disparities.

Summary

UNFPA humanitarian interventions systematically reach all the geographic areas in which affected populations reside. In order to reach the above affected population, UNFPA CO used the Minimum Initial Services Package for Reproductive Health. In addition, a number of SRH initiatives aimed at reaching the vulnerable people and these were (i) birthing stations in 7 districts of Balochistan; (ii) implementation of MISP in Mirpur; (iii) LHWs Involvement in FP and referral strategy; (to increase access to FP services through LHWs for remote populations); (iv) prevention and care of obstetric fistula; (v) provision of 24/7 SRH services in KPK. In the spirit of LNOB, UNFPA ensured to cover the marginalized segments of the population, such as transgender, minority girls, and LSBE vulnerable women were also prioritized at least in some interventions.

Under AY, the single curriculum, which incorporated LSBE, was universal and covered all segments of the society. However, out-of-school children were missing from the LSBE efforts of UNFPA. Gender dimension is adequately covered in the interventions concerning AY. Marginalized segments of the population, such as transgender, minority girls, and vulnerable women were prioritized through some interventions. Under GEWE, there was evidence of socio-economic disparities whereby women from urban slum areas or remote rural districts where pockets of poverty exist were not targeted under GEWE component of the programme. The coverage of demographic surveys, supported by the UNFPA, was generally universal, generating data for all regions and provinces with rural/urban background

4.6.1 Targeting different segments of the population

4.6.1.1 SRH Coverage:

UNFPA's commitment to reach to everyone was evident in its strategic plan 2018-2021, which indicated that *"Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence"*.

In accordance with its principles of universality, integration, interconnectedness, country ownership, a people-centred life cycle approach and leaving no one behind, UNFPA pursued to strengthen health systems in collaboration with the World Health Organization, and built on the momentum created by the movement for universal health coverage. This also addressed inequity in access, the poor service quality, and the lack of social accountability for SRH services, including humanitarian and fragile contexts, and in public health emergencies. UNFPA had prioritized to focus on the SRH targets that were not achieved through the MDGs, which would certainly contribute towards the achievement of the 2030 Agenda as well as respond to the Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030. It would leverage the opportunities provided by the 2030 Agenda to promote SRHR within multiple platforms, including through coordination and partnerships in the health sector and in sectors such as gender and education. To increase the utilization of integrated SRH services, UNFPA's focus remained on: i) Strengthening capacities to provide high-quality, integrated information and services for FP, maternal health, sexually transmitted infections and HIV, including in humanitarian and fragile settings; ii) Strengthening capacities of the health workforce, especially those of midwives, to provide high-quality and integrated sexual and reproductive health services, including in humanitarian settings; and iii) Strengthening capacities to effectively forecast, procure, distribute and track the delivery of sexual and reproductive health commodities, ensuring resilient supply chains. UNFPA has supported the following small to medium scale projects to reach to vulnerable populations, and in addressing socioeconomic and geographic disparities in Balochistan, Sindh, AJK and KPK.

(i) **Birth Stations in Seven Districts of Balochistan:** Government of Balochistan established 25 CMWs led Birthing Stations in seven districts which were adequately equipped to provide prenatal, natal, postnatal and FP services. These stations were connected with secondary and tertiary level health facilities through a functional referral system. UNFPA provided technical assistance for this initiative.

(ii) **Implementation of MISP in Mirpur:** The National Disaster Management Authority (NDMA), under support from UNFPA, implemented one-and-a-half-year project in Mirpur district in 2019. This district was among the severely earthquake struck districts. This project reached women to provide FP services and GBV support.

(iii) **LHWs Involvement in FP and Referral Strategy:** To increase access to FP services through LHWs for remote populations, Pathfinder piloted a model in Larkana and Dadu districts of Sindh. The LHWs were trained to provide all kind of FP commodities. UNFPA supported scaling up of this model. In 2020, 927 LHWs were trained whereas the target of this 2021 was set to train 1,000 more LHWs.

(iv) **Prevention and Care of Obstetric Fistula – Vesicovaginal and Rectovaginal Fistula:** Pakistan National Forum on Women's Health (PNFWH), a non-government not for profit entity was working in prevention and control of obstetric fistulas since 2005 under support from UNFPA. These fistulas put the women more in social problems than medical issues, they faced. PNFWH reportedly performed around 150 surgeries on obstetric fistula in a month with a high cure rate of 93-94 percent.

In 2019, again with support from UNFPA, seven Midwifery led units were established. These centres collective, on an average, receive 300 to 400 patient visits in a day. In addition to surgically treating patients, PNFWH has capacity to train surgeons in operating fistulas. PNFWH has also conducted workshops on prevention and cure of obstetric fistulas and held outreach surgical camps in Chitral and Gilgit, where local surgeons were also trained in fistulas repair.

(v) **24/7 Sexual and Reproductive Health Services:** In KPK, Prime Foundation established 24/7 SRH service centres in government basic health units (BHUs). These centres provided antenatal, natal, postnatal and FP services to IDPs in remote KPK districts. This project was supported by funding from Central Emergency Response Fund (CERF) through UNFPA. Recently, at the completion of its contract, Prime foundation has handed over these facilities to KPK health department.

(vi) **GBV Support:** Prime foundation provided GBV psychosocial support by Psychologist in one of the most difficult districts, with evident law and order issues, of South Waziristan. Around 500 clients in a month benefitted from mental health and psychosocial counselling through this project.

4.6.1.2 AY Coverage:

Single curriculum, which incorporated LSBE, was universal and covered all segments of the society. However, out-of-school children are missing from the LSBE efforts of UNFPA. Gender dimension is adequately covered in the interventions concerning AY. As evaluated earlier, marginalized segments of the population, such as transgender, minority girls, and vulnerable women were prioritized in some interventions. The priority of the Ministry of Health was indicated for the universal health coverage. The intervention of the UNFPA in provinces such as the provision of “youth friendly spaces” worked as a hub for all the youth. The UNFPA support adapted to the needs of marginalized and vulnerable groups through a solid approach. The population of transgender was in general among the marginalized people. Their rights were protected through the Transgender Act 2018, but its implementation was weak because there was no Action Plan associated with the Act. Under the 9th CP, UNFPA provided technical support to the Social Departments of Sindh and Punjab, which are the home of large transgender population, for developing their Action Plans. For the AY component, UNFPA ensured its presence in all provinces, G-B, AJK and ICT. However, Balochistan and KP are presently focused areas. For the geographical coverage some interventions used a phased approach: urban, semi-urban and rural areas. Rural areas are now priority areas. In some interventions e.g. child marriage, minority girls, adolescents' friendly spaces, priority was given to the deprived districts (Matri and Qamber Shahdadkot in Sindh), southern districts of Punjab, and 10 poor districts.

4.6.1.3 GEWE Coverage:

(i) **Socio-economic disparities:** Women from urban slum areas or remote rural districts where pockets of poverty exist were not targeted under GEWE component of the programme.

(ii) **Geographical disparities:** For GEWE, the national stakeholders and documentary review, confirmed that UNFPA's programme was not mainstreaming outreaches to the marginalised or vulnerable groups. Although most of targets were for all four provinces, GEWE has opted for low hanging fruits and concentrated efforts on Punjab and KP only, because (a) these provinces are geographically closest to Islamabad CO, where GEWE staff members were stationed, and (b) these provinces have been favourites of donors over many years and carry a reputation for working harmoniously with donors as well as having the absorptive capacity for donor programmatic inputs. Support was extended heavily to Punjab, to strengthen PCSW, in multiple endeavours, like GMIS, Annual Gender Parity Reports, support for helpline activation and other technical assistance. The PEA as well as SEWS, both were conducted in Punjab, despite it being the largest province with the largest population entailing that resource requirements for conducting surveys was far more than any of the other provinces/ regions. UNFPA clearly needs to target segments in provinces/ regions where data highlights that gender disparity situation needs high and them being addressed on prioritized footing.

Table 9: Regional variation, for spousal violence among ever-married women age 15-49 years¹⁵⁹

Province/Region	Punjab	Sindh	KP	Bal	ICT	NMD	AJK	GB	Total
Percentage of physical or sexual violence faced by women from husband									
% of women	22.1	12.9	35.5	44.5	7	51.2	14.7	11.1	23.7
Percentage of women who justify wife beating									
% of women	35.0	36.9	63	52.3	26	95	31.3	57	41.7

Generated evidence clearly illustrated regional variations on gender disparity in several dimensions, including women who suffered from violence and harmful practices far more than other areas.¹⁶⁰ In FATA/NMD, 95 percent women and 75 percent men believed that wife beating was justified, followed by KP and Balochistan. Women who have experienced physical violence since age 15 years stood highest at 34.8 percent for Balochistan, followed by 27 percent NMD and 25 percent KP, while Punjab was at 11 percent. Similarly, Punjab, (and ICT) had the lowest number for child marriages in the country and yet PEA was conducted in Punjab, instead of Balochistan or GB, or instead retaining a specific focus on NMD within KP. The evaluation is therefore of the view that prioritizing Punjab over Balochistan was unfounded.

4.6.1.4 PD Coverage:

The coverage of demographic surveys, supported by the UNFPA, was generally universal, generating data for all regions and provinces with rural/urban background. The generation of data representative at the district-level was also available through the surveys generated by PBS and provincial statistical bureaus. The UNFPA supported the district-level population projection with a view of addressing humanitarian emergencies. The demographic data generated with the support of UNFPA included all segments of the society. The generation of data on functional disability become part of the national data system. It was first included in the 2017-18 PDHS and then in 2019-20 PSLM. It was expected that the next census will also cover it. There was a great awareness for generating the information on transgender issues through the census as well as surveys. The 2017 census included it late in the census questionnaire, thus the reliable statistics could not be generated. The concept of leaving no one behind was well understood by the data collection agencies/institutions. Though at a limited scale, information on marginalised women was also generated. By using secondary data, information on FP expenditures was generated. The work was in progress to make it part of the national data systems. With respect to the demographic analyses supported by the UNFPA, the coverage of different segments of the society were satisfactory as well. The 2017-18 PDHS presented the demographic data by wealth quintile, giving information by socio-economic status. A chapter on poverty and inequality was included in the 2020 PSA to assess the situation of segments of

¹⁵⁹Pakistan DHS 2017-18

¹⁶⁰ Source: Pakistan DHS 2017-18

the society. However, the evaluation indicated that elderly population was so far neglected in the demographic research.

4.7 Connectedness: Evaluation Question 10

EQ10: *To what extent, did the initiatives undertaken by UNFPA during a humanitarian situation take longer-term development needs, concerns and inter-connected problems into consideration?*

The evaluation criterion of Connectedness was assessed in terms of extent to which UNFPA's response, with a focus on long term development needs, during humanitarian context demonstrated: i) coherence; and ii) connectedness.

Summary

UNFPA is a valued member of UNCT and strategically positioned as a development partner and recognized by the highest leadership of the country, including the Prime Minister and President. UNFPA was well connected with UN agencies, concerned departments of the federal and provincial governments, and IPs. UNFPA is the only UN agency and the only non-government entity represented at federal and provincial task forces on PD and FP, chaired by the President of Pakistan and Chief Ministers respectively. UNFPA's strategic and convening role and accomplishments in evidence and data generation, SRHR, GBV prevention and response, and partnership coordination are well recognized by the government and development partners.

4.7.1 Initiatives Undertaken by UNFPA during a Humanitarian Situation

4.7.1.1 SRH Connectedness:

(i) Safeguarding Women and Girls in Drought Affected Areas Jan-Dec 2019

UNFPA, as Co-chair with UNICEF, and NDMA implemented 'Safeguarding women and girls in drought affected areas in Pakistan from January to December 2019. The project areas included two tehsils of Tharparkar district in Sindh i.e., Nagar Parkar and Islamkot Tehsils, and two tehsils, Gulistan and Killa Abdullah, of district Killa Abdullah in Balochistan. This project benefited 91,095 women and 82,192 children. The partners responded to the drought emergency.

The project responses included: i) Provision of multi-sectorial services to respond to the most vulnerable individuals, and child protection focused interventions; ii) conducted general protection assessments to understand linkages of drought to protection concerns of women and children; iii) strengthened referral mechanisms in targeted areas through provision of direct services, mapping and assessment of referral services available in target locations; iv) enhanced delivery systems capacity through deployment of service providers and provision of both mobile and facility-based services; v) provision of targeted assistance for women and girls through access to children and women-friendly spaces; and vi) community participation through establishment of committees which emphasized positive practices for the wellbeing of women and girls, including prevention of protection risks through awareness raising activities and referral information.

(ii) Coherence and connectedness

Drought in some districts of Sindh and Balochistan provinces was an emerged humanitarian need. Timely response from UNFPA was coherent and well connected with the population needs specifically when the benefiting population was among the UNFPA target population.

4.7.1.3 GEWE Connectedness

The pioneering work on integration of GBV in humanitarian setting was facilitated under COVID-19 response, with UNFPA's support to National Disaster Management Authority (NDMA), and Provincial Disaster Management Authority (PDMA) KP. Interventions included awareness raising via a national campaign on GBV, providing access to women / girls to Women Friendly Health Spaces (WFHS), providing psycho-social support via referral pathways, and establishing a Gender and Child cell at NDMA. UNFPA ably provided leadership in leading the cluster for GBV through its Multi-sectoral Coordination Mechanism established at NDMA. GBV helplines in KP and Punjab were strengthened and GBV referral services were provided to 2,551 women and girls during COVID-19 pandemic. In

addition to this, 4,000 dignity kits were distributed to women survivors of GBV in shelter homes, prisons, and orphanages in various provinces to help adolescent girls and women maintain personal hygiene during the pandemic. Additionally, much needed data generation on the impact of COVID-19 was provided through undertaking a rapid Socio-Economic Assessment of COVID-19 on Reproductive Health and GBV, as part of UN's support to Pakistan.

The aforementioned initiatives were found effective during COVID-19 pandemic. However, a disconnect between GEWE component with the other sections was evident. GEWE staff had neither visited nor assessed from a gender lens the Model Quarantine Centre that was established for COVID women and girls' patients in Balochistan. Similarly, the humanitarian section is implementing initiatives via SRSP, BRSP and PPHI on providing WFHS in BHUs for AR, for psycho-social support via referral pathways. GEWE staff were not cognizant of data on number of women who availed this facility or other details. Both GEWE and Humanitarian sections were working in their own silos, although gender as cross cutting theme required GEWE to assess inputs of other sections for gender mainstreaming and ensuring effectiveness.

UN Connectedness: For the GEWE component, it was reported that UN agencies were not seen as one and many times they seemed to be competing against each other. Some CSOs reported that it was aggravating to have to deal with four UN agencies instead of one. It was also seen that not working in unison entailed duplication of efforts resulting in misuse of resources. Glaring examples were when International Women's Day was celebrated separately through supporting the same provincial department on subsequent days the 8th and then 9th by UNW and UNFPA respectively. FCDO had engaged UNFPA, UNW and UNICEF but as they were not working in tandem for AAWAZ II, it rescinded the contract to remove UNW.

4.7.1.4 PD Connectedness

The evaluation shows that the UNFPA was well connected with UN agencies, concerned departments of the federal and provincial governments, and IPs. There was a good coordination within the UNFPA. The PD component for example supported the other components of youth and FP. A source of connectedness was the formation of technical groups for conducting surveys and larger studies. At the initial stage of COVID-19 pandemic, population welfare centres were closed by declaring them as non-essential service providers. However, the connectedness of key stakeholders, which was termed as a source of resilience, these centres were restored by declaring them essential service providers. As stated, the UNFPA supported the PBS for the district-level population projection with a view to address humanitarian emergencies.

4.8 Leaving No one Behind

UNFPA supported the stakeholders particularly the Government of Pakistan in fulfilling the rights and needs of adolescents and youth by providing technical support in leadership and participation of youth in initiatives that encourage dialogue and seek local solutions for SRH challenges, with a focus on young girls. The support of UNFPA in the single curriculum, which incorporated LSBE, was universal and covered all segments of the society. Gender dimension was adequately covered in the interventions concerning AY. Marginalized segments of the population, such as transgender, minority girls, and LSBE vulnerable women were also prioritized at least in some interventions. However, out-of-school children (youth) were missing from the efforts of UNFPA. One of the overarching goals of Output 3 is the promotion of gender-responsive and age-appropriate LSBE for in- and out-of-school youth. The evaluation found no effort for covering the out-of-school youth.

The evaluation observed that from the national stakeholders and IPs, coupled with the document review that the GEWE thematic programme did not mainstream outreaches to marginalised or the most vulnerable groups. It was further observed that UNFPA's staff and some partners reported women in general as the marginalised group. However, marginalised groups within this segment, such as women with different abilities, from religious/ethnic minorities, or from urban slum/ remote rural areas, were not targeted specifically under the programme. Evidence exists on regional disparities, where in KP/ NMD, and Balochistan, women suffer from gender-based violence far more than in other areas, and in the case of the NMD, it is observed that a whole 95 percent of women and 75 percent of men believed that wife beating was justified. However, the evaluation observed that this segment of the women population remained untargeted. Focussing on this segment of the women population would have contributed to the realisation of the Outcome 3 indicator which focuses on decrease in attitudes towards wife-beating.

Under the COVID-19 response programmes, CSOs were supported for GBV response, including STEP, with outreach to persons living with disabilities. Under the humanitarian response, WFHS and referral pathway including psycho-social counselling was provided to Afghan Refugees (AR), (but who have been in camps for 30 years). In addition, SEWS Punjab included data on minority religious groups of women belonging to Christian, Hindu and Sikh groups. However, this initiative was not tantamount to the availability of disaggregated data on vulnerable population groups. In addition, it was observed that UNFPA's CO's planning and monitoring system, did not have data disaggregated by disability, or other vulnerability domain, nor were there any indicators for segments within marginalised/ disadvantaged population groups. The data generated with the support of UNFPA was representative for all regions/provinces of the country and covered all segments of the society, thus leaving no one behind. A module on 'functional disability' in the 2017-18 PDHS generated the much needed data. The same was the case for domestic violence data. The 2019-20 PSLM also included a module on 'functional disability'. A special survey for the identification of marginalized women was also carried out, though only in one district of Punjab.

4.9 Lessons Learnt

The key lessons learn while implementing the CP9 are as follows:

- (a) **Strategic focus and collaborative advantage** proved to be key in maintaining and advancing Pakistan's commitment to the ICPD agenda despite the COVID-19 pandemic risks and challenges.
- (b) **Broader partnership perspectives and arrangements**, which were not restricted to a mere programme delivery, turned out to be key to building a strong base of support and enabling environment for the ICPD agenda, especially creating alliances and networks for transformative changes and innovative solutions.
This was based on the lesson that past approaches and conventional partnerships used to address past situations turned out to be no longer enough, or necessarily relevant, to handle the challenges and operate in the complex context. This was like that also given the rate and speed of change in the external political and economic environment.
- (c) Even though FP was one of the main focus areas of the ninth CP, one of the key lessons validated is that FP pathways and interventions could not be rights-based and sustained without due consideration to the **broader SRHR agenda** in the framework of the next country programme.
This goes beyond the dilemma of spreading resources and efforts too thinly with the subsequent risk of reducing the impact of FP as a core area, but involves a more strategic role of UNFPA, which is to demonstrate the value of higher quality and integrated delivery of SRH care as a model, while continuing to approach the government with advocacy for institutional and policy reforms and donors for resources.
- (d) **Brokering partnership arrangements between civil society organizations and government institutions** to create greater synergies for the ICPD agenda, ensuring the transfer of knowledge and expertise as well as operational space for the civil society constituents in the complex environment.
- (e) **Continuous environmental scanning** and investing in **knowledge acquisition** and use pay off in terms of readjusting operational plans and accelerating progress towards the transformative results.
Using political economy assessment approach as an ongoing iterative process for systemic and consistent environmental scanning and analysis of implications on the ICPD agenda worked well over the ninth country programme.
- (f) Focus on **high-impact interventions, value addition, perseverance, transparent and principle-oriented communication in partnerships** are key to building and maintaining trust, be it with government partners or development counterparts and donors.

4.10 Strategic Positioning of UNFPA for Future CP Development

UNFPA is the only UN agency and the only non-government entity represented at federal and provincial task forces on PD and FP, chaired by the President of Pakistan and Chief Ministers respectively UNFPA is thus strategically positioned as a development partner and recognized by the highest leadership of the country, including the Prime Minister and President. The federal and provincial task forces on PD and planning will help national and development partners address challenges related to the devolution of power. UNFPA's strategic and convening role and accomplishments in evidence and data generation, SRHR, GBV prevention and response, and partnership coordination are well recognized by the government, civil society and development partners.

Furthermore, a comprehensive population situation analysis and in-depth studies supported by UNFPA Pakistan will provide sufficient analytical basis for the national development planning. The national FP 2030 framework, which was developed with the support of UNFPA, is expected to sustain the high level political commitment and support to the ICPD agenda and help national and provincial institutions translate policy commitments into practice. UNFPA is endowed with the lead agency roles in national and provincial GBV, and SRH/FP planning coordination platforms. This is in addition to the lead or co-lead agency roles for the UN Planning, Monitoring and Evaluation and Gender Thematic groups, as well as the inter-agency Prevention of Sexual Exploitation and Abuse (PSEA) network.

CHAPTER 5: Conclusions

The conclusions are drawn directly from the findings presented in the previous chapter, indicating the main conclusions at strategic level (such as relevance, effectiveness, efficiency, and sustainability of results).

5.1 Strategic Level

Conclusion 1:

Given the extent of political unrest in Pakistan and the crisis and emergency situations, caused by the Afghan refugee influx and the on-going global COVID-19 pandemic, UNFPA has greatly invested and has aligned its interventions with the government of Pakistan.

Under the humanitarian response, UNFPA made a timely response. The Women Friendly Health Spaces (WFHS) and referral pathway including psycho-social counselling was provided to Afghan Refugees (AR) who have been in refugee camps for 30 years. The CO developed a Response Plan to COVID-19 pandemic and implemented it as a plan of action from the onset of this emergency. The Plan of action encompassed key interventions and high priority areas to reduce the impact of pandemic to development and humanitarian interventions.

Origin: EQ2; Evaluation criteria: Relevance

Recommendation: Strategic level R1

Conclusion 2:

UNFPA is a valued member of UNCT and strategically positioned as a development partner and recognized by the highest leadership of the country, including the Prime Minister and President. UNFPA worked with other UN agencies following the Delivering as One approach and within UNSDF 2018-2022. The expansion of the existing partnership base to include private sector and professional associations is paramount.

UNFPA is the only UN agency and the only non-government entity represented at federal and provincial task forces on PD and FP, chaired by the President of Pakistan and Chief Ministers respectively. UNFPA's strategic and convening role and accomplishments in evidence and data generation, SRHR, GBV prevention and response, and partnership coordination are well recognized by the government, civil society and development partners.

Origin: EQ10 and 6; Evaluation criteria: Connectedness and efficiency

Recommendation: Strategic level R2.

Conclusion 3:

UNFPA's existing partnership arrangements with the Office of the President, the Prime Minister and the provincial chief ministers were beneficial.

The technical support of UNFPA, which is very much relevant to the needs of AY, was given to the Kamyab Jawan Programme (KJP) of the Prime Minister Office in the construction of Youth Development Index (YDI). The YDI will eventually provide accountability framework for the provinces in areas such as 'marginalized youth, 'child marriage', 'abuse cases' and 'life-skill-base-education' (LSBE). The KJP was primarily about the youth employment, entrepreneurship and engagement (the three Es) and it also had a component on 'health and wellbeing'. The UNFPA found the opportunity to support the KJP through its 'health and wellbeing' component.

Origin: EQ10, 3 and 4; Evaluation criteria: Connectedness and effectiveness

Recommendation: Strategic level R3.

Conclusion 4:

Significant achievements were made in the development of policies and laws related to the ICPD agenda. However, there were gaps in the implementation of these policies and laws.

UNFPA supported the drafting of the Sexual Violence Framework at federal level. In addition, progressive laws were enacted, namely the Criminal Law Amendment Act 2004, for countering traditional customary practices which perpetrated GBV in the name of honour, the Protection of Women Criminal Law Amendment Act, 2006 that shattered the myth that Zia's Sharia based Hudood laws could not be amended, the Protection Against Harassment of Women at the Workplace 2010, which has become a milestone act for protection of women at work.

Origin: EQ2; Evaluation criteria: Coherence

Recommendation: Strategic level R4

5.2 Programmatic Level

Conclusion 5:

UNFPA's advocacy efforts for the development of SRHR policies and legislation were critical and useful. Nevertheless, the accountability systems and community based mechanisms for the implementation of SRHR policies were a challenge.

Origin: EQ3; Evaluation criteria: Effectiveness

Recommendation: Programmatic level R5

Conclusion 6:

UNFPA has been successful in advocating to the policy-makers at higher government levels to increase budgetary allocations and to enhance access to SRHR and FP services, to address vulnerabilities, socioeconomic and geographic disparities.

UNFPA's advocacy on the above matter resulted into an 18 percent increase in provincial government expenditures on FP programmes vis-à-vis the target of 10 percent inflation-adjusted increase against the baseline of US\$ 111.73 million. Furthermore, the country programme recently developed a costed national population action plan amounting to US\$ 1.312 billion, with US\$ 802 million funded from domestic resources, followed by the government call to the international donor community to fill the gap of US\$ 510 million at the donor conference supported by UNFPA in November 2021.

Origin: EQ3; Evaluation criteria: effectiveness

Recommendation: Programmatic level R6

Conclusion 7:

Commendable work has been achieved in the delivery of integrated SRHR services. However there is need for strengthen the full integration of SRHR in the national universal health coverage package.

UNFPA supported structural and functional assessment of provincial population welfare and health departments in support of advocacy and policy actions for integrated delivery of quality FP services across the public health system. This was in addition to the ongoing endeavors for integrating the FP in the Universal Health Coverage Benefit Package of Pakistan packages in close collaboration with the Ministry of National Health Services, Regulations and Coordination, WHO, UNICEF and other development partners.

To increase the utilization of integrated SRH services, UNFPA's focus remained on: i) Strengthening capacities to provide high-quality, integrated information and services for FP, maternal health, sexually transmitted infections and HIV, including in humanitarian and fragile settings; ii) Strengthening capacities of the health workforce, especially those of midwives, to provide high-quality and integrated sexual and reproductive health services, including in humanitarian

Origin: EQ3; Evaluation criteria: effectiveness

Recommendation: Programmatic level R7

Conclusion 8

UNFPA was committed to the approach of Leaving No One Behind. Nevertheless, there is need for novel ways and models of reaching the furthest behind first with quality SRH information and services.

UNFPA has supported the stakeholders particularly the GoP in fulfilling the rights and needs of adolescents and youth by supporting leadership and participation of youth in initiatives that encourage dialogue and seek local solutions for SRH challenges, with a focus on young girls.

Origin: EQ3; Evaluation criteria: effectiveness

Recommendation: Programmatic level R8

Conclusion 9:

UNFPA succeeded in the institutionalization and operationalization of MISP for SRHR and adequate technical capacity was provided for the development and implementation of FP costed plans.

There was participatory involvement of stakeholders in the orientation and consultative process to develop Minimum Initial Service Package (MISP) for SRH in humanitarian settings. However, the COVID pandemic interrupted the process. Through the technical assistance from UNFPA, the Government of KPK was in process of developing costed implementation plan on MISP in the form of PC-1 to secure funds from government. Currently, MISP is part of Sindh and KP's emergency health response and contingency plans.

Origin: EQ3; Evaluation criteria: Effectiveness

Recommendation: Programmatic level R9

Conclusion 10:

UNFPA advocacy sessions with the provincial/regional education departments (particularly Sindh and Balochistan) contributed significantly in sensitizing the government officials on the importance of LSBE integration and garnering their buy-in for the roll out of the National guidelines.

Origin: EQ4; Evaluation criteria: effectiveness

Recommendation: Programmatic level R10

Conclusion 11:

UNFPA succeeded in achieving the set targets on LSBE and participatory platforms for increased investments for in-school adolescents and youth. However, it was not clear how the LSBE efforts were appropriate for out-of-school adolescents and youth.

With UNFPA support, the following things were realised: (a) development and adoption of the first-ever Adolescents and Youth Strategy on Sexual and Reproductive Health and Rights; (b) adoption of Integrated Community Outreach Strategy on Adolescents/Youth Sexual and Reproductive Health and Rights; (c) development and roll-out of the National Health and Wellbeing Action Plan for Adolescents and Youth; (d) National Volunteerism Policy and Youth Engagement Strategy adopted by the Prime Minister's National Youth Development Programme known as 'Kamyab Jawan' programme; (e) development and adoption of three provincial youth policies and action plans, as well as revision of two provincial youth policies along with implementation support plans; (f) establishment of an inclusive National Youth Council (NYC) notified by the Prime Minister and inaugurated by the President;

Origin: EQ4; Evaluation criteria: Effectiveness

Recommendation: Programmatic level R11

Conclusion 12:

Significant achievements with regard to the development of policies, strategies and laws for prevention and response to GBV, harmful practices and child marriage have been made. However, there are gaps in the implementation of policies, strategies and laws.

The technical support provided by UNFPA for the development and enactment of KP Child Marriage Restraint (CMR) Act (where marriageable age for girls is retained at 16) was critical and appreciated by stakeholders. However, the tracker mechanism for information on laws enacted /amended /implemented or number of advocacy/ lobbying forums established for policy/ legal reform was not formulated.

Origin: EQ5; Evaluation criteria: Effectiveness

Recommendation: Programmatic level R12

Conclusion 13:

UNFPA made a significant contribution to major breakthroughs such as enactment of the Anti-Rape Act 2021 by parliament; assisting MOLJ to draft the Sexual Violence Framework (SVF); and recommendations on child marriage conducted in all the provinces. However, there is need for pro-women laws and legislation at national and provincial levels.

Origin: EQ5; Evaluation criteria: Effectiveness

Recommendation: Programmatic level R13

Conclusion 14:

The housing of GBV multi-sectoral coordination mechanisms (MSCMs) at hierarchical tiers (instead of SWD/ WDD) does not allow them to dedicate time to the GBV agenda. The functionality of MSCMs was largely sub-optimal.

Out of the target of four MSCMs, two were currently notified by the government but remained non-functional, as not a single meeting had been conducted, nor agenda formulated by the time of the evaluation.

Origin: EQ5; Evaluation criteria: Effectiveness

Recommendation: Programmatic level R14

Conclusion 15:

UNFPA support was critical in ensuring that coverage of demographic surveys was generally universal, generating data for all regions and provinces with rural/urban background. The concept of leaving no one behind was well understood by the data collection agencies/institutions. However, the evaluation indicated that the elderly population was so far neglected in the demographic research.

With the support of UNFPA, National Institute of Population Studies (NIPS) completed the Fourth round of Pakistan Demographic Health Survey (PDHS) (2017-2018), and its full report is available. The Punjab Bureau of Statistics completed the Social and Economic Well-being survey of Punjab for the Punjab Women Commission to generate provincial and district level representative data on the economic and employment status of women in Punjab province. The first ever stand-alone maternal mortality survey – Pakistan Maternal Mortality Survey (PMMS) – was completed by the NIPS with the support of UNFPA and its final results and full report were launched. The PMMS has generated reliable statistics on the causes and risk factors of maternal mortality.

Origin: EQ6; Evaluation criteria: Effectiveness

Recommendation: Programmatic level R15

CHAPTER 6: Recommendations

Based on the conclusions, the following recommendations were developed. The recommendations will be fine-tuned in a consultative process, as a result of participatory discussion with CO and follow-up rounds of validation with the Evaluation Reference Group. The timeframe for the implementation of the recommendations has been indicated under short-term, medium-term and long-term periods.

6.1 Strategic Level

1. Considering Pakistan's exposure to natural hazards and disasters including floods, droughts and earthquakes, security considerations, lessons learnt from the COVID-19 response, and the resilience of the state institutions calling for investing in humanitarian-development nexus, UNFPA should focus on strengthening the national and sub national capacities in resilience programming, emergency preparedness, mitigation, prevention, and response to ensure access to essential and life-saving interventions in humanitarian emergency situations, with the subsequent recovery and rehabilitation actions.

Operational Implications: The technical implication is that UNFPA and partners should identify innovative ways of dealing with on-going and unexpected humanitarian crises. The financial implication is that UNFPA should mobilise funds regularly to meet the requirements for humanitarian situations.

Priority: High; **Target level:** UNFPA CO, national and provincial governments; and IPs; **Based on Conclusion:**

1

2. Drawing on the lessons of the 9th Country Programme, which succeeded in expanding the partnership base beyond implementing partner and contribution agreements by applying various cooperation and collaboration modalities (e.g. memoranda of understanding or brokering partnership between civil society and government institutions, among others), the country programme should further expand its partnership base to include private sector and professional associations, among others. This is also considering the potentials of the private sector in the country.

Operational Implications: The technical implications given the lesson that past approaches and conventional partnerships used to address past situations turned out to be no longer enough, or necessarily relevant, to handle the challenges and operate in the complex context are as follows (a) UNFPA should optimally make use of its comparative advantage as the leader in integrated programming anchored on gender and human rights as well as an agency with technical expertise in multi-sectoral programming and the humanitarian aid-development nexus; (b) creating functional alliances and networks for transformative changes and innovative solutions..

Priority: High; **Target level:** UNFPA CO, national and provincial governments; and IPs; **Based on Conclusion:**

2

3. UNFPA should draw on the space of trust and partnership arrangements with the Office of the President, the Prime Minister and the provincial chief ministers through national and provincial taskforces on population dynamics and family planning as well as in the frame of the Prime Minister's Youth Development Programme (Kamyab Jawan Programme).

Operational Implications: The technical implication is that quality technical support should be provide by UNFPA to ensure that the national and provincial taskforces are continuously functional.

Priority: High; **Target level:** UNFPA CO, national and provincial governments; and IPs; **Based on Conclusion:**

3

4. Building on the ninth Country Programme's momentum and accomplishments, UNFPA should focus on establishing accountability mechanisms and models for scaling up policy implementation and enforcement of laws related to the ICPD agenda.

Operational Implications: The technical implication is that UNFPA should provide technical support to national and provincial governments to facilitate accountability mechanisms for the implementation of policies and laws.

Priority: High; **Target level:** UNFPA CO; IPs. **Based on Conclusion:** 4

6.2 Programmatic Level

5. UNFPA should scale up advocacy for SRHR policy and legislative actions and invest in accountability systems and community based mechanisms for the implementation of SRHR policies and legislative frameworks to remove various barriers to SRH information and services.

Operational Implications: Given the fact that a number of bills and guidelines have been developed, the technical implication is that UNFPA should build the capacity of IPs and government counterparts (at national and provincial level) to operationalize the SRHR policies and legislation. The human resource implication is UNFPA assigning dedicated staff to support the advocacy efforts.

Priority: High; **Target level:** UNFPA CO; IPs; **Based on Conclusion:** 5

6. UNFPA should be pro-active and continue its advocacy role to ensure that the budgetary allocations are either sustained or increased above current levels.

Operational Implications: The human resource implication is that UNFPA should ensure that there are dedicated technical staff to undertake the advocacy activities.

Priority: High; **Target level:** UNFPA CO; IPs; **Based on Conclusion:** 6

7. SRHR Programme should invest in the integrated delivery of the constellation of SRHR services (FP, ANC/ PNC, EmONC, HIV/STIs and GBV, among others), quality of SRHR services and strengthen the full integration of SRHR in the national universal health coverage package.

Operational Implications: The human resource implication is that UNFPA should ensure that there are dedicated technical staff to undertake the advocacy activities as well as providing the required technical support.

Priority: High; **Target level:** UNFPA CO; IPs; **Based on Conclusion:** 7

8. UNFPA should introduce and demonstrate innovative ways and models of reaching the furthest behind first with quality sexual and reproductive health information and services to address geographic and other disparities.

Priority: High; **Target level:** UNFPA CO; IPs; **Based on Conclusion:** 8

9. UNFPA and partners should advocate for and support the operationalization of MISP and influence budgetary allocations from government on MISP. In addition, UNFPA should also provide technical support to provincial governments on the implementation of the costed plans on MISP.

Operational Implications: The technical implication is that UNFPA has to give specific guidance on the implementation modalities of MISP.

Priority: Medium; **Target level:** UNFPA CO; National and Provincial governments; IPs **Based on Conclusion:** 9

10. Building on the policy gains and programme accomplishments, UNFPA should support the Adolescents and Youth Engagement Strategic Frameworks at the national and provincial levels that facilitate the integration adolescents and youth SRHR across the humanitarian-development continuum.

Priority: High; **Target level:** UNFPA CO; National and Provincial governments; IPs **Based on Conclusion:** 10

11. UNFPA should advocate with national and provincial government officials on the implementation of various AY policies, strategies and action plans. At the same time, UNFPA should work with stakeholders to remove bottlenecks that impede implementation.

Priority: High; **Target level:** UNFPA CO; National and Provincial governments; IPs **Based on Conclusion:** 12

12. Building on the recent breakthroughs, including high-level policy statements and legislative actions for addressing sexual and gender-based violence and child marriages, UNFPA should advocate for advancing the pro-women laws and legislations at national and sub- national levels.

Priority: High; **Target level:** UNFPA CO; National and Provincial governments; IPs **Based on Conclusion:** 13

13. UNFPA and partners should advocate with national and provincial government officials about the need and value of the appropriate housing of MSCMs. The Education Service Package indicated health, social services, police and justice as the main sectors of intervention.

Operational Implications: The technical implication is that UNFPA CO should invest time and energy to secure buy-in from the top leadership of national and provincial governments on the matter.

Priority: High; **Target level:** UNFPA CO; National and Provincial governments; IPs **Based on Conclusion:** 14

14. UNFPA should focus on strengthening the data systems and knowledge platforms on population changes with the main focus on diversity and disparities to inform development policies and programmes, resilience building, emergency preparedness and response.

Priority: High; **Target level:** UNFPA CO; Other UN agencies; National and Provincial governments; IPs. **Based on Conclusion:** 15

Annexes

Annex 1: Terms of Reference

INTRODUCTION

The United Nations Population Fund (UNFPA) is the lead sexual and reproductive health UN agency. In 2018, UNFPA launched efforts to achieve three transformative results globally, that promise to change the world for every man, woman and young person (UNFPA Strategic Plan 2018-2021, DP/FPA/2017/9): ending preventable maternal death, ending unmet needs for family planning and ending gender-based violence and all harmful practices. By pursuing these goals, UNFPA is committed to accelerate the implementation of the International Conference on Population and Development (ICPD) Programme of Action (PoA), and support the achievement of the Sustainable Development Goals (SDG). UNFPA supports countries to produce and use population data for policies and programmes to reduce disparities and ensure every pregnancy is wanted; every birth is safe; every young person's potential is fulfilled.

UNFPA plays a key role within the United Nations system to address population and development issues with an emphasis on reproductive health, within the context of the International Conference on Population and Development (ICPD) programme of Action, and the Sustainable Development Goals (SDGs) especially Goal 3, Goal 5, and Goal 17.

UNFPA has been collaborating with the Islamic Republic of Pakistan since 1970 when UNFPA signed its first country programme. UNFPA's current cooperation with Pakistan lies within the Ninth Country Programme (2018-2022). The Ninth Country Programme of assistance to the Government of Pakistan was approved by UNFPA Executive Board in September 2017 with an indicative assistance of USD19 Million from regular resources and USD 20.5 Million through other resources. UNFPA Pakistan is implementing its interventions through the four outcomes and five outputs which include UNFPA Strategic Plan (SP) Outcome 1-Sexual and Reproductive Health, SP Outcome 2-Adolescents and youth, SP Outcome 3- Gender Equality and Women Empowerment and SP Outcome 4- Population and Development.

The Programme is aligned to the priorities of the Government of Pakistan, United Nations Sustainable Development Framework for Pakistan (UNSDF) 2018-2022, UNFPA Strategic Plan (2018-21), the International Conference on Population and Development, the 2030 Agenda for Sustainable Development and Family Planning 2020. To implement the programme, Comprehensive Monitoring and Evaluation and Operation Framework is in Place.

UNFPA Pakistan Country office is planning to conduct the independent Country Programme Evaluation (CPE) of the Ninth Country Programme (CPD9) of Assistance to the Government of Pakistan in accordance to UNFPA Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA. As per evaluation policy, evaluation at UNFPA serves three main purposes: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; (iii) contribute important lessons learned to the remaining part of the Country Programme as well as formulation of the next Country Programme in Pakistan.

The purpose of the evaluation is to ensure the ¹⁶¹*relevance, effectiveness, efficiency, sustainability, and coherence* of the CPD9 in addressing the dynamic development context of Pakistan, a Lower Middle-Income Country. This evaluation will contribute to the evidence base for the next Country Programme.

Audience

The primary users of this evaluation are the decision-makers within the UNFPA country office, other country offices and the organization as a whole, government counterparts, civil society organizations and beneficiaries in the

¹⁶¹ Evaluation Criteria, 2019 UNFPA Evaluation Handbook

country, the UNFPA Executive Board, and other development partners. The UNFPA Asia Pacific Regional Office and UNFPA Headquarters divisions, branches and offices will also use the evaluation as an objective basis for programme performance review and decision-making. The evaluation will be managed by the evaluation manager of the country office with guidance and support from the UNFPA Regional Advisor on Monitoring and Evaluation, and in consultations with the Evaluation Reference Group (see Annex IX Responsibilities of ERG) and with oversight from the Evaluation Office of UNFPA Headquarters.

The evaluation results will be disseminated using a stakeholders' workshop and will be available on the UNFPA Pakistan website as well as on the corporate website for UNFPA evaluations.

CONTEXT

Situation Analysis

Pakistan is the fifth most populated country in the world, with a projected population of 220.9 million as of mid-2020 (Population Reference Bureau). Although since 2005 the gross domestic product (GDP) has been growing an average 5 percent a year, it is not enough to keep up with fast population growth. The country's high population growth rate, which stood at 2.4 percent for the period 1998 – 2017, has been impacting the rate of urbanization and migration and almost all aspects of socio-economic life in the country. According to the United Nations Population Division's medium projection, Pakistan's population will reach 338 million by 2050, an increase of more than 50 per cent over its current figure.

Despite the fact that Pakistan was ranked 154th among 189 countries on the UN's Human Development Index 2020, the shares of education and health expenditures in the gross domestic product (GDP) remain low. Pakistan lags in terms of having low levels of education, a high fertility rate, and a low level of income per capita. Contributing factors behind lagging income level include the slow pace of improvement in education and the slow demographic transition in the country. Against this backdrop, the COVID-19 pandemic continues to impact all aspects of life in Pakistan, which might push back hard-won gains in poverty reduction and social indicators.

The share of adolescents (10-19) in the total population is about 23 per cent while the share of youth (15-24) is one fifth¹⁶². The combined share of adolescents and youth (10-24) is 32 percent, or one in every three persons. This presents both opportunities and challenges for the country. Currently adolescents and youth face challenges in crucial areas, such as lack of education and employment opportunities and poor access to SRH information and services.

The period of potential demographic dividend, though delayed for a couple of decades compared to other countries of the region, is now being entered in the form of positive changes in the age structure leading to a further surge in working age population and youth and a decline in the dependency ratio, particularly child dependency. This can spur economic growth provided that relevant policies are adopted to foster investments in human capital, especially in the areas of health, education, employment and empowerment of women.

Contraceptive prevalence rate (CPR) of any method remains low at 34.2 per cent in 2017-18¹⁶³, down from 35.5 per cent in 2012-13, and ranging from a high of 38 per cent in Punjab to a low of 20 per cent in Balochistan. Overall, 25 percent of married women in reproductive age were using a modern method of contraception in 2017-18, one percentage point lower than in 2012-13.

Unmet need for family planning (FP) has declined from 20 per cent in 2012-13 to 17 percent in 2017-18, with wide age as well as geographic disparities ranging from 16 per cent in Punjab to 22 per cent and 21 per cent in Balochistan and KPK respectively, which is largely due to inadequate service provision and poor access to FP commodities.

Contraceptive discontinuation rate is high (30.2 percent), largely due to method failure and concerns about side effects. The proportion of deliveries taking place in health facilities has increased from 48.2 percent in 2013 to 66.2 percent in 2017.

¹⁶² Pakistan Demographic and Health Survey 2017-18

¹⁶³ Pakistan Demographic and Health Survey 2017-18

The antenatal care coverage is 86 per cent, and 69 per cent of deliveries are attended by qualified health personnel. Nevertheless, the maternal mortality ratio (MMR) is high, at 186 maternal deaths per 100,000 live births¹⁶⁴ (excluding Azad Jammu and Kashmir and Gilgit Baltistan, with 95 percent confidence interval: 138- 234). The MMR shows wide disparities as it ranges from 157 per 100,000 live births in Punjab to 224 and 298 per 100,000 live births in Sindh and Balochistan respectively. The MMR is higher in rural areas than in urban areas (199 versus 158). Obstetric hemorrhage was the leading cause (41 per cent) of maternal deaths, followed by hypertensive disorders (29 per cent). Contributing factors include limited community education on maternal health; the low quality of maternal and postnatal care and counselling; and poorly equipped and staffed health facilities offering basic and comprehensive emergency obstetric and neonatal care. In this respect, it is worth noting the ratio of health workers is 14 to 10,000 population, well below of the minimum of 23 recommended by World Health Organization, with an insufficient number of competent midwives. Nearly 40 percent of areas in the country are not covered by lady health workers (LHWs). It is estimated that for every woman who dies in childbirth, 30 to 100 others are injured (often for life) and develop obstetric fistula as a result of obstructed and unattended labour. Although exact numbers are not available, it is estimated that around 4,000 – 5,000 women in Pakistan are living with obstetric fistula.

According to the 2019 Pakistan Maternal Mortality Survey (PMMS) supported by UNFPA, induced abortion accounted for 2 percent of pregnancies ending in the three years preceding the survey. However, direct information on induced abortion is generally under-reported. Using the indirect method, 2.25 million (95 percent confidence interval: 1.84-2.68 million) abortions are estimated to take place annually. This corresponds to an abortion rate of 50 per 1,000 women aged 15-49. The estimated abortion rate per 1,000 women aged 15-49 was higher for Balochistan (60) than for Sindh (57), Punjab (51) and KPK (35). It is estimated that 623,000 (95 percent confidence interval: 506,000-739,000) women seek care for abortion-related complications each year. At the provincial level, population welfare departments and departments of health administer public health facilities. Even though both institutions are mandated to provide a full range of FP services, provision of FP services through provincial health departments, which outnumbers population welfare departments in terms of facilities and personnel including LHWs, has remained suboptimal over the past years. One estimate suggests that “when LHWs, which belong to the health departments are added in the mix, the facilities of population welfare departments represent only 4 percent of the service delivery points” (Population Council, 2016: 42). Other public sector service channels include the People’s Primary Healthcare Initiative in Sindh, KP and Balochistan, and the Punjab Rural Support Program in Punjab. Both are federally funded, but provincially managed programs. To address the institutional issues and hierarchies inhibiting efficient, effective and accelerated delivery of FP services, over the current programme cycle, UNFPA has supported structural and functional assessment of provincial population welfare and health departments in support of advocacy and policy actions for integrated delivery of quality FP services across the public health system. This is an addition to the ongoing endeavors for integrating the FP in the Universal Health Coverage Benefit Package of Pakistan packages in close collaboration with the Ministry of National Health Services, Regulations and Coordination, WHO, UNICEF and other development partners.

The private sector, which comprises hospitals, clinics, dispensaries and pharmacies, is an important but underutilized channel for family planning services. In this regard, the role and centrality of public-private partnership models and private sector provision of FP services cannot be underestimated. This is taking into account the second sub-recommendation of the Council of Common Interest, which calls for all registered private sector practitioners and hospitals to provide FP counselling, information and services. UNFPA has so far supported private sector stakeholder analysis, secured a public private partnership framework, and piloted a digitized voucher management system, with potential engagement of private sector.

In May 2020, the Government endorsed the new national narrative on population and highlighted the importance of creating a balance between population size and resources to be attained through three inter-linked principles of rights, responsibilities and balance which recognizes the need to strike a balance, in all aspects, especially between rights and responsibilities which implies balance between population growth and available resources and regenerative capacity.

¹⁶⁴ Pakistan Maternal Mortality Survey 2019

In 2019, the Government launched the Prime Minister's policy statement and flagship programme titled 'Ehsaas', the objective of which is to reduce inequality, invest in people, and lift lagging districts. One of the clauses of the 'Ehsaas' programme calls for ensuring universal access to FP predicated on the understanding that population is the denominator of poverty alleviation.

The issue of adolescent fertility is important for both health and social reasons. Early marriage increases the risk of teenage pregnancy that involves risks to the health of mother and child. The proportion of teenagers who had begun childbearing has risen with age i.e. from 1 percent at age 15 to 19 percent at age 19. Children born to very young mothers are at increased risk of sickness and death. Young women age 15-19 are 14 percent more likely than 3 percent young men to be currently married. Overall, 8 percent of women age 15-19 had begun childbearing¹⁶⁵. 18 per cent of women aged 20-24 had been married before age 18, and 3.6 per cent before age 15¹⁶⁶. Between 2013 and 2020, several bills to restrict child marriage were introduced at both federal and provincial levels; however, Sindh is the only province that managed to raise the marriageable age for girls to 18 – at least on paper. Experience in many countries indicates that proposing, and even enacting, laws to raise minimum marriage age without working in parallel on social and behavior change communication and advocacy for law endorsement measures is unlikely to have much effect on actual practices.

The effective realization of SRHR requires the empowerment of adolescents and youth, and the promotion of their participation in the design of federal and provincial policies and programmes. In this regard, it is imperative to invest in youth on their way to adulthood, which requires holistic and integrated life skills-based interventions, paying close attention to both the context in which young people live in and the relevant standards and principles they should adhere to in their everyday lives. To fulfill Pakistan's global commitments through engagement of youth for achieving SDGs, the Government developed and set in motion the first-ever National Youth Development Programme - 'Kamyab Jawan' in 2019, which aims at advancing adolescents and youth health, education, employment, economic empowerment, civic engagement and societal protection. So far, UNFPA succeeded in advancing life skills-based education for in and out-of-school adolescents and youth, youth policy formulation and implementation at the provincial level and aligning to the priorities National Youth Development Programme.

The spectre of gender inequality in Pakistan is large. According to the World Economic Forum, Pakistan ranks 151 out of 153 countries on the Global Gender Gap Index (2020). In accordance with the 2017-18 PDHS, 29 percent of women were married before 18 years of age. 32 percent of ever-married women aged 15-49 have experienced physical violence. Domestic violence is an issue of concern. 34 percent of ever married women have experienced spousal violence. Gender inequality and gender-based violence (GBV) are barriers that must be addressed if universal access to sexual and reproductive health and rights (SRHR) is to be achieved. Even though progressive pro-women acts have been passed in Pakistan over the past ten years, there is a long journey toward establishing well-functioning and well-coordinated law enforcement and protection mechanisms for women. This is largely due to the fact that key institutions, including social welfare, health and women development departments as well as commissions on the status of women possess weak institutional response mechanisms and coordination systems.

The Government of Pakistan is signatory to almost all international conventions and agreements on violence against women and GBV. Pakistan is a signatory to various regional and international treaties seeking to protect women's rights and promote gender equality (i.e., the 1948 Universal Declaration of Human Rights and the 1979 Convention on the Elimination of all Forms of Discrimination against Women). Moreover, since 1960, the government has taken progressive steps to legislate various issues pertaining to women and their rights such as reviving family laws like a woman's right to divorce, marry, vote, and work. The National Assembly has also unanimously passed several laws, such as the Prevention of Anti-Women Practices Bill (2011), the Anti-Honor and Anti-Rape Law (2016), which explicitly recognize acid burn victims, define domestic violence, and recognize forced marriages and karo-kari (honor killings) as criminal acts. These landmark policies signal the Pakistani government's commitment to the welfare of women. Likewise, the Prevention of Acid Crimes and Control Bill (2011) and the Sexual Harassment Act (2010) also give a ray of hope for women victimized by gender-based violence.

¹⁶⁵ Pakistan Demographic & Health Survey, PDHS 2017-18

¹⁶⁶ Pakistan Demographic & Health Survey, PDHS 2017-18

The use of population and housing census, household surveys and other data sources to inform national and provincial SRHR, youth and gender policies and programmes is need of further improvement. Investing in in-depth analysis of disaggregated data to enable identification of the specific needs of women, adolescents and youth will contribute to strengthening federal and provincial policies and programmes on SRH, gender equality and GBV prevention and response. This will support the increased availability and use of integrated SRH (including FP and maternal health) and GBV related services by identifying population groups that are furthest behind.

The COVID-19 global pandemic created a public health, economic and social emergency in Pakistan for the last 12 months with an anticipated 12 months needed for recovery of the lost opportunities. During such emergencies, human and financial resources are diverted from essential health programmes to respond to the disease outbreak, meaning that there can be potential rise in maternal and newborn mortality and morbidity, increased unmet need for contraception, increased number of unintended pregnancies, sexually transmitted infections and gender-based violence. Access and availability of maternal health, RH and FP services were seriously affected due to lockdowns, office and factory closures, supply chain interruptions and health facility closures. Recent evidence shows that service provision for skilled birth deliveries, FP services, and other RH needs were disrupted leading to increased risks of maternal morbidity, deaths, poor neonatal outcomes, higher unmet need, and discontinuation of FP methods.

Lockdown measures to flatten the COVID-19 curve at its peak in 2020 led to increased gender based violence, non-accessibility of health services to mothers, lack of family planning services, and a possible increase in unintended pregnancies and abortions. In the post COVID-19 era, there is a likelihood of reduced budgets for gender equality and women empowerment as well as maternal health and family planning services, with a potential shift of resources to other areas.

The recent natural disasters in Pakistan (including heavy monsoon rains and floods, snow emergency and the COVID-19 outbreak) have made resilience a priority intervention area for UNFPA in order to secure impact, coordination and complementarity of humanitarian and development interventions. For UNFPA, the focus within resilience building agenda will remain its mandated areas of work: comprehensive SRHR, GBV, youth and adolescents, population dynamics and data.

As Pakistan is vulnerable to devastating effects of natural disasters, including those related to climate change, creating a sound humanitarian-development nexus is key to addressing the plight of the most vulnerable populations affected by humanitarian emergency.

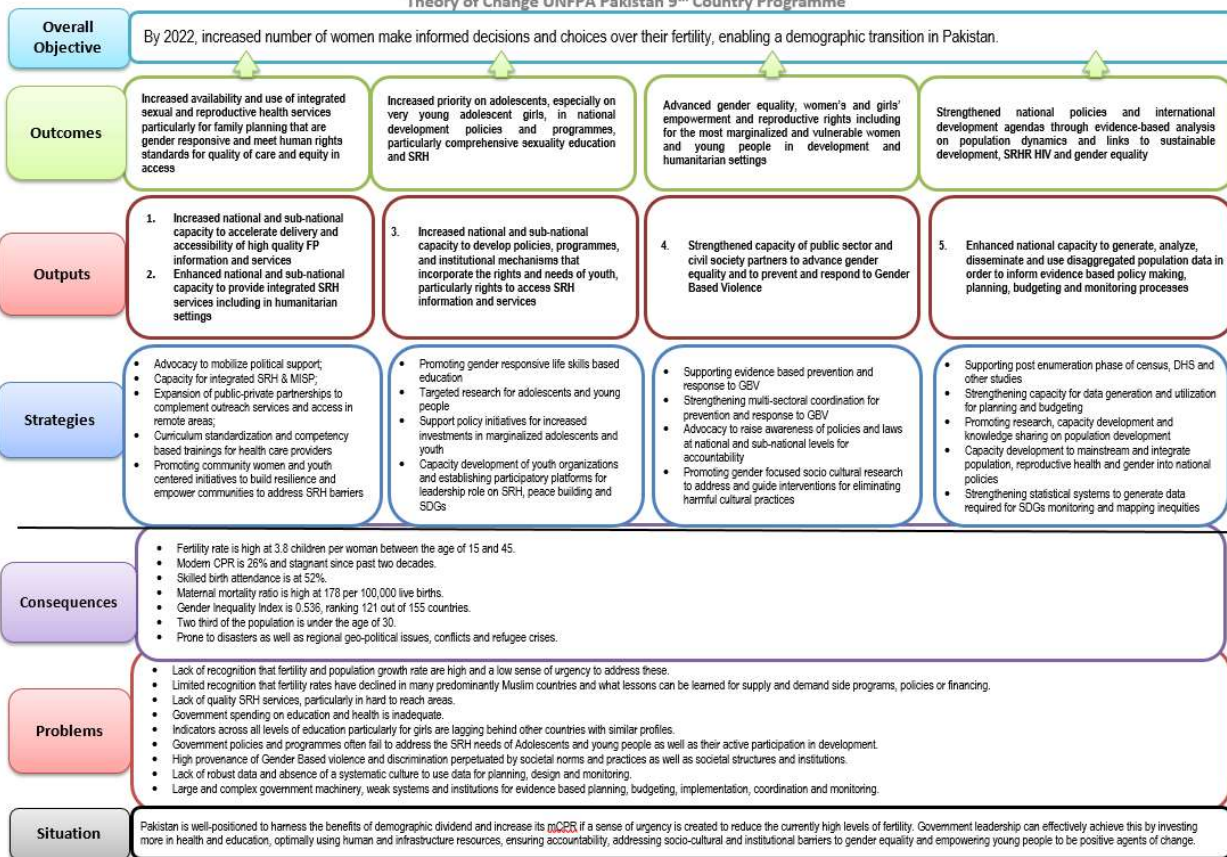
UNFPA Country Programme (2018-2022)

The Ninth Country Programme (DP/FPA/CPD/PAK/9) of Assistance to the Government of Pakistan for 2018-2022 was approved by the executive board and the government of Pakistan in 2017. The programme aims at increasing availability and use of reproductive health services, particularly maternal health and family planning services that are gender-responsive and meeting human rights standards for quality of care and equity of access. This is to allow women to exercise their rights and to make informed decisions and choices over their fertility, enabling a demographic transition in Pakistan.

The four main components of the ninth CPD are as follows: (i) Reproductive Health; (ii) Adolescent and Youth; (iii) Gender Equality and Women's Empowerment, and (iv) Population & Development, including data for development and use of data for policy and programme formulation. While the initial design of the programme focused more on upstream policy advocacy initiatives focused on family planning, the programme continued to adapt to the national priorities including but not limited to the provision of extensive technical support towards implementation of the recommendations of the Council of Common Interest on population issues, a campaign to end Fistula and response to COVID 19.

A comprehensive M & E and Operation Plan (2018-2022) is in place to implement the programme in line with the CPD priorities.

Theory of Change UNFPA Pakistan 9th Country Programme



PURPOSE, OBJECTIVE AND SCOPE OF COUNTRY PROGRAMME EVALUATION

Purpose

The CPE will serve the following three main purposes: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; and (iii) contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 ICPD.

Objectives

The overall objective of the Country Programme Evaluation is to assess the achievements of the CPD9 in terms of its sustainability, effectiveness, efficiency, and its relevance to the dynamic context of Pakistan as well as its alignment to UNFPA Strategic Plan and SDGs.

The specific objectives are:

Assess the relevance of the programme to the national needs and priorities, especially in the area of, GBV/Gender, youth and adolescents, population dynamics and data for development, as well as its strategic alignment with the SDGs, ICPD Programme of Action and UNFPA 2030 transformative results (a) end preventable maternal deaths, (b) end the unmet need for family planning, and (c) end gender-based violence and all harmful practices, including child marriage;

Strategically assess the achievements of CPD9 towards its commitments (effectiveness and efficiency) listed under the results & resources frameworks and their sustainability, challenges to achieving and sustaining these results, partnerships, capacity and structure of the CO to deliver the planned results.

Conduct an analysis (coherence) of how UNFPA has positioned itself within the development community and national partners with a view to coordinating, adding value, synergies to the country development results, enabling evidence-based policy improvement for SRHR, GBV/Gender equality, youth and adolescents, population dynamics and data;

Assess the overall coherence of the programme implementation to position UNFPA Pakistan within the development-humanitarian context of the country as well as the effectiveness of resource mobilization endeavors; Identify and analyze innovative/high impact approaches, lessons learned and good practices and provide strategic and actionable recommendations to inform the direction of the next Programme Cycle which is aligned with national priorities, UNSDF, the new UNFPA Strategic Plan, ICPD, FP2030 and the SDGs.

Scope

The CPE will cover the time period from the beginning of the ninth programme cycle to date (2018-mid-2021) and will include all initiatives under CPD9 (funded by regular resources and other resources, and those implemented by Implementing Partners and UNFPA).

The geographical scope of the evaluation encompasses the Implementing Partner Offices and stakeholders at national and provincial levels (Balochistan, Khyber Pakhtunkhwa, Punjab and Sindh). The evaluation will cover the programmatic areas of sexual and reproductive health, adolescents and youth, gender equality and women's empowerment and population and development. Cross-cutting areas will include partnership and resource mobilization.

The CPE will be based on the five OECD-DAC evaluation criteria: (relevance, effectiveness, efficiency, sustainability and coherence) and two UNFPA criteria (coverage and connectedness) and address the following questions (to be finalized as part of the CPE Design Report).

Evaluation Criteria and Preliminary Evaluation Questions

The Country Programme Evaluation shall systematically use the five OECD –Development Assistance Committee (DAC) criteria: relevance, effectiveness, efficiency, sustainability, coherence and two UNFPA criteria (coverage and connectedness).

The criterion of relevance brings into focus the correspondence between the objectives and support strategies of the CP, on the one hand, and population needs, government priorities, and UNFPA global policies and strategies on the other. In particular, it will look into the extent to which the objectives of the UNFPA CP correspond to population needs at country level and were aligned throughout the programme period with government priorities, with strategies of UNFPA and UNDAF.

Assessing the effectiveness, the extent to which CP outputs have been achieved, and the extent to which these outputs have contributed to the achievement of the CP outcomes, will require a comparison of the intended goals, outcomes and outputs with the actual achievement of terms of results.

The efficiency criterion-the extent to which CP outputs and outcomes have been achieved with the appropriate amount of resources and captures how resources such as funds, expertise, time and etc., have been used by the CO and converted into the results along the results chain.

The sustainability is related to the likelihood that benefits from the CP continue after UNFPA funding is terminated and the corresponding interventions are closed. Therefore, the sustainability criterion - the continuation of benefits from a UNFPA - financed intervention after its termination, will assess the overall resilience of benefits to risks that could affect their continuation.

The coherence is related to the synergies, interlinkages, coordination and added value of the UNFPA's CP with programmes of other UN agencies and development partners, government policies and programmes and alignment of the CP with the relevant norms and standards

Following are the preliminary evaluation questions specific to above criteria:

Evaluation Questions	Evaluation Criteria
1. To what extent has UNFPA support in the field of Sexual & Reproductive Health, Adolescents & Youth, Gender Equality, Women's Empowerment and countering GBV, and Population Dynamics: i) adapted to the needs of population, including the needs of marginalized and vulnerable groups; ii) adapted to the changing needs in the COVID-19 context iii) was responsive to human rights and gender equality dimensions?	Relevance
2. To what extent is UNFPA's support i) coherent with the priorities set by relevant national policies as well as international normative frameworks, including the 2030 Agenda, ICPD PoA and ii) complements, coordinates with and adds value to the support of UN and development partners in the UNFPA mandate areas, including for the COVID-19 response and recovery efforts?	Coherence
3. To what extent has UNFPA strengthened the national capacities and the policy environment to provide quality integrated Sexual and Reproductive Health and Family Planning information and services, especially for the vulnerable and marginalized populations? 4. To what extent has UNFPA increased national priority on Adolescent and Youth and enhanced national capacities to provide adolescent and youth friendly services, especially to the most vulnerable adolescent girls? 5. To what extent has UNFPA increased the national priority, strengthened capacities and the policy environment in support of gender equality, women empowerment, gender-based violence presentation and response services and other harmful practices? 6. To what extent has UNFPA support contributed to improved disaggregation of data to ensure that evidence-based development and implementation of plans, programmes and policies reflects needs of variety of stakeholders, including those furthest behind?	Effectiveness

7. To what extent has UNFPA made good use of its human, financial, and administrative resources and used an appropriate combination of tools, approaches and innovation also leveraging the national resources, to pursue the achievement of the outcomes defined in the country programme?	Efficiency
8. To what extent has UNFPA been able to generate political will and support partners and stakeholders in developing capacities and establishing mechanisms to ensure ownership and the durability of effects also considering the COVID-19 context?	Sustainability
9. Using policy level initiatives, to what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/marginalized groups ¹⁶⁷ based on socio-economic and geographical disparities?	Coverage
10. To what extent, the initiatives undertaken by UNFPA during a humanitarian situation took longer-term development needs, concerns and inter-connected problems into consideration?	Connectedness

The evaluation team must insert them within the evaluation matrix and should then determine, for each question: what are the assumptions to be assessed? what are the indicators? What are sources of information? and what are the methods and tools for data collection? The evaluation matrix is available Template 5 of the UNFPA Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA.

The evaluation team will finalize the evaluation questions that need to be addressed by the CPE, in consultation with the country office, to meet the overall objectives of the CPE within the allotted time.

METHODOLOGY AND APPROACH

Evaluation Approach

The Country Programme Evaluation will be guided by the following standards, among others: Integrating Human Rights and Gender Equality in Evaluation, UNEG Norms, and Standards for Evaluation in the UN System, and UNEG Ethical Guidelines for Evaluation (<http://www.unevaluation.org/document/detail/102>). The CPE will be transparent, inclusive, and participatory, as well as gender and human rights responsive. The evaluation will follow the guidance on the integration of gender equality and human rights principles in the evaluation design, focus and process as established in the UNEG Handbook, Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance. Specifically, evaluation will analyse how CP9 advances the rights of targeted populations, particularly women and individuals who are marginalized, and support them to claim their rights. It will also look into the extent of which the CP9 strengthens accountability mechanisms and promotes more transparent evaluation and dialogue. The evaluation will seek to utilize data disaggregated by age, gender, vulnerable groups, etc., to ensure findings that are gender reflective and targeted.

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA Pakistan CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Pakistan Ninth CP (2018-2022) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for

¹⁶⁷ Marginalized groups may include Women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with disabilities; refugees, including Afghan refugees, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas.

the evaluation team to assess how relevant, coherent, effective, efficient and sustainable the support provided by the UNFPA Pakistan CO was during the period of the Ninth CP.

As part of the theory-based approach, the evaluation team shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Pakistan Ninth CP (2018-2022) made.

The COVID-19 global pandemic created a public health, economic and social emergency in Pakistan for the last 12 months with an anticipated 12 months needed for recovery of the lost opportunities. The Country programme also made necessary adjustments to support the COVID-19 response of the Government of Pakistan and supported additional activities in addition to the programme priorities as outlined in the Country Programme Document. The evaluation team will take into consideration the Impact of COVID-19 and its influence on the Country Programme.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. The UNFPA Pakistan CO has developed an initial stakeholder map (Annexed) to identify stakeholders who have been involved in the preparation and implementation of the CP, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organizations, implementing partners, academia, other United Nations organizations, donors and, most importantly, rights-holders (notably men, women and girls, adolescents and youth). They can provide information and data that the Evaluation team should use to assess the contribution of UNFPA support to changes in each thematic area of the CP. Particular attention will be paid to ensuring participation of women, adolescent girls and young people, especially those from vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.).

The evaluation manager in the UNFPA Pakistan CO has established an ERG comprised of key stakeholders of the CP, including Economic Affairs Division and governmental and non-governmental counterparts at national level, including organization representing persons with disabilities, the regional M&E adviser in UNFPA Asia Pacific and Regional Office. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

Since February 2020, the country was affected by the COVID-19 pandemic. As of 4 March 2021, a total of 585,435 cases of confirmed COVID-19 cases were reported, including 13,076 deaths. Due to emergency circumstances globally, including restricted travels, the CPE will consider using different manners such as using remote assistance, virtual meetings and face-to-face meetings adhering to COVID-19 SOPs.

The Evaluation team will follow guidance contained in the Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA. The Evaluation team will develop the design for the CPE including the approach, the criteria and questions contained in a matrix, and methodology for data collection and analysis. The design will be further developed during the inception phase of the exercise and presented in the design report.

Evaluation matrix

To ensure that the collection and recording of data and information is done systematically, Evaluation team is required to set up and maintain an evaluation matrix. This matrix, will help the Evaluation team to consolidate in a structured manner all collected information corresponding to each evaluation question and to identify data gaps and collect outstanding information before the end of the field phase.

The evaluation matrix will play important but slightly varying roles throughout all stages of the evaluation process and therefore will require particular attention from the Evaluation team:

During the design phase, the evaluation matrix will be used to capture core aspects of the evaluation design: (a) what will be evaluated (i.e., evaluation criteria, evaluation questions and related issues to be examined – “assumptions to be assessed”); (b) how to evaluate (sources of information and methods and tools for data collection). In this way, the matrix will also help Evaluation team and the evaluation manager to check the feasibility of evaluation questions and the associated data collection strategies.

During the data collection phase of the evaluation, the evaluation matrix will help Evaluation team to: (a) approach the collection of information in a systematic, structured way; (b) identify possible gaps in the evidence base of the evaluation; and (c) compile and organize the data to prepare and facilitate the systematic analysis of all collected information.

During the analysis and reporting phase, the evaluation matrix will help Evaluation team to conduct the analysis in a systematic and transparent way, by showing clear association between the evidence collected and the findings and conclusions derived on the basis of this evidence.

Sampling Strategy

The UNFPA Pakistan CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Pakistan CO has produced an initial stakeholder map (annexed) to identify the range of stakeholders that are directly or indirectly involved in the implementation, or affected by the implementation of the CP.

Building on the initial stakeholder map and based on information gathered through desk review and discussions with CO staff, the evaluation team will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national levels who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, pp. 62-63). In the design report, the evaluation team should also make explicit what groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA Pakistan CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security measures, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The final sample of stakeholders and sites will be determined in consultation with the evaluation manager, based on the review of the design report by ERG.

Data Collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 3.4.2, pp. 65-73.

Primary data will be collected through semi-structured interviews with key informants at national and sub-national levels (government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as group discussions with service providers and

rights-holders (notably women, adolescents and youth) and direct observation during visits to selected sites, where the situation will allow local travel.

The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

Secondary data will be collected through desk review of existing literature (evaluations, research and assessments conducted by CO and other partners in the country), annual reviews/progress reports, and other monitored data including UNFPA Strategic Information System data and the government managed health information systems.

Methods for data analysis

The evaluation matrix will provide the guiding structure for data analysis for all components of the MTR. The questions will be used to structure data analysis. The following methods of data analysis and synthesis are encouraged to be used:

Descriptive analysis - to identify and understand the contexts in which the programme has evolved, and to describe the types of interventions and other characteristics of the programme.

Content analysis - to analyze documents, interviews, group discussions and focus groups notes to identify emerging common trends, themes and patterns for each key evaluation question, at all levels of analyses. Content analysis can be used to highlight diverging views and opposing trends. The emerging issues and trends provide the basis for preliminary observations and evaluation findings.

Comparative analysis - to examine evidence on specific themes or issues across different areas of programme implementation. It can be used to identify good practices, innovative approaches and lessons learned.

Quantitative analysis - to interpret quantitative data, in particular data emerging from programme annual reports, studies and reports, and financial data.

Contribution analysis - to assess the extent to which the country programme contributed to expected results. The Evaluation team is encouraged to gather evidence to confirm the validity of the theory of change, and to identify any logical and information gaps that it contained; examine whether and what types of alternative explanations/reasons exist for noted changes; test assumptions, examine influencing factors, and identify alternative assumptions for each pathway of change.

Data triangulation

All evaluation findings should be supported with evidence. Data must be triangulated across sources and methods by cross-comparing the information obtained via each data-collection method (desk study, individual interviews, discussion groups, focus groups) and double- or triple-checking the results of the data analysis. Evaluation team should also cross-compare the evidence obtained through different data sources – e.g., compare evidence obtained through interviews with government staff with those obtained from beneficiaries or from secondary data sources.

Validation

Data validation is a continuous process throughout the different evaluation phases. The evaluators should check the validity of the collected data and information and verify the robustness of findings at each stage of the evaluation, so they can determine whether they should further pursue specific hypotheses (related to the evaluation questions) or disregard them when there are indications that these are weak (contradictory findings or lack of evidence, etc.).

The findings, conclusions and recommendations of the Evaluation team will be validated with multiple stakeholders at different stages. At the end of the field data collection phase, the Evaluation team will meet with UNFPA CO staff, and with Implementing Partners to share and discuss preliminary findings/conclusions, hypotheses and evidence. Separate meetings with UNFPA staff and with Implementing Partners will be organized as the time permits.

A validation meeting with a wider group of stakeholders, not limited to Implementing Partners and ERG, will be conducted to discuss findings, conclusions and recommendations before the final report is submitted. This

opportunity will allow integrating comments from stakeholders into the final evaluation report. ERG members will review draft reports and participate in validation meetings.

The validation mechanisms will be presented in the design report.

In light of COVID-19 and social distancing measures, it is possible that a series of validation meetings takes place in a virtual manner, by breaking the stakeholders into smaller groups.

EVALUATION PROCESS

This evaluation will be conducted as an independent assessment subject to the quality criteria stipulated in the UNFPA CPE Guide. UNFPA Pakistan commits its best to ensure the independence of the evaluation process in all its stages. The quality assurance process is designed to provide comments on the factual and interpretive accuracy of evidence and findings.

The Country Programme Evaluation unfolds in five phases: 1) preparatory phase, 2) design phase, 3) field phase, 4) reporting phase, and 5) facilitation of use and dissemination phase.

Evaluation Manager under close supervision of UNFPA Deputy Representative and Country Representative will closely coordinate with the Evaluation team on various phases of the evaluation process. Responsibilities of Evaluation Manager is defined as:

Preparation phase;

This phase will include:

Drafting the Terms of Reference (ToR) for the CPE with support from the Regional M&E adviser in UNFPA APRO,

Submission of the draft ToR (without annexes) to the UNFPA Evaluation Office for review and approval

Recruitment of the Evaluation team,

Set up Evaluation Reference Group,

Compilation of background information and documentation on the country context and CP for desk review by the evaluation team in the design phase,

Stakeholders mapping and compilation of list of projects and its key interventions

Pre-selection of consultants by the CO, pre-qualification of the consultants by the UNFPA Evaluation Office, and recruitment of the consultants by the CO to constitute the evaluation team.

Design phase;

Evaluation kick-off meeting between the evaluation manager and the evaluation team, with the participation of the regional M&E adviser.

Conduct desk review of all relevant documents available at UNFPA headquarters, regional office and country office levels regarding the country programme for the period under assessment: 2018-2020

Develop a stakeholder map – The Evaluation team will prepare a map of stakeholders relevant to the evaluation and strength of relationship to programme. The mapping exercise will include government, civil-society stakeholders and other development partners including, sister UN agencies and bilateral donors;

Review the programme M & E and Operational Framework – revisit the existing results framework that links planned activities to the intended results of the programme;

Develop the evaluation matrix – finalize the evaluation questions, identify related assumptions and indicators to be assessed, and data sources (see CPE Handbook);

Develop a data collection and analysis strategy including all data collection tools and protocols as well as a concrete work plan for the field phase, including division of labor;

Specify limitations and challenges expected to conduct the evaluation and any mitigation efforts to be taken to overcome these.

Share with ERG for discussion and finalization of the design report addressing all comments received.

Clearance of the design report by the Regional M&E Advisor and CO Approval of the design report.

At this stage, the Evaluation team gains an in-depth understanding of both the UNFPA CP and the country context. Evaluation questions are selected and adapted and the most appropriate method of data collection and analysis are proposed. From a sampling framework of comprehensive stakeholder's map, the Evaluation team select a sample of stakeholders to interview during the field phase. The methodological approach to sampling will also be described.

At the end of the design phase, the Evaluation team will produce a design report, that will outline the detailed evaluation methodology, criteria, timeframes and the structure of the final report. The design report must include the evaluation matrix, stakeholders map, final evaluation questions and indicators, evaluation methods to be used, information sources, approach to and tools for data collection and analysis, calendar work plan, including selection of field sites to be visited – prepared in accordance with the UNFPA Evaluation Handbook "How to Design and Conduct a Country Programme Evaluation".

The design report should also present the programme intervention cause-and-effect logic linking actual needs, inputs, activities, outputs and outcomes of the programme. The design report needs to be reviewed by the evaluation manager and approved by the Regional M&E advisor before the evaluation field phase commences. With the assistance of the evaluation manager, the Evaluation team perform these tasks in close cooperation with the UNFPA CO personnel, particularly with a view to: (i) refining the evaluation questions; (ii) consolidating the stakeholders mapping; and (iii) identifying additional documentation.

Field phase:

After the design phase, the Evaluation team will undertake a collection and analysis of the data required in order to answer the evaluation questions final list consolidated at the design phase. The Evaluation team will collect primary data through individual interviews, group discussions and focus group discussions, and by way of consulting additional documentation. This may include remote data collection in view of the potential COVID-19 lockdown measures during the CPE period. Evaluation team will also collect secondary data during the field phase. Towards the end of the field phase, the Evaluation team analyze and triangulate the collected data and produce a set of preliminary findings, complimented by tentative conclusions and emerging, preliminary recommendations. These provisional evaluation results are presented to the Evaluation Reference Group and the CO staff during a debriefing meeting to be scheduled at the end of the field phase.

Reporting phase:

During this phase, the evaluation will continue the analytical work initiated during the field phase, taking into account comments made by the CO staff, partners and Evaluation Reference Group.

The Evaluation team submits a draft final evaluation report to the evaluation manager. The evaluation manager reviews and quality assures draft report; the criteria outlined in the "Evaluation Quality Assessment Grid" will be used to quality assure the report. Upon evaluation manager's consideration of the draft evaluation report being of adequate quality, the report is shared with the ERG for comments while respecting the independence of the Evaluation team in expressing its judgement. Based on the evaluation manager and the reference group's comments, including comments from the regional M&E adviser, the Evaluation team proceed with the production of the final evaluation report. The final report will be cleared by the CO and submitted to the Regional M&E Advisor for approval.

Dissemination and Facilitation of use;

In the dissemination and facilitation of use phase, the evaluation team will develop a PowerPoint presentation of the evaluation results that summarizes the key findings, conclusions and recommendations of the evaluation in an easily understandable and user-friendly way.

The evaluation manager will finalize the communication plan together with the communication officer in the UNFPA Pakistan CO. Overall, the communication plan will include information on (i) target audiences of the evaluation; (ii) communication products that will be developed to cater to the target audiences' knowledge needs; (iii) dissemination channels and platforms; and (iv) timelines. At a minimum, the final evaluation report will be accompanied by a Power point presentation of the evaluation results (prepared by the evaluation team).

Based on the final communication plan, the evaluation results will be shared with the CO staff (incl. senior management), implementing partners, UNFPA APRO, the ERG and other target audiences, as identified in the communication plan. While circulating the final evaluation report to relevant units in the CO, the evaluation manager will also ensure that these units prepare their response to recommendations that concern them directly. The evaluation manager will subsequently consolidate all responses in a final management response document. In a last step, The UNFPA Pakistan CO will submit the management response to the UNFPA Policy and Strategy Division in HQ after clearance by APRO.

The final evaluation report, along with the management response and the independent EQA of the final report will be included in the UNFPA evaluation database. The final evaluation report will also be circulated to the UNFPA Executive Board.

Finally, the final evaluation report, the evaluation brief and the management response will be published on the UNFPA Pakistan CO website.

EXPECTED OUTPUTS

As suggested in the UNFPA Evaluation Handbook, following outputs are expected from the MTR consultant. The consultant should provide deliverables of each key responsible phase here below:

An approved design report including, as a minimum,
The evaluation approach and methodology (incl. the theory of change and sampling strategy);

The final stakeholder map;

The evaluation matrix (incl. the final evaluation questions, indicators, data sources and data collection methods);

Data collection tools and techniques (incl. interview and group discussion protocols); and
A detailed evaluation work plan and agenda for the field phase.

PowerPoint presentation of the design report. The PowerPoint will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the evaluation manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.

PowerPoint presentation for debriefing meeting with the CO and the ERG. The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Pakistan CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.

Draft evaluation report. The draft evaluation report will present findings, conclusions and recommendations, based on the evidence that data collection yielded. It will undergo review by the evaluation manager, the CO, the ERG and the regional M&E adviser. Based on the comments and feedback provided by these stakeholders, the evaluation team will develop a final evaluation report.

Final evaluation report. The final evaluation report (maximum 70 pages, excluding annexes) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. For guidance on the outline of the final evaluation report, see Annex G.

PowerPoint presentation of the evaluation results. The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations at central and decentralized levels through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process, starting with the ToR of the evaluation and ending with the final evaluation report. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report to assess compliance with a certain number of criteria. The quality assessment will be conducted by the independent UNFPA Evaluation Office.

The EQAA of this CPE will be undertaken in accordance with the guidance and tools that the independent UNFPA Evaluation Office developed (see <https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>). An essential component of the EQAA system is the EQA grid (see Handbook, pp. 268-276 and Annex F), which defines a set of criteria against which the draft and final evaluation report are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The evaluation manager is primarily responsible for quality assurance of the deliverables of the evaluation at each phase of the evaluation process. However, the evaluation team leader also plays an important role in undertaking quality assurance. The evaluation team leader must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the draft and final evaluation reports comply with the quality assessment criteria outlined in the EQA grid (Annex F) before submission to the evaluation manager for review. The evaluation quality assessment checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet.

1. Structure and Clarity of the Report Ensure the report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with standards and practices of international organizations, including the editorial guidelines of the UNFPA Evaluation Office.
2. Executive Summary Provide an overview of the evaluation, written as a stand-alone section, including the following key elements of the evaluation: Purpose of the evaluation and target audiences; objectives of the evaluation and brief description of the country programme; methodology; main conclusions; and recommendations.
3. Design and Methodology Provide a clear explanation of the methods and tools used, including the rationale for the methodological approach and the appropriateness of the methods selected to capture the voices/perspectives of a range of stakeholders, including vulnerable and marginalized groups. Ensure constraints and limitations are made

explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc.)
4. Reliability of Data Ensure sources of data are clearly stated for both primary and secondary data. Provide explanation on the credibility of primary (e.g. interviews and group discussions) and secondary (e.g. documents) data collected and make limitations explicit.
5. Analysis and Findings Ensure sound analysis and credible, evidence-based findings. Ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause-and-effect links between an intervention and its end results (incl. unintended results) are explained.
6. Validity of Conclusions Ensure conclusions are based on credible findings and convey the evaluators' unbiased judgment of the intervention. Ensure conclusions are presented in order of priority; divided into strategic and programmatic conclusions (for guidance, see Handbook, p. 238); briefly summarized in a box that precedes a more detailed explanation; and for each conclusion its origin (on which evaluation question(s) the conclusion is based) is indicated.
7. Usefulness and Clarity of Recommendations Ensure recommendations flow logically from conclusions, are realistic and operationally feasible. Ensure recommendations are presented in order of priority; divided into strategic and programmatic recommendations (as done for conclusions); briefly summarized in a box that precedes a more detailed explanation of the main elements of the recommendation and how it could be implemented effectively. For each recommendation, indicate a priority level (high/moderate/low), a target (administrative unit(s) to which the recommendation is addressed), and its origin (which conclusion(s) the recommendation is based on).
8. United Nations System-wide Action Plan (SWAP) Evaluation Performance Indicator – Gender Equality Ensure the evaluation approach is aligned with the United Nations SWAP on Gender Equality and the Empowerment of Women and UNEG guidance on integrating human rights and gender perspectives in evaluation.

Using the Evaluation Quality Assessment Grid, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the evaluation manager in the UNFPA Pakistan CO, (iii) the regional M&E adviser in UNFPA APRO, and (iv) the UNFPA Evaluation Office, whose roles and responsibilities are described earlier.

After UNFPA's, Evaluation Reference Group (ERG) and stakeholders' review of the draft reports and based on their comments, the Evaluation team shall correct all factual errors and inaccuracies and make changes related to the report's structure, consistency, analytical rigor, validity of evidence, and requirements in the TOR. After making the necessary changes, the Evaluation team shall submit a revised draft evaluation report, which may lead to further comments from UNFPA. After the second round of review and, if necessary, further revision to the draft evaluation report, the evaluation can then submit the final report pending UNFPA's approval.

The evaluation shall send an electronic copy of words version-draft report/report to UNFPA evaluation manager. All materials produced or acquired during the evaluation shall remain the property of UNFPA. UNFPA will retain the exclusive right to publish or disseminate in all languages reports arising from such materials.

WORKPLAN AND INDICATIVE SCHEDULES OF DELIVERABLES

Evaluation Phases and Activities	Deliverables	Dates	Handbook/CPE Management Kit
Preparatory Phase			
Establishment of the Evaluation Reference Group (ERG)		1-5 April 2021	Template 14: Letter of Invitation to Participate in a Reference Group, p. 277
Compilation of background information and documentation on the country context and the CP for desk review by the evaluation team	<i>Creation of a Google Drive folder containing all relevant documents on country context and CP</i>	1-10 April 2021	Tool 8: Checklist for the Documents to be Provided by the Evaluation Manager to the Evaluation Team, pp. 179-183 CPE Management Kit: Document Repository Checklist

Drafting the terms of reference (ToR) based on the ready-to-use ToR (R2U ToR) template (in consultation with the regional M&E adviser and with input from the ERG)	<i>Draft ToR</i>	20-30 March 2021	CPE Management Kit: Evaluation Office Ready-to-Use ToR (R2U ToR) Template
Review and approval of the ToR by the UNFPA Evaluation Office	<i>Final ToR</i>	1-10 April 2021	
Publication of the call for evaluation consultancy		10-15 April 2021	CPE Management Kit: Call for Evaluation Consultancy Template
Completion of the annexes to the ToR (in consultation with the regional M&E adviser and with input from CO staff)	<i>Draft ToR annexes</i>	1-10 April 2021	Template 4: The Stakeholders Map, p. 255 Tool 4: The Stakeholders Mapping Table, p. 166-167 Template 3: List of Atlas Projects by Country Programme Output and Strategic Plan Outcome, pp. 253-254 Tool 3: List of UNFPA Interventions by Country Programme Output and Strategic Plan Outcome, pp. 164-165 Template 15: Work Plan, p. 278
Pre-selection of consultants by the CO	<i>Consultant pre-selections scorecard</i>	15-20 April 2021	CPE Management Kit: Pre-qualified CPE Consultants Directory CPE Management Kit: Consultant Pre-selection Scorecard
Pre-qualification of consultants by the UNFPA Evaluation Office		20-25 April 2021	
Recruitment of the evaluation team by the CO		25-30 April 2021	
Design Phase			
Evaluation kick-off meeting between the evaluation manager, the evaluation team and the regional M&E adviser		1-5 May 2021	
Development of an initial communication plan by the evaluation manager	<i>Initial communication plan</i>	1-5 May 2021	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Guidance on Strategic Communication for a CPE
Desk review of background information and documentation on the country context and the CP (incl. bibliography and resources in the ToR)		5-15 May 2021	

Drafting of the design report (incl. approach and methodology, theory of change, evaluation questions, duly completed evaluation matrix, final stakeholder map and sampling strategy, evaluation work plan and agenda for the field phase)	Draft design report	15-20 May 2021	Template 8: The Design Report for CPE, pp. 259-261 Tool 5: The Evaluation Questions Selection Matrix, pp. 168-169 Tool 1: The Evaluation Matrix, pp. 138-160 Template 5: The Evaluation Matrix, pp. 256 Template 15: Work Plan, p. 278 Tool 10: Guiding Principles to Develop Interview Guides, pp. 185-187 Tool 11: Checklist for Sequencing Interviews, p. 188 Template 7: Interview Logbook, p. 258 Tool 9: Checklist of Issues to be Considered When Drafting the Agenda for Interviews, pp. 183-187 Template 6: The CPE Agenda, p. 257 Tool 6: The CPE Agenda, pp. 170-176 CPE Management Kit: Compilation of Resources for Remote Data Collection (if applicable)
Review of the draft design report by the evaluation manager and the regional M&E adviser	<i>Consolidated feedback provided by evaluation manager to evaluation team leader</i>	20-30 May 2021	
Presentation of the draft design report to the ERG for comments and feedback	PowerPoint presentation of the draft design report	1-5 June 2021	
Revision of the draft design report and circulation of the final version to the evaluation manager for approval by Regional M&E Adviser	Final design report	1-10 June 2021	
Update of the communication plan by the evaluation manager, in particular target audiences and timelines (based on the final stakeholder map and the evaluation work plan presented in the approved design report)	<i>Updated communication plan</i>	10-15 June 2021	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Guidance on Strategic Communication for a CPE
Field Phase			
Inception meeting for data collection with CO staff	<i>Meeting between evaluation team/CO staff</i>	10-15 June 2021	Tool 7: Field Phase Preparatory Tasks Checklist, pp. 177-183
Individual meetings with relevant CO programme officers	<i>Meeting of evaluators/CO programme officers</i>	15-25 June 2021	
Data collection (incl. interviews with key informants, site visits for direct observation, group discussions, desk review, etc.)	Entering data/information into the evaluation matrix	25 June-30 July 2021	Tool 12: How to Conduct Interviews: Interview Logbook and Practical Tips, pp. 189-202 Tool 13: How to Conduct a Focus Group: Practical Tips, pp. 203-205 Template 9: Note of the Results of the Focus Group, p. 262

			CPE Management Kit: Compilation of Resources for Remote Data Collection (if applicable)
Debriefing meeting with CO staff and the ERG to present emerging findings and preliminary conclusions after data collection	PowerPoint presentation for debriefing with the CO and the ERG	30 July-5 August 2021	
Update of the communication plan by the evaluation manager (as required)	<i>Updated communication plan</i>	5-10 August 2021	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Guidance on Strategic Communication for a CPE
Reporting Phase			
Drafting of the evaluation report and circulation to the evaluation manager	Draft evaluation report	10-30 August 2021	Template 10: The Structure of the Final Report, pp. 253-264 Template 11: Abstract of the Evaluation Report, p. 265 Template 18: Basic Graphs and Tables in Excel, p. 288
Review of the draft evaluation report by the evaluation manager, the ERG and the regional M&E adviser Joint development of the EQA of the draft evaluation report by the evaluation manager and the regional M&E adviser	<i>EQA of the draft evaluation report (by the evaluation manager and the regional M&E adviser)</i>	1 September-5 October 2021	Template 13: Evaluation Quality Assessment Grid and Explanatory Note, pp. 269-276 Tool 14: Summary Checklist for a Human Rights and Gender Equality Evaluation Process, pp. 206-207 Tool 15: United Nations SWAP Individual Evaluation Performance Indicator Scorecard, pp. 208-209
Presentation of the draft Evaluation Report to the ERG		5-10 October 2021	
Drafting of the final evaluation report (incl. annexes) and circulation to the evaluation manager	Final evaluation report (incl. annexes)	10-30 October 2021	
Circulation of the final evaluation report to the UNFPA Evaluation Office		1-10 November 2021	
Preparation of the independent EQA of the final evaluation report by the UNFPA Evaluation Office	<i>Independent EQA of the final evaluation report (by the UNFPA Evaluation Office)</i>	10-25 November 2021	
Update of the communication plan by the evaluation manager (as required)	<i>Updated communication plan</i>	25-30 November 2021	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Guidance on Strategic Communication for a CPE
Dissemination and Facilitation of Use Phase			
Preparation of the management response by the CO and submission to the Policy and Strategy Division	<i>Management response</i>	1-10 December 2021	Template 12: Management Response, pp. 266-267
Finalization of the communication plan and preparation for its implementation by the evaluation manager, with support from the communication officer in the CO	<i>Final communication plan</i>	10-15 December 2021	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Guidance on Strategic Communication for a CPE

Development of the presentation on the evaluation results	PowerPoint presentation of the evaluation results	15-25 December 2021	Example of PowerPoint presentation (for a centralized evaluation undertaken by the UNFPA Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PPT_Long_version.pdf
Development of the evaluation brief by the evaluation manager, with support from the communication officer in the CO	<i>Evaluation brief</i>	25-31 December 2021	Example of evaluation brief (for a centralized evaluation undertaken by the UNFPA Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_MTE_Supplies_Brief_FINAL.pdf
Publication of the final evaluation report, the independent EQA and the management response in the UNFPA evaluation database by the Evaluation Office		1-10 January 2022	
Publication of the final evaluation report, the evaluation brief and the management response on the CO website		10-20 January 2022	
Dissemination of the evaluation report and the evaluation brief to stakeholders by the evaluation manager	<i>Including: Communication via email; stakeholders meeting; workshops with implementing partners, etc.</i>	20-30 January 2022	CPE Management Kit: Guidance on Strategic Communication for a CPE

Once the evaluation team leader has been recruited, s/he will develop a detailed evaluation work plan (see Annex I) in close consultation with the evaluation manager.

COMPOSITION OF THE EVALUATION TEAM

The evaluation will be conducted by an independent multi-disciplinary evaluation team composed of an International Consultant who will be Evaluation Team Leader and two other Evaluation Consultants with thematic areas specialty namely Sexual and Reproductive Health and Population and Development.

(i) Evaluation Team Leader (International Consultant)

The Evaluation Team Leader will have the overall responsibility during all phases of the evaluation to ensure the timely completion and high quality of the evaluation processes, methodologies, and outputs. In close collaboration with SRH, Gender and PD and Youth evaluators, she/he will lead the design of the evaluation, guide the methodology and application of the data collection instruments, and lead the consultations with stakeholders remotely due to COVID-19 restrictions.

At the reporting phase, she/he is responsible for putting together the draft evaluation report, based on inputs from other evaluation team members, and in finalizing the report based on inputs from the ERG and stakeholders. To complement the assessment of the program components, she/he will also assess the operational (e.g., financial, administration, procurement) and monitoring and evaluation systems of the CO in both regular development and humanitarian settings.

She/he will guide national consultants during data collection and analysis work during the design and field phases, and shall be responsible for drafting key parts of the design report and of the final evaluation report.

Qualifications, Experience, and Competencies

Master's degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.

10 years of experience in conducting evaluations in the field of international development, preferably in one or more areas of UNFPA's mandate.

Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations.

In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.

Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.

Excellent management skills and ability to work with multi-disciplinary and multi-cultural teams;

Excellent analytical, communication, and reporting skills;

Fluency in English written and oral skills.

(ii) Evaluation team member: SRHR expert

The SRHR expert will provide expertise on Family Planning, Integrated Sexual and Reproductive Health services, Adolescent & Youth Sexual and Reproductive Health & rights, Maternal Health and HIV. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise.

S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Pakistan CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Qualifications, Experience, and Competencies

An advanced degree in public health,

Minimum 7 years of substantive knowledge of and professional experience in reproductive health, including themes/issues relevant to maternal health, ASRH, youth SRHR, HIV/AIDS, cross-cutting themes such as youth and gender, in general;

3 years of evaluation and research experience in the areas of SRHR

Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms

Significant knowledge and experience in complex evaluations in the field of development aid for UN agencies and/or other international organizations;

Good knowledge of the national development context

Fluency in English written and oral skills;

Familiarity with UNFPA or UN mandates and operations will be an advantage;

Strong interpersonal skills and ability to work with multi-cultural, multi-disciplinary teams;

Substantive knowledge and experience in the disaster response program is desirable

Familiarity with UNFPA or UN mandates and operations is necessary;

(ii) Gender Expert

The Gender Expert will primarily be responsible for assessing the Gender and Gender Based Violence thematic area of the CP in both regular development and humanitarian settings. She/he will take part in the data collection and analysis work during the design and field phases, and shall be responsible for drafting key parts of the design report and of the final evaluation report, including (but not limited to) sections relating to Gender.

S/he will be responsible for covering the Gender component of the evaluation, focusing on gender equality, women's empowerment, and gender-based violence including domestic violence and child marriage, among others. S/he will develop the Gender part of the design report including the evaluation matrix, and collect information, conducting desk reviews of relevant documents and interviews with key stakeholders in the respective area. S/he will draft the Gender part (Gender equality and Gender Based Violence) part and provide inputs on

GBV related parts including programme adjustments and priority actions of the 1st and 2nd drafts and the final evaluation report that meets all of UNFPA's quality standards;

Qualifications, Experience, and Competencies

Master's Degree in social sciences, including population and gender studies, and other relevant fields;
At least 7 years of professional/technical experience in gender equality and women's empowerment (GEWE), including in gender-based violence and harmful practices;
3 years of experience in conducting complex reviews, evaluations, research in areas of GEWE;
Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms
Substantive knowledge and/or significant experience on gender equality and the empowerment of women and girls, Gender Based Violence and other harmful practices,
Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage;
Strong interpersonal skills and ability to work with multi-cultural, multi-disciplinary teams;
Excellent analytical, communication and writing skills;
Fluency in English is required;

(iii) Population and Development and Youth Expert

The Population and Development and Youth Expert will primarily be responsible for assessing the (i) Population and Development and (ii) Youth thematic area of the Ninth Country Programme (e.g., collection and socio-demographic analysis data, evidence-based policy advocacy, national capacity development in evidence-based planning, monitoring and evaluation, analysis of population dynamics and their interlinkages with other sectors, strengthening of national statistical systems, etc.). She/he will take part in the data collection and analysis work during the design and field phases, and shall be responsible for drafting key parts of the design report and of the final evaluation report, including (but not limited to) sections relating to population and development.

Qualifications, Experience, and Competencies

An advanced degree in demography, social sciences, political science, economics, statistics or related fields;
Substantive knowledge of and professional experience (minimum 7 years) in population and development, including themes/issues relevant to: demographic trends (e.g. the demographic dividend), national statistical systems and utilization/analysis of census data, evidence-based policy advocacy, democratic governance, population dynamics, adolescents and youth, youth SRHR, legal reform processes, evidence-based national and local development planning, monitoring and evaluation processes, and cross-cutting themes such as youth and gender;
3 years of experience in conducting complex reviews, evaluations, research in areas of

Population and Development

Significant knowledge and experience in complex evaluations in the field of development aid for UN agencies and/or other international organizations;
Good knowledge of the national development context of Pakistan;
Familiarity with UNFPA or UN mandates and operations will be an advantage;
Strong interpersonal skills and ability to work with multi-cultural, multi-disciplinary teams;
Fluency in English is required;

The Evaluation team members will be working closely with the team leader at all stages of the evaluation, especially more closely during the field phase, where continuous exchanges need to take place to ensure data collection is conducted based on the evaluation principles and methodology, and to communicate with the team leader, results of meetings, interviews, etc. in a prompt and efficient manner.

Indicative Allocation of Working Days per Evaluation Team Member

Team members	Design Phase	Field Phase	Reporting Phase	Total days
Team Leader	15	20	20	55
Team Member with expertise SRHR and Adolescents and Youth	10	20	15	45
Team Member with expertise Gender	10	20	15	45
Team member with expertise on PD and Youth	10	20	15	45

Remuneration and Duration of Contract

Guided by the above sections, workdays will be distributed between the date of signature and the approval of the submitted final report.

The following payment scheme will be applied:

Upon receipt of the approved design report: 30 percent

Upon receipt of the second draft evaluation report: 40 percent

Upon receipt of the approved final evaluation report and evaluation brief: 30 percent

MANAGEMENT OF COUNTRY PROGRAMME EVALUATION

UNFPA Pakistan programme evaluation management will have responsible persons/and group with different functions described below:

UNFPA-Pakistan Evaluation Manager:

UNFPA Pakistan will assign Evaluation focal point as Evaluation manager, who will represent the organization during the evaluation and who will be a UNFPA's primary point of contact with the consultant. Evaluation manager will provide guidance or clarification to consultant; facilitate the access to background documents of consultant; arrange for the services and other assistance that UNFPA will provide to consultant, including logistical support and arranging meetings and field visits; coordinate UNFPA's internal review processes; and, provide written approval of all deliverables.

Evaluation Reference Group (ERG):

RG is a body made up of staff from UNFPA (country office and regional office) as well as relevant national stakeholders representing Government (Economic Affairs Division), representative from CSO, academia, and persons with disability. The ERG will help balance that the evaluation covers the issues relevant to and important for the key stakeholders of the country programme. The main functions of the reference group will be:

- 1) *at the preparatory process*, Review of the ToR, including the final of selection of evaluation questions, and provide inputs for the selection of the consultant;
- 2) *Design phase*: contribute to the final selection of evaluation questions and provide overall comments on the design report;
- 3) *Field phase*: facilitate access of consultant to information sources (documents and interviews) to support data collection; and
- 4) *Reporting phase*: provide comments on the main deliverables of the evaluation, in particular the draft final report. *(see more information in annex 9)*

M&E Adviser APRO The UNFPA APRO M&E Adviser will provide guidance and quality assurance throughout the evaluation process and will be responsible for providing substantive input and reviewing the ToR for EO's approval, clearing the evaluation team for submission to EO for pre-qualification, and reviewing and approving the design report and the final evaluation report, and undertaking an EQA for quality assuring the draft final evaluation report.

The UNFPA Evaluation Office will approve the final ToR as well as pre-qualify the evaluation team. The EO will undertake the external Evaluation Quality Assessment of the CPE report.

Brief outline of the quality assurance process

Quality assurance process applies to all phases of the evaluation which begins with the preparatory phase including development of the terms of reference for the evaluation, involves the selection of the evaluation team, and finally, spans throughout the entire evaluation process, from its design to the finalization of the evaluation report.

The key quality assurance milestones during the evaluation process are as follows:

Quality assurance during the design phase

Quality assurance during the design phase focuses on the design report which defines the scope of the evaluation and lays out the specific methodology. The design report will be checked in the following three main quality assurance questions: 1) Have the Evaluation team correctly understood why UNFPA is doing this Evaluation? 2) Have the Evaluation correctly understood what is being evaluated? 3) Have the Evaluation team convincingly illustrated how they intend to carry out the evaluation?

Quality assurance during the field phase

Quality assurance during the field phase is an on-going process to ensure that Evaluation team gather data and information from an appropriate and balanced selection of sources (both documents and interviewees), at the appropriate level of detail. Quality assurance also consists in checking that the data and information are recorded in a consistent manner by the evaluation team.

Quality assurance during the reporting phase

Quality assurance during the reporting phase focuses on the final evaluation report. The Evaluation Quality Assessment Grid (EQA) developed by UNFPA Evaluation Office as guided in the 2019 UNFPA Evaluation Handbook will be used to assess the quality of the final evaluation report.

The importance of quality assurance throughout the evaluation process

Quality evaluation reports are a crucial element in ensuring UNFPA is accountable for the support it provides to its beneficiaries, enabling it to learn from its past actions to improve future programming. Establishing that all elements of evaluation reports are of high quality is a process that applies to all stages of the evaluation. It begins with the development of the ToR for the evaluation, involves the selection of the evaluation team and, finally, spans the entire evaluation process, from its design to the finalization of the evaluation report.

This chapter provides some guidance on the main quality assurance milestones throughout the implementation of a CPE. It discusses the main tools available to both the Evaluation team and the evaluation managers to perform their quality assurance.

Key quality assurance milestones

Quality assurance occurs at different points throughout the implementation of a CPE. Each step taken to ensure quality builds on the previous steps, with a view to strengthening the entire evaluation process and the ultimate end product (the final evaluation report). Omissions or gaps in the quality assurance process are difficult and, at times, impossible to correct at a later stage. It is therefore important to approach quality assurance with a clear idea of the issues that need to be checked at each milestone throughout the evaluation process and the criteria to be used to perform a quality check.

While quality assurance is performed for each main deliverable of a CPE, it also occurs on a continuous basis, in particular during the field phase of the CPE:

At the end of the design phase of the evaluation, quality assurance focuses on the design report, as the main product of the design phase of CPEs. The design report defines the scope of the evaluation (in the form of the list of evaluation questions and indicators) and lays out the specific methodology (evaluation matrix, approach and tools for data collection and analysis, etc.). Lapses in quality assurance at this stage have negative implications for the entire evaluation process and products.

Although the field phase is not associated with a key deliverable, quality assurance during this period of the evaluation is meant to ensure that Evaluation team gather data and information from an appropriate and balanced selection of sources (both documents and interviewees), at the appropriate level of detail. Quality assurance also consists in checking that the data and information are recorded in a consistent manner by the Evaluation team.

At the end of the analysis and reporting phase, the object of the quality assurance is the draft final evaluation report. Once the final report is produced and submitted to the evaluation office, it is subject to a quality assessment. Quality depends, in particular, on the reliability of the evidence, the credibility of the evaluation findings, the validity of the conclusions, and the specificity and feasibility of the recommendations.

The evaluation manager is primarily responsible for quality assurance. However, the leader of the evaluation team has a major role to play, as well. The team leader should ensure that all members of the evaluation team deliver high-quality contributions to the main deliverables and provide deliverables (design and final reports) that comply with the quality assessment criteria (as detailed in the EQA grid and explanatory note produced by the UNFPA Evaluation Office – see template ahead).

Annex 2: List of Persons/Organisations/ Institutions Interviewed

UNFPA COUNTRY OFFICE				
1	Dr. Rafique	M	UNFPA	Provincial Lead KPK
2	Dr. Zafar Ahmad,	M	UNFPA	Provincial Lead Balochistan
3	Bayramgul Garabayeva,	M	UNFPA	Provincial Lead Sindh
4	Shoaib Shahzad,	M	UNFPA	Provincial Lead Punjab
5	Mr Muqaddar Shah	M	UNFPA	
6	Bobar	M	UNFPA	Int'l IT Manager
7	Maqbool	M	UNFPA	Finance Associate
MINISTRIES, DEPARTMENT AND AGENCIES				
8	Dr Sabina Durrani,	F	PWD Federal	DG Population
9	Taj Wali,	M	PWD Federal	Director
10	Dr. Ambreen,	F	PWD Federal	Assist Director
11	Dr. Maryam Sarfraz,	F	PWD Federal	Focal Person for Midwifery at MoH
12	Ghazala Rashid	F	PWD Federal	Program Coordinator
13	Rehan Iqbal Baloch	M	PWD Sindh	Secretary Pop
14	Abdul Waheed Shaikh	M	PWD Sindh	Director Communication
15	Faisal,	M	PWD Sindh	Dy Director Communication
16	Fareed Khan	M	PWD KPK	DG
17	Abdul Sattar	M	PWD Balochistan	DG
18	Dr. Naila	F	PWD Punjab	Additional Secretary
19	Dr. Tanveer	M	Health Dept KPK	Director
20	Dr. Sahib Gul	M	Health Dept KPK	Director MNCH
21	Dr. Ikraam	M	Health Dept KPK	Director
22	Dr. Tahira	F	Health Dept Balochistan	Director Health Services
23	Dr. Faiz Barech	M	Health Dept Balochistan	Dy Program Coordinator
24	Dr. Mahmood Paracha	M	Health Dept Balochistan	Provincial Coordinator
25	Ms. Farzana Baloch,	F	Health Dept Balochistan	Communication Officer
26	Khurram Khan	M	Health Dept Punjab	Director
27	Dr Talib Lashari	M	Health and Population	Advisor
28	Dr. Fouzia Khan	F	Education Department Sindh	
29	Dr. Sohail Saqlain	M	Planning & Dev Punjab	Add. Secretary P&D
30	Tania Hamayun	F	NDMA	Advisor to Chairman NDMA
31	Ghafoor Agha	M	PDMA Balochistan	Director Planning
INGOs, local NGOs				
32	Noorani Falak	M	AKRSP	
33	Qayyum	M	AKRSP	
34	Madhani	M	AKRSP	
35	Mir Baz	M	AKRSP	
36	Yasmin Karim	F	AKRSP	Community Development
37	Tabinda Sarosh,	F	Pathfinder	Country Director
38	Haroon Kasi	M	PPHI Balochistan	MD
39	Sajjad	M	PNFWH	
40	Mr. Samuel Emmanuel	M	PNFWH	
41	Ahmad A. Nauman,	M	Prime Foundation	Program Officer
42	Ayesha Adnan	F	PSI	
43	Omer Lakhani	M	PSI	
44	Kamal Shah,	M	FPAP	CEO
45	Asifa Khanum,	F	FPAP	Director

46	Ubaid Kiani	M	FPAP	Program Manager
47	Mohammad Bilal	M	FPAP	Program Manager
48	Bashir Anjum	M	RSPN	MD
UN/ DEVELOPMENT PARTNERS				
49	Inoussa Kabore	F	UNICEF	Dy Chief
50	Muqaddisa Mehreen	F	UNICEF	Gender
51	Hari Krishna Banskota	M	UNICEF	Health
52	Laura Sheridan	F	UNDP	
53	Umer Malik	M	UNDP	
54	Rabbiya Hamdani	F	DFAT, Australia	Prog Coordinator
ACADEMIA				
55	Zahid Memon	M	AKU	Director
56	Shah Mohammad	M	AKU	Dy Director

Please note this list is still being updated by the Evaluation Team

Annex 3: List of Documents Consulted/Reviewed

Programme documents
Country Programme Document (2018-2022)
Monitoring & Evaluation and Operational Framework (2018-2022)
Monitoring Matrix
List of Atlas Project Interventions 2018-2019-2020-2021
UN Sustainable Development Framework (2018-2022)
UNFPA Strategic Plan (2018-2021)
SIS/MyResults 2018, 2019, 2020 and 2021 Planning and Milestone Monitoring Documents
Annual Reports (2018, 2019, 2020)
Country Office SIS annual reports 2018, 2019, 2020
Donor Reports
UNFPA Interventions
Table with a list of UNFPA interventions during the period under this evaluation (2018, 2019, 2020 and first half of 2021)
Reports, studies, analysis and documents under the MTR
Output 1: Family Planning
Political Economy Assessment on family Planning
Stakeholders' Analysis on Public Private Partnership
Public Private Partnership framework
Supreme court recommendations on High Population Growth
Action plan to implement Supreme Court Recommendations on Population Issues
National Narrative on Population
Family Planning Cost Benefit Analysis
National ICPD Commitments by Pakistan
Task Sharing Strategies for all provinces
Assessment of Curricula on Human Rights Based Family Planning Protocols
Country Engagement Working Group TORs
National Pre-marital counseling framework on family planning
National assessment of health system analysis
Standard Operating Procedures (SOPs) for issuance of contraceptives to NGOs
Output 2: Integrated Sexual and Reproductive Health
Report on Midwifery Tutor Assessment
Assessment Report on Midwifery Led care Unit
Pakistan GBV Sub cluster Strategy
CMRS Minimum standard assessment of health facilities
National SOPs related to GBV in humanitarian settings
Output 3: Adolescents & Youth
Situation Analysis on Sexual and Reproductive Health of Adolescents and Youth
Concept note on Life Skills Based Education
Roadmap on Life skills-based Education
Review of Life Skills Based Education Curriculum in Sindh Province and at federal level
Brief on Youth Led Organizations Platform
Output 4: Gender Equality & Women's Empowerment
AAWAZ II Annual Review Report, FCDO 2019
AAWAZ II Annual Review Report, FCDO 2020
Child Marriage Strategy and Theory of Change
Gender Based Violence and Theory of Change
Communication Strategy for the Dissemination of the Social Economic Wellbeing Survey Punjab
Gender Equity Project Endline Study Final Report, MSI USAID 2018
Reproductive Health Rights Bills Concept Note

Political Economy Assessment on Child Marriage in Khyber Pakhtunkhwa Province
Political Economy Assessment on Child Marriage in Punjab Province
Policy Briefs and Fact Sheets on Social and Economic Wellbeing Survey
Interagency Protocols for prevention and Response to Gender Based Violence
Five-year Strategic Plan of KP Commission on the Status of Women
Capacity assessment of social services on GBV in KP province
Multi Sectoral Coordination Model for prevention and response to Gender based Violence
Health Sector Response to Gender Based Violence through Essential Service Package
Output 5: Population and Development
Demographic Health Survey 2017-18
PSLM Report 2018-19: https://www.pbs.gov.pk/sites/default/files//pslm/publications/pslm 2018-19/pslm_report_2018-19_national_provincial.pdf
Pakistan Economic Survey 2020-21
Population Situation Analysis 2020
Media Engagement Strategy Population Dynamics
Census 2017 Preliminary Results – preliminary report
Multiyear Framework on Population Dynamics
Civil Service Curriculum Assessment
Research Centers on Population Dynamics
In-depth Analysis of PDHS 2017-18 on Unmet Need for Family Planning
In-depth Analysis of PDHS 2017-18 on Gender Based Violence
In-depth Analysis of PDHS 2017-18 on Child Marriage
National Transfer Account Pakistan Report and Policy Brief
Communication
Multi-sectoral FP Advocacy and Communication Strategy
Partnership and Resource Mobilizations
Donor Agreements
Other Reports Consulted by the Evaluation Team:
1973 Constitution of Pakistan
2017 Housing and Population Census of Pakistan – full report
Adeeba Sarwar, Mushtaq Hassan & Tahir Mahmood (2015). Pakistan Economic and Social Review
OECD. Applying Evaluation Criteria Thoughtfully, OECD
Bureau of Emigration and Overseas Employment; https://beoe.gov.pk/reports-and-statistics
Burki, Shahid Javed (2021); Population and Pakistan’s development, The Express Tribune, May 31, 2021. data.html
Dawn (2021); Pakistanis send back record \$29.4bn in year, Dawn, July 14, 2021, page 1.
Development and Reforms, Government of Pakistan, Islamabad
Draft Terms of Reference Pakistan Country Programme Evaluation 6 April 2021-APRO Reviewed.docx
Evaluation in the United Nations system, accessible at: http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=100
Federal SDGs Support Unit - SDGs Pakistan_ https://www.sdgpakistan.pk › web › news › get_news
Gender Equity Project Endline Study Final Report, USAID 2018
Gender Parity Reports Punjab 2017, 2018
Girls Not Brides, Where Does It Happen, available at https://www.girlsnotbrides.org/where-does-it-happen/
Global Gender Gap Index Report 2020
Global Slavery Index, https://www.globallslaveryindex.org/2018/data/country-data/pakistan/
Global_POVEQ_PAK.pdf

Hassan, Taimoor (2019); Why are Pakistanis less productive than the Chinese and even the Indians? And how to fix it, <https://profit.pakistantoday.com.pk/2019/02/25/why-did-pakistans-labour-productivity-fall-behind-india-and-china-this-past-decade/> ILO estimates

Housing and Population Census 2017

http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/PAK.pdf

http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/PAK.pdf

http://www.na.gov.pk/en/mna_list_w2.php?list=women

http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=102 and UNEG Code of Conduct for <http://www.unevaluation.org/document/detail/102>

<https://dashboards.sdgindex.org › profiles › Pakistan>

<https://doi.org/10.1080/02673843.2020.1746676>

<https://kamyabjawan.gov.pk/home/federal>

https://pdf.usaid.gov/pdf_docs/PA00TR3D.pdf

<https://tradingeconomics.com/pakistan/corruption-rank>

<https://tradingeconomics.com/pakistan/labor-participation-rate-female-percent-of-female-population-ages-15-plus--wb->

<https://tradingeconomics.com/pakistan/terrestrial-protected-areas-percent-of-total-land-area-wb-data.html#:~:text=Terrestrial>

<https://tradingeconomics.com/pakistan/total-fisheries-production-metric-tons-wb-data.html>

<https://tribune.com.pk/story/2264059/for-women-in-politics-pakistan-still-lags-behind>

<https://unsdg.un.org/resources/leaving-no-one-behind-unsdg-operational-guide-un-country-teams-interim-draft>

<https://www.business-standard.com ›>

<https://www.dawn.com/news/1633713>

<https://www.indexmundi.com/facts/pakistan/indicator/IC.FRM.BRIB.ZS>

https://www.pbs.gov.pk/sites/default/files//population_census/census_2017_tables/pakistan/Table01n.pdf

https://www.pbs.gov.pk/sites/default/files//tables/rename-as-per-table-type/Table_4.pdf

<https://www.pildat.org/publications/Publication/women/WomenRepresentationInPakistanParliament.pdf>

<https://www.pmhealthprogram.gov.pk/>

<https://www.prison-insider.com/en/countryprofile/pakistan-2020>

<https://www.statista.com/statistics/383739/gross-domestic-product-gdp-in-pakista>

<https://www.transparency.org/en/cpi/2020/index/pak>

Human Development Report (2020). UNDP. <http://hdr.undp.org/en/countries/profiles/PAK>

IMF (2021). IMF working Paper. Pakistan Spending Needs for Reaching the Sustainable Development Goals

International Monetary Fund, 2018. Pursuing Women's Economic Empowerment. Washington DC, International Monetary Fund

[Pakistan - Sustainable Development Report 2021 https://dashboards.sdgindex.org › profiles › Pakistan](https://dashboards.sdgindex.org › profiles › Pakistan)

Pakistan Bureau of Statistics (2020): Special survey for evaluating socio-economic Impact of COVID-19 on wellbeing of people

Pakistan Bureau of Statistics, Government of Pakistan, 2017. National Census Report 2017, Islamabad

Pakistan Bureau of Statistics., Labour Force Survey 2017-2018

Pakistan Maternal Mortality Survey, 2019

Pakistan: Geography, environment, and climate, <https://en.wikipedia.org/wiki/Pakistan>

Population Reference Bureau – demographic survey reports

Poverty and Equity Brief, World Bank, South Asia, Pakistan, April 2018

[Poverty in Pakistan rises to over 5% in 2020, estimates World Bank](https://www.worldbank.org/en/indicators/SDG-10.2)

Saud, Muhammad, Rachmah Ida & Musta'in Mashud (2020); Democratic practices and youth in political participation: a doctoral study, <i>International Journal of Adolescence and Youth</i> 25:1, 800-808
Sustainable Development Report (SDR) 2021 https://dashboards.sdgindex.org/static/profiles/pdfs/SDR-2021-pakistan.pdf
The DAC Principles for the Evaluation of Development Assistance. OECD (2000).
The World Bank, Data, https://data.worldbank.org/indicator/SI.POV.DDAY?locations=PK .
UNCT comprises of 24 resident and non-resident UN agencies
UNDP, Human Development Indices and Indicators: 2018 Statistical Update: Pakistan (UNDP, 2018)
UNFPA 8th CPE Design Report Pakistan
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Annex 4: The Evaluation Matrix

RELEVANCE			
EQ1:			
To what extent has UNFPA support in the field of Sexual & Reproductive Health, Adolescents & Youth, Gender Equality, Women’s Empowerment and GBV, and Population Dynamics: i) adapted to the needs of population, including the needs of marginalized and vulnerable groups; ii) adapted to the changing needs in the COVID-19 context iii) was responsive to human rights and gender equality dimensions?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p>Assumption: The Pakistan 9th CP is adapted to the needs of the population, in particular those of marginalised and vulnerable groups, and to the changing needs in the COVID-19 context during the programming process, while retaining focus on human rights and gender equality and discrimination dimensions.</p>	<ul style="list-style-type: none"> Evidence for an exhaustive, sex-disaggregated and accurate needs assessment, identifying the varied needs of Pakistani population, including women and girls, and marginalized and vulnerable groups where such groups may include women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, including Afghan refugees, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas and from remote areas including newly merged districts of FATA among others, prior to the programming of the four components of the CPD and AWP, as well as during program implementation (responding to changing COVID-19 emergencies). The selection of target groups for UNFPA-supported interventions in the four target segment components of the programme is consistent with identified needs (as 	<ul style="list-style-type: none"> ICPD POA, MDG reports, SDG reports, UNFPA Strategic Plan 2018-2021, 9th CPD (2018-2022), COARs, UNDAF and review; AWP GoP/UNFPA 8th CPE National policy/strategy documents Needs assessments Surveys (including PDHS, MICS, PSLM etc.), census data, and HRCP and other reports Surveys showing sex disaggregation, urban/ rural divide, provincial/ geographical disparities for UNFPA’s four components, Other relevant studies used to understand the HR and GE context, And evidence of needs assessments, alignment of CP with UNDAF, and national documents till 2018 but including documents for the period 2018-2021 for programmatic changes CEDAW working group reports and Gender Parity Reports COVID 19 survey reports for all four pillars of UNFPA UNFPA CO staff 	<ul style="list-style-type: none"> Documentary analysis Interviews with UNFPA CO staff Interviews with implementing partners Interviews with key GoP officials in line Ministries and Departments (Ministry of Health, Ministry of Education, Ministry of Youth affairs, Ministry of Planning and Development, etc.) Interviews/focus groups with final beneficiaries Interviews with NGOs/ donors, including local organizations, working in the same mandate area as UNFPA but not partners of UNFPA, e.g., Health Office, USAID, Cowater/ CIDA

	<p>detailed in the needs assessment) and was revised to adapt to changing priorities in the COVID-19 situation.</p> <ul style="list-style-type: none"> • Evidence that the programmatic interventions had flexibility to respond to changing needs. • Extent to which the interventions planned within the AWP (across the four components of the programme) targeted women and girls, and the most vulnerable, disadvantaged, and excluded population groups listed above, in a prioritized manner with evidence that they were targeted as participants and beneficiaries. 		
<p>COHERENCE EQ2: To what extent is UNFPA's support i) coherent with the priorities set by relevant national policies as well as international normative frameworks, including the 2030 Agenda, ICPD PoA and ii) complements, coordinates with and adds value to the support of UN and development partners in the UNFPA mandate areas, including for the COVID-19 response and recovery efforts?</p>			
<p>Assumption: UNFPA Pakistan's support was coherent with the national priorities and international normative frameworks; due to coherence UNFPA CP9 has improved other UN and development partners work in Area of Responsibility (AoR) and COVID-19 interventions.</p>	<ul style="list-style-type: none"> • The extent to which Pakistan UNFPA CO has appropriately taken into account the priorities of the GoP and key stakeholders. • Evidence of UNFPA's partnership/consultation with national institutions on AoR. • Evidence of UNFPA's contribution to programmatic interventions stated in national policies and programs on AoR. • Evidence of active participation in UN technical working groups; • Evidence of participation & leadership in humanitarian coordination structures, Area of Responsibility and SRHR, P&D, 	<ul style="list-style-type: none"> • Pakistan 9th CPD (2018-2022) • National policies/ strategic documents such as Government of Pakistan Vision 2025, the United Nations Sustainable Development Framework for Pakistan (UNSDF) 2018-2022, the International Conference on Population and Development, the 2030 Agenda for Sustainable Development, and Family Planning 2020. • National policy/strategy documents pertaining to AoR: National Plan of Action on Human Rights (GE/minorities/disability/children), 	<ul style="list-style-type: none"> • Documentary analysis • Interviews with UNFPA CO staff • Interviews with development partners • Interviews with UN agencies that include: UNICEF; WHO; UNDP; and UNHCR, among others.

	<p>GE/GBV working groups at national & sub-national level.,</p> <ul style="list-style-type: none"> • Evidence of UNFPA participation in the working groups and/or joint initiatives corresponding to mandate areas and COVID program; • Evidence of sharing of information between UN agencies. • Evidence of joint programming initiatives (planning) & M&E. • Evidence of projects/ outputs that actually added value to partners/ UN agencies work in UNFPA mandated areas. 	<ul style="list-style-type: none"> • Alignment of CP9 with UNDAF, and national documents till 2018 but including documents for the period 2018-2022 for programmatic changes • Monitoring and evaluation reports • Joint programmes and work plan and reports • UNCT and programme specialists in UN agencies • AWP • APRs • CO staff • UNCT • GoP and key partners 	
<p>EFFECTIVENESS EQ3: To what extent has UNFPA strengthened the national capacities and the policy environment to provide quality integrated Sexual and Reproductive Health and Family Planning information and services, especially for the vulnerable and marginalized populations? <i>(with a focus on comparison of the intended goals, outcomes and inputs with the actual achievements in terms of results as well as measurement of unintended results)</i></p>			
<p>Assumption: Quality integrated Sexual and Reproductive Health and Family Planning information and services, especially for the vulnerable and marginalized populations were demonstrably increased and national policy environment for it was improved, where contribution of UNFPA is demonstrated, and with a robust theory of change underlying the results chain logic; and that a limited number of strategic activities led to significant results, in a complex country programme.</p>	<p>With regard to vulnerable and marginalized populations, during CP9:</p> <ul style="list-style-type: none"> • Evidence of change/s in policy environment at provincial and national level that have markedly improved the integrated SRH and FP information and services. • Extent to which these change/s in policy environment is/are a contribution from UNFPA interventions. • Extent to which these improvements in integrated SRH and FP information and services is/are a contribution from UNFPA interventions. 	<p>Regarding policy environment, at national and provincial levels:</p> <ul style="list-style-type: none"> • Relevant policy documents that were revised. • Relevant plans that were revised in response to changes in policies; • Relevant National and Provincial data sources for service and outcome indicators: <ul style="list-style-type: none"> - PDHS - MICS - DHIS - UNFPA Annual Reports 	<p>Review of Relevant Documents</p> <ul style="list-style-type: none"> - Policy and planning documents - Relevant reports - Analysis of secondary data <p>Political support and engagement</p> <ul style="list-style-type: none"> - Analysis of primary data - Review of assembly records - Analysis of interviews with politicians <p>Strengthening the capacities</p> <ul style="list-style-type: none"> - Analysis of relevant reports

	<p>Evidence of gained political support and engagement in improving SRH and FP information and services, especially for vulnerable and marginalized populations.</p> <ul style="list-style-type: none"> • Proportion of sessions where SRH and FP was discussed in respective assemblies at national and provincial level. <p>Extent of strengthening the capacities at national and provincial levels, to improve quality integrated SRH and FP information and services, during CP9:</p> <ul style="list-style-type: none"> • Proportion of policy and planning level seminars / workshops / meetings on SRH and FP information and services, that were partially or fully supported by UNFPA. • Proportion of training events for different cadre of workforce, that were partially or fully supported by UNFPA. <p>Extent to which these interventions are informed by needs and interests of diverse groups of stakeholders;</p> <ul style="list-style-type: none"> • Evidence of consultations with stakeholders during planning phase; • Proportion of plans for which stakeholders were consulted during planning. <p>Extent to which the service delivery output / outcome indicators are improved.</p> <ul style="list-style-type: none"> • Proportion of health facilities which have recently started offering SRH and FP services; 	<ul style="list-style-type: none"> • Monitoring and periodic reports produced by: <ul style="list-style-type: none"> - UNFPA - Implementation partners - Pakistan CO staff - Provincial staff - AWP and APRs <p>2.1. Political support and engagement</p> <ul style="list-style-type: none"> - Assembly records - In depth Interviews with relevant politicians. <p>Strengthening the capacities</p> <ul style="list-style-type: none"> - Reports of Policy and planning level Seminar / workshop. - Minutes of relevant policy and planning level meetings; - Training modules, that were revised - Training modules that were produced; - Training reports; - UNFPA reports on capacity building initiatives and events. <p>Consultations with stakeholders for planning:</p> <ul style="list-style-type: none"> - Reports on planning consultations with stakeholders <p>Service delivery improvement</p> <ul style="list-style-type: none"> - DHIS - MICS 	<ul style="list-style-type: none"> ○ training reports ○ Training modules ○ Minutes of meetings ○ Seminar and workshop reports <p>Stakeholder consultation</p> <ul style="list-style-type: none"> - Review of relevant consultation reports - Analysis of planning reports <p>Service delivery</p> <ul style="list-style-type: none"> - Analysis of health facilities' data - DHIS - Analysis of findings from client satisfaction survey
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	<ul style="list-style-type: none"> • Proportion of increase in FP clients • Proportion of clients who are satisfied with the service delivery outlets. <p>Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design.</p>	<ul style="list-style-type: none"> - Health facilities' reports - Client satisfaction survey 	
<p>EQ4: To what extent has UNFPA increased national priority on Adolescent and Youth and enhanced national capacities to provide adolescent and youth friendly Adolescent Sexual and Reproductive Health (ASRH) services, especially to the most vulnerable adolescent girls? <i>(with a focus on comparison of intended goals, outcomes and inputs with the actual achievements in terms of results as well as measurement of unintended results)</i></p>			
<p>Assumption: Comprehensive, gender-sensitive, high-quality Adolescent Sexual and Reproductive Health (ASRH) services are in place and accessible in underserved areas with a focus on the (varied needs of) adolescents and young people and vulnerable and marginalized groups and were demonstrably increased and national policy environment for it was improved, where contribution of UNFPA is demonstrated, and with a robust theory of change underlying the results chain logic; and that a limited number of strategic activities led to significant results, in a complex country programme.</p>	<ul style="list-style-type: none"> • Extent to which M&E of programme achievements indicate timely meeting of outputs • The extent to which outputs in CP9 are likely to have contributed to outcome results • Evidence of youth leadership and engagement? • Extent to which LSBE is integrated and ensures international standards? • Evidence of increased government or stakeholder commitment to AY? • Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design. 	<ul style="list-style-type: none"> • M&E documentation • AWP and APRs • Relevant programme, project and institutional reports of stakeholders • Pakistan CO staff • GoP, and IPs • Remote Site visits • Provincial-district data (PDHS 2012, MICS, DHIS, planning and monitoring units' data) • IP partner reports • UNFPA Annual reports (2018-2021) • Health system staff and care providers • Women/service recipients in communities • National budget information • National disaggregated statistics related to reproductive health • Reproductive health strategy • Reproductive normative tools, guidelines, strategies 	<ul style="list-style-type: none"> • Interviews with Ministries/ departments of Health/ Planning, Women's Development other relevant government ministries and departments, youth networks and academic institutions • Interviews with WHO and other relevant United Nations agencies • Document review • Interviews with health professionals • Interviews and focus group discussions with service users and non users

- Final beneficiaries/members of the community (including those who use the services and those who do not)
- Relevant reports (on ASRH) produced by national/international adolescents and youth organizations

EQ5:

To what extent has UNFPA increased the national priority, strengthened capacities, systems and institutions, including technology, and improved legal and policy environment in support of gender equality, women empowerment, gender-based violence prevention and response services and other harmful practices? *(with a focus on comparison of intended goals, outcomes and inputs with the actual achievements in terms of results as well as measurement of unintended results)*

Assumption 1:

National priority of government and other institutions on gender equality, women's empowerment and Gender Based Violence (GE WE and GBV) was demonstrably increased, law and legislative framework and policy environment for it was improved, and institutional capacities and systems were strengthened, where contribution of UNFPA is demonstrated, and with a robust theory of change underlying the results chain logic; and that a limited number of strategic activities led to significant results, in a complex country programme.

Assumption 2:

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| <ul style="list-style-type: none"> • Advocacy / Coordination Committees on GEWE & GBV established/ strengthened and functioning • Number of lobbying initiatives/ coaching meetings held by UNFPA country office with Parliamentarians and Women's Cauci for GEWE & GBV related laws and its effective implementation, like improvement in Domestic Violence, Child Marriage Restraint and other laws/ policies and its implementation • Number of Advocacy / Coordination / Coaching meetings held by UNFPA country office with Commissions to support improvement in laws/ policies and its effective implementation pertaining to GEWE & GBV • Evidence of participation & leadership in coordination structures in GEWE & GBV working groups at national & sub-national level. | <ul style="list-style-type: none"> • UNFPA gender focal point and/or team working on GEWE & GBV and Pakistan CO staff • Relevant UN, national and provincial institutions, IPs and NGOS working in GE, WE and GBV, as well as catering to marginalized and vulnerable segments of the community, as below: <ul style="list-style-type: none"> ➢ Parliamentarians/ Women's Cauci and Committees ➢ Relevant Government departments like P&D, Law Department, Social Welfare (KP), Women's Development (Punjab), Safe City Punjab, among others. ➢ NCSW and PCSW Committee / KP Ombudspersons office staff/ members ➢ Relevant NGOs ➢ Relevant implementing partners • Documents for analysis: | <ul style="list-style-type: none"> • Documentary analysis appearing under Sources of Information, eg: <ul style="list-style-type: none"> - Pakistan 9th CPD etc - National policies/ strategic documents and laws pertaining to AoR. • Interviews with all those appearing under Sources of Information, which includes relevant UN, donors, national and provincial institutions, IPs and NGOS working in GE, WE and GBV • Focus Group Discussion with those listed above ie with diverse groups of organizations, including donors and implementing partners, on supporting |
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<p>Technical capacity of national institutions, Women Commissions and NGOs related to GE, WE and GBV needed to be increased.</p>	<ul style="list-style-type: none"> • Evidence of appropriateness of the IPs selected to deliver the results regarding legal analytical review for improvement in GEWE & GBV laws and policies • Evidence of gender focal points in national and provincial institutions, IPs and NGOS trained on GE, WE and GBV • Evidence of technical assistance provided to strengthen relevant national and provincial institutions, Government departments, IPs and NGOs to effectively implement programmes on GEWE & GBV • Evidence of establishing and strengthening gender-based violence response services and elimination of harmful practices including child marriage. • Evidence of focus in programmatic interventions was retained on inclusiveness and diversity where marginalized communities and other vulnerable segments were targeted. Marginalized groups may include Women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, including Afghan refugees, living in camps; internally displaced person, ethnic and 	<ul style="list-style-type: none"> - M&E documentation - UNFPA Annual reports (2018-2021) and Pakistan 9th CPD - AWPAs and APRs - M& E reports - Relevant programme, project and institutional reports of stakeholders - IP partner reports • Documents for analysis and legal analytical review of national documents/ laws: - National policies/ strategic documents such as, the United Nations SDG Framework for Pakistan 2018-2022, and other National policy/strategy documents pertaining to AoR. including National surveys on GEWE & GBV, PDHS, National Plan of Action on Human Rights (GE/ minorities / disability / children), etc. - National / provincial laws and legal framework for its implementation for conducting legal analytical review 	<p>national capacity for prioritizing GEWE and GBV and catering to marginalized and vulnerable segments of the community</p> <ul style="list-style-type: none"> • and beneficiaries if possible.
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religious minorities, and people living in crisis-affected areas including the newly merged districts of FATA) based on socio-economic and geographical dimensions.

- Number of people with different abilities provided information, access, service or other facilities for SHR/GBV
- Evidence that UNFPA supported interventions targeted the elimination of barriers to access (e.g. social, economic, legal, location, language, cultural) to SRH and GBV information and services for vulnerable and marginalized populations (e.g., women, adolescents and youth, and those listed above), particularly those within groups that are furthest behind.
- Evidence that skills acquired are being used at work by stakeholders trained under CP9.
- Evidence that technology was introduced and that it improved effectiveness pertaining to office activities and program implementation.
- Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design.

EQ6:

To what extent has UNFPA support contributed to improved disaggregation of data to ensure that evidence-based development and implementation of plans, programmes and policies reflects needs of variety of stakeholders, including those furthest behind?

(with a focus on comparison of the intended goals, outcomes and inputs with the actual achievements in terms of results as well as measurement of unintended results)

Assumption:
UNFPA's support demonstrably contributed to improvement in disaggregation of data, for effective planning and implementation, along dimensions that reflected needs of different beneficiaries especially those furthest behind and with a robust theory of change underlying the results chain logic; and that a limited number of strategic activities led to significant results.

- Extent to which M&E of programme achievements indicate timely meeting of outputs
- The extent to which outputs in CP9 are likely to have contributed to outcome results
- Intervention districts have higher (comparison from baseline)
- Evidence that data in planning and monitoring frameworks, at the national/provincial/ UNFPA office level is disaggregated by different dimensions reflecting a variety of beneficiaries/ participants, including those furthest behind.
- Evidence of data before it was improved along disaggregation lines.
- Extent to which the LNOB approach was integrated into national data systems?
- Extent to which the evidence generated by UNFPA or other stakeholders was used in policies, programming etc.
- Extent to which UNFPA-supported interventions contributed to (or are likely to contribute to) a sustained increase in the use of disaggregated (by, inter alia, gender, disability, age, location, class/caste) demographic and socio-economic information and data, in the evidence-based development and

- M&E documentation
- AWP and APRs
- Relevant programme, project and institutional reports of stakeholders
- Pakistan CO staff
- GoP, and IPs
- Remote Site visits
- Provincial-district data (PDHS 2012, MICS, DHIS, planning and monitoring units' data)
- IP partner reports
- UNFPA Annual reports (2018-2021)
- UNFPA monitoring framework
- P& D Government departments
- Population Planning Departments
- Federal Bureau of Statistics and other provincial statistics departments
- M&E frameworks of departments/ organisations where data was improved.

- Document review of Planning and Monitoring frameworks of relevant departments and organisations where UNFPA extended support for improvement in data.
- Interviews with National Institute of Population Studies; Pakistan Bureau of Statistics; Ministry of Planning and Development and Provincial Commissions; Population Council; academic centres
- Interviews with relevant staff from M&E and planning cells of the line departments and organisations

	<p>implementation of plans, programmes and policies.</p> <ul style="list-style-type: none"> • Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design 		
<p>EFFICIENCY EQ7: To what extent has UNFPA made good use of its human, financial, and administrative resources and used an appropriate combination of tools, approaches and innovation and technology, also leveraging the national resources, to pursue the achievement of the outcomes defined in the country programme?</p>			
<p>Assumption: Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen and in a timely and sustainable manner.</p>	<ul style="list-style-type: none"> • Evidence that the planned resources were received to the foreseen level in AWP • Evidence that resources were received in a timely manner • Evidence of adequacy of resources (Financial, Personnel etc.) to deliver the programme's outputs /results • Evidence of coordination and complementarity among the programme components of UNFPA and coherence among government ministries • Evidence of progress towards the delivery of multi-year, predictable, core funding delivered to implementing partners • Evidence of appropriateness of the IPs selected to deliver the results • Evidence of timely transfer of funds • Evidence of effective mechanisms to control waste and fraud • Evidence that inefficiencies were identified and corrected in a timely manner 	<ul style="list-style-type: none"> • AWP • Relevant Programme, Administrative and Financial Management Documents including: • Project standard progress reports • And reports reflecting leverage / usage of national resources • Financial Reports from Implementing Partners, and UNFPA (Atlas reports) • Audit Reports for IPs like Agha Khan Foundation, SRSP, Rozan, Rehnuma, IMC, among others, who received budgetary support • Field Monitoring Visit Reports 	<ul style="list-style-type: none"> • Documentary review: financial documents at the UNFPA (from project documentation) • and interviews with administrative and financial staff • Documentary review: annual reports from partner ministries, and implementing partners, • audit reports and monitoring reports • Interviews with implementing partners from government (ministry level/ secretariat level/ organisational staff) • Interviews with implementing NGO partners e.g. Agha Khan Foundation, SRSP. Rozan, Rehnuma, IMC, Legal Aid Society, etc. who received budgetary support • Interviews with UNFPA country office staff • Interviews with beneficiaries of funding (including NGOs)

	<ul style="list-style-type: none"> • Evidence of focus of UNFPA resources on high impact activities • Extent to which the allocation of resources to targeted groups took into account the need to prioritize those most marginalized including women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like AR or IDPs, among others, • Evidence that technology was introduced and that it improved efficiency pertaining to office activities and program implementation. 		<ul style="list-style-type: none"> • Interviews with UNFPA administrative staff, government and NGOs, donors on the coordination, complementarity of implementation, and leveraging of national resources.
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SUSTAINABILITY

EQ8:

To what extent has UNFPA been able to generate political will and support partners and stakeholders in developing capacities and establishing mechanisms to ensure ownership and the durability of effects also considering the COVID-19 context?

<p>Assumption: Government/partners/ stakeholders capacities and mechanisms are improved for ownership and continuation of interventions, despite COVID-19 impact related to resource constraint.</p>	<p>Evidence of following:</p> <ul style="list-style-type: none"> • Established sustainability mechanism for the programme. • The likelihood of the programme and its benefits to be sustainable. • Established systems to continue the programme. • Capacity development including staff training. • Community and country ownership including financial resource commitments. • Partner organizations with sustainability plans. • Existence of Scale-up plans/strategies. 	<p>Documents: <i>Relevant Sectoral Policies and Strategic Plans:</i></p> <ul style="list-style-type: none"> • Annual Work Plans for Implementing Partners • Country Programme Reports • AWP; Reports; • IP progress reports, relevant sector strategic plans <p><i>Special study reports; Mid-term review reports, Strategic plan evaluations for sectors including health, education, community/social sectors.</i></p> <ul style="list-style-type: none"> • National Level Stakeholders 	<ul style="list-style-type: none"> • Documents review and analysis • Key informant interviews • Interviews with implementing partners from government (ministry level/ secretariat level/ organisational staff) • Interviews with implementing NGO partners e.g. Agha Khan Foundation, SRSP, Rozan, Rehnuma, IMC, Legal Aid Society, among others who received budgetary support • Focus group discussions with final beneficiaries
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	<ul style="list-style-type: none"> • Commitment to continue allocation of resources to targeted groups like women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like AR or IDPs, among others. • Developing an enabling or adaptable environment for real change on HR & GE; • Institutional change conducive to systematically addressing HR & GE concerns 	<ul style="list-style-type: none"> • UNFPA staff, Government, IPs staff, and Heads of Departments (Health, Education, Social Welfare, Planning, • Relevant Field level IPs. 	
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COVERAGE

EQ9:
Using policy level initiatives, to what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/marginalized groups based on socio-economic and geographical disparities?

<p>Assumption: The services rendered for humanitarian assistance demonstrated target segmentation of beneficiary groups that especially included vulnerable and marginalised groups, (Marginalized groups may include Women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with disabilities; refugees, including Afghan refugees, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas including NMD of FATA) based on socio-economic and geographical dimensions.</p>	<ul style="list-style-type: none"> • Evidence of systematic target segmentation of beneficiary groups across socio- economic and geographical dimensions, so as to reach vulnerable and marginalised groups. • Evidence that affected communities are mapped and disaggregated • Mapping evidence of geographical area covered for humanitarian assistance. • Evidence of budgetary allocation for SRH and GBV in humanitarian assistance programmatic interventions. • Evidence that UNFPA supported interventions targeted the elimination of barriers to access (e.g. social, economic, legal, location, language, cultural) to SRH 	<ul style="list-style-type: none"> • AWP's • UNDAF progress reports on humanitarian assistance arrangements • PDMA/ NDMA progress reports on beneficiary and stakeholder mapping • UNFPA M&E reports on humanitarian assistance interventions • Budgets allocated to SRH and GBV in humanitarian assistance program of UNFPA and received/ utilized by national / provincial institutions and Ips • M&E reports on access provided to vulnerable groups 	<ul style="list-style-type: none"> • Documentary analysis • Geographical map showing beneficiaries • Interviews with UNFPA country office staff and humanitarian assistance cell/ staff • Interviews with members of the donor / INGO clusters • Interviews with other United Nations agencies • Interviews with government ministries / departments responsible for emergency preparedness and involved in humanitarian response, like NDMA, PDMA, others • FGDs with beneficiaries of funding (including NGOs), including those
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	<p>and GBV information and services for vulnerable and marginalized populations (e.g., women, adolescents and youth, those with disabilities, and others listed under assumption), particularly those within groups that are furthest behind.</p>		<p>working within refugee or internally displaced persons' camps (where relevant)</p>
<p>CONNECTEDNESS EQ 10: To what extent, did the initiatives undertaken by UNFPA during a humanitarian situation take longer-term development needs, concerns and inter-connected problems into consideration?</p>			
<p>Assumption: The response undertaken during humanitarian contexts demonstrated coherence and connectedness with a focus on longer-term development needs.</p>	<ul style="list-style-type: none"> • Evidence of active participation in UN technical working groups during humanitarian situation; • Evidence of participation and leadership in humanitarian coordination structures, • Evidence of Area of Responsibility and SRHR, P&D, GBV working groups at national and sub-national level., • Evidence of leading role played by UNFPA in the working groups and/or joint initiatives corresponding to mandate areas; • Evidence of sharing of information between UN agencies. • Evidence of joint programming initiatives (planning) & M&E. <p><i>National/ Societal Resilience:</i></p> <ul style="list-style-type: none"> • Evidence of National policies that support GE, SRH & RR • Social protection schemes & safety nets • Disaggregated data & data systems 	<ul style="list-style-type: none"> • UNFPA AWP • Minutes of meetings on subject • Correspondence with other agencies on subject • UNDAF progress reports on coordination mechanisms • Minutes and Reports of relevant Coordination Structures for thematic areas/issues, and long-term development needs planning 	<ul style="list-style-type: none"> • Documentary analysis • Interviews with UNFPA country office staff and humanitarian assistance cell/ staff • Interviews with members of the donor / INGO clusters • Interviews with other United Nations agencies • Interviews with government ministries / departments responsible for emergency preparedness and involved in humanitarian response, like NDMA, PDMA, others • FGD with beneficiaries of funding (including NGOs), including those working within refugee or internally displaced persons' camps (where relevant) • Site visits to refugee or internally displaced persons' camps (where relevant).

	<ul style="list-style-type: none"> • Positive social norms. <p><i>Community Resilience:</i></p> <ul style="list-style-type: none"> • Prioritized rights & health of women & young people in humanitarian-development-peace through collective action <p><i>Family/ Individual Resilience:</i></p> <ul style="list-style-type: none"> • Empowered women, girls & young people as agents of change • Universal access to quality integrated SRH information & services, including MHM • Safe home environment, free of violence & harmful practices. 		
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Notes:

- i. The CPE Team proposed and effected incorporation of UN partners in the 'UNCT' EQ2.*
- ii. The CPE Team proposed and effected that EQ3; EQ4 &-EQ6 (focusing on Effectiveness) should incorporate the comparison of the intended goals, outcomes and inputs with the actual achievements in terms of results. The ET has also incorporated measurers of unintended results.*
- iii. The criterion of Technology is an add-on proposed by the CO and accepted by the ET. Resultantly, the aspect of technology has been included in EQ5 (effectiveness) and EQ7 (efficiency).*
- iv. In asking about marginalised and vulnerable groups we mean whether specific focus was retained on persons with different abilities, ethnic and religious minorities, transgender communities, and communities residing in rural and remote areas.*

Annex 5: Stakeholders' Map

Programmatic Area			
UNFPA Strategic Plan Outcome 1: Sexual and reproductive health			
Increased availability and use of integrated sexual and reproductive health services, particularly family planning that are gender-responsive and meet human rights standards for quality of care and equity in access.			
CPD Output 1: Increased national and sub-national capacity to accelerate delivery and accessibility of high quality family planning information and services			
If relevant, ATLAS /GPS Project (code and name):			
PAK09FPS (Family Planning)			
Government	International NGOs	Local NGOs	UN Partners
<ul style="list-style-type: none"> ● Population Programme Wing (MONHSRC) (PGPK42) ● Population Welfare Department Punjab (PGPK11) ● Population Welfare Department Sindh (PGPK23) ● Population Welfare Department Balochistan (PGPK27) ● Population Welfare Department Khyber Pakhtunkhwa (PGPK31) ● Department of Health Khyber Pakhtunkhwa (PGPK32) ● Department of Health Sindh (PGPK44) ● IRMNCH Punjab (PGPK46) 	<ul style="list-style-type: none"> ● Population Council (PN4598) ● JHPIEGO (PN6866) ● Aga Khan Foundation ● Pathfinder 	<ul style="list-style-type: none"> ● Rehnuma Family Planning Association of Pakistan (PN5553) ● PRIME Foundation ● Balochistan Rural Support Programme ● Sarhad Rural Support Programme 	UNFPA (PU0074)
Donors			
UNFPA (FPA90), DFID (UKB26)			

Programmatic Area
UNFPA Strategic Plan Outcome 1: Sexual and reproductive health
Increased availability and use of integrated sexual and reproductive health services, particularly family planning that are gender-responsive and meet human rights standards for quality of care and equity in access

CPD Output 2: Enhanced national and sub-national capacity to provide integrated sexual and reproductive health services, particularly for marginalized and affected population in humanitarian settings

If relevant, ATLAS /GPS Project (code and name):

PAK09SRH (Sexual & Reproductive Health) ZZT06PAK (Maternal Health Trust Fund), UBRAFPAK (UBRAF-HIV))

Government	International NGOs	Local NGOs	Private	UN Partners
<ul style="list-style-type: none"> ● Department of Health Balochistan (PGPK29) ● Department of Health Khyber Pakhtunkhwa (PGPK32) ● Department of Health Sindh (PGPK44) ● IRMNCH Punjab (PGPK46) ● Directorate of Health Services (Newly Merged Districts) (PGPK51) ● National Disaster Management Authority (PGPK52) 	<ul style="list-style-type: none"> ● JHPIEGO (PN6866) ● International Medical Corps (PN6958) 	<ul style="list-style-type: none"> ● Pakistan National Forum for Women's Health (PNFWH) (PN4534) ● Rehnuma Family Planning Association of Pakistan (PN5553) ● Thardeep Rural Development Programme TRDP (PN7074) 	<ul style="list-style-type: none"> ● People's Primary Health Care Initiative PPHI (PN7011) ● Bridge Consulting (PN7143) 	<ul style="list-style-type: none"> ● UNFPA (PU0074) ● UNAIDS (PU0120) ● World Health Organization (PU0014)

Donors

UNFPA (FPA90),
 Government of Australia (AUB01),
 Maternal Health Trust Fund (ZZT06)
 One UN Fund (UDB68),
 Central Emergency Response Fund (CERF-RH) (UOG76)
 UBRAF (UQA68),
 Global Affairs Canada (GAC) (CAA97)

Programmatic Area

UNFPA Strategic Plan Outcome 2: Adolescents and youth

Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health

CPD Output 3: Increased national and subnational capacity to develop policies, programmes and institutional mechanisms that incorporate the rights and needs of youth, particularly the right to access to sexual and reproductive health information and services

If relevant, ATLAS /GPS Project (code and name):

PAK09YTH (Adolescent and Youth)

Government	International NGOs	Local NGOs	UN Partners
<ul style="list-style-type: none"> ● Sindh Education and Literacy Department (PGPK56) ● Population Programme Wing (MONHSRC) (PGPK42) ● PWD Punjab 	<ul style="list-style-type: none"> ● Population Council (PN4598) 	<ul style="list-style-type: none"> ● Rehnuma Family Planning Association of Pakistan (PN5553) ● Aahung ● School of Leadership ● Aiming for Change Tomorrow ● Rural Support Programme Network Aga Khan Foundation 	<ul style="list-style-type: none"> ● UNFPA (PU0074) ● UNDP (PU0100)

Donors

UNFPA (FPA90),
DFID (UCJ23),
GAC (CAA97)

Programmatic Area

UNFPA Strategic Plan Outcome 3: Gender equality and women's empowerment

Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth, in development and humanitarian settings

CPD Output 4: Strengthened capacity of public sector and civil society partners to advance gender equality and prevent and respond to gender-based violence in development and humanitarian settings

If relevant, ATLAS /GPS Project (code and name):

PAK09GBV, (Gender Equality and Women's Empowerment) HRF01GBV, (GBV in emergencies)

Government	International NGOs	Local NGOs	UN Partners
<ul style="list-style-type: none"> ● Punjab Commission on the Status of Women (PGPK49) ● Bureau of Statistics Punjab (PGPK50) ● Directorate of Health Services (Newly Merged Districts) (PGPK51) 	<ul style="list-style-type: none"> ● Population Council (PN4598) ● Pathfinder 	<ul style="list-style-type: none"> ● Rehnuma Family Planning Association of Pakistan (PN5553) ● Thardeep Rural Development Programme TRDP (PN7074) 	<ul style="list-style-type: none"> ● UNFPA (PU0074) ● World Health Organization (PU0014)

<ul style="list-style-type: none"> ● National Disaster Management Authority (PGPK52) ● KP Commission on the Status of Women (PGPK53) ● Social Welfare Department Khyber Pakhtunkhwa (PGPK54) ● Women Development Department Punjab (PGPK55) 		<ul style="list-style-type: none"> ● Legal Aid Society (PN7263) ● Strengthening Participatory Organization (PN7570) ● ROZAN (PN5525) ● Special Talent Exchange Programme (STEP) ● Human Rights Commission of Pakistan (HRCP) ● Shirkatgah 	
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Donors
UNFPA (FPA90), DFID (UCJ23) DFID (UZJ22) DFID (UKB25) Central Emergency Response Fund (CERF-GBV) (UOG77) Government of Australia (AUB01) UNWOMEN (UFA13) Denmark (DKA33) GAC (CAA97)

Programmatic Area			
UNFPA Strategic Plan Outcome 4: Population dynamics			
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, SRH and reproductive rights, HIV and gender equality			
CPD Output 5: Enhanced national capacity to generate, analyse, disseminate and use disaggregated population data in order to inform evidence-based policy-making, planning, budgeting, and monitoring			
If relevant, ATLAS /GPS Project (code and name):			
PAK09DPD (Population Dynamics)			
Government	International NGOs	Local NGOs	UN Partners

<ul style="list-style-type: none"> ● National Institute of Population Studies (PGPK06) ● Population Welfare Department Punjab (PGPK11) ● Population Welfare Department Balochistan (PGPK27) ● Pakistan Bureau of Statistics (PGPK40) ● Population Programme Wing (MONHSRC) (PGPK42) 	<ul style="list-style-type: none"> ● Population Council (PN4598) 		<ul style="list-style-type: none"> ● UNFPA (PU0074) ● UNDP (PU0100)
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Donors

UNFPA (FPA90),
 DFID (UKB15)
 DFID (UKB26)
 DFID (UKB32)
 GAC (CAA97)

Annex 6: Data Collection Tools

UNFPA Pakistan – Sexual and Reproductive Health (SRH)

Key Informant Interview Guide for Implementers of the SRH component

Key Informants

- UNFPA SRH staff;
- Ministry of National Health Services, Regulation and Coordination, Islamabad
- Population Programme Wing (MONHSRC)
- NDMA
- Population Council, JHPIEGO, Pathfinder International, Agha Khan Foundation, Rehnuma Family Planning Association of Pakistan, Pakistan National Forum for Women's Health (PNFWH), Health Services Academy

General Introduction - Purpose of the evaluation

I am (we are) part of a four-person team to evaluate UNFPA's 9th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials from the Federal and Provincial governments, INGOs and NGOs, Development Partners, Academia and some beneficiaries.

Core interview: Objectives of the interview guide transformed into questions

1. **Objective: RELEVANCE of the support strategy of the UNFPA 9th country Programme to the population needs, government priorities and global policies and strategies.**

Possible Questions:

- a. What are the most prevalent population needs?
- b. To what extent the UNFPA interventions have addressed the needs and interests of diverse groups of stakeholders through in-depth consultation?
- c. To what extent has UNFPA support adapted to the needs of population including the needs of marginalized and vulnerable group such as transgender, ethnic and religious minorities, people with disabilities, Afghan refugees, IDPs, and from remote areas including newly merged districts of FATA?
- d. To what extent UNFPA interventions are planned and implemented with participation from vulnerable and marginalized populations?
- e. How the population needs are changed in COVID-19 pandemic?
- f. To what extent the support of UNFPA adapted the changing needs in the COVID-19 context?
- g. To what extent UNFPA interventions are aligned with international instruments (e.g., CEDAW, CRPD, CRC), standards and principles on HR & GE and contributes to their implementation?

- h. What are the human rights issues and gender issues?
- i. To what extent the UNFPA support was responsive to human rights and gender equality dimensions?

2. Objective: COHERENCE of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts

Possible questions:

- a. To what extent is the 9th Country Programme (CP9) aligned to national priorities (including Vision 2025, Annual Development Plans)?
- b. To what extent is the CP9 aligned to international framework (including United Nations Sustainable Development Framework (UNSDF) for Pakistan 2018-2022, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development and Family Planning 2020)?
- c. To what extent is the CP9 aligned to the SDGs?
- d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?
- e. To what extent UNFPA participated in working groups, relevant to its mandate, formed by the Pakistan government and UN agencies?
- f. To what extent UNFPA has been participating in relevant initiatives from Pakistan government and UN agencies?
- g. To what extent has the programme integrated gender and human rights based approaches?

3. Objective: EFFECTIVENESS of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. Extent to which the UNFPA has influenced the change in policy environment concerning Sexual and Reproductive Health and Family Planning information services?
 - a. Were there seminars, workshops or meeting for policy makers to discuss reviews policies related to SRH and FP?
 - b. Who arranged those events?
 - c. From where the funds were managed?
 - d. Were the policies reviewed and revised by policy makers?
 - e. Were the revised policies were translated in planning?
 - f. Were the planning documents revised in view of policy changes?
- b. To what extent has UNFPA strengthened the national capacities to provide quality integrated Sexual and Reproductive Health and Family Planning information services, especially for the vulnerable and marginalised population?
 - a. What are the interventions carried out by UNFPA to strengthen capacities?
 - b. What cadre of service delivery force was involved in strengthening the capacities?
 - c. Who supported the capacity building interventions?
- c. Extent to which UNFPA interventions have been successful in addressing the needs of diverse groups of stakeholders?
 - a. What is the geographical extent of various stakeholder groups?

- b. What interventions were targeted to ensure inclusion of all stakeholders?
- d. Is there any evidence of political support and engagement in UNFPA interventions?
 - a. Issues of SRH and FP were discussed in respective national / provincial assembly?
 - b. Decision taken by respective assemblies?
- e. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the targets achieved?
- f. To what extent UNFPA interventions contributed in introducing technology and that it improved effectiveness pertaining to office activities and program implementation?
- g. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

4. Objective: EFFICIENCY of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 9th CP?
- b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

5. Objective: SUSTAINABILITY of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- c. What are the main comparative strengths of UNFPA in Pakistan; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?

6. Objective: COVERAGE of different segment of the society with humanitarian assistance

Possible questions:

- a. To what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities?
- b. To what extent has the UNFPA Country Programme addressed the geographical disparities with gender and human rights dimensions?

7. **Objective: CONNECTEDNESS during a humanitarian situation**

Possible questions:

- a. To what extent, the initiative taken by UNFPA during a humanitarian situation took longer-term development needs, concerns and inter-connected problem into consideration?

8. **Existence and functioning of coordination mechanisms**

Possible questions:

- a. To what extent has UNFPA contributed the functioning and consolidation of United Nations country team (NCT) coordinates mechanism?

Objective: Interviewee Recommendations

UNFPA Pakistan – Adolescent and Youth (AY)
Key Informant Interview Guide for Implementers of the AY Component

Key Informants

- UNFPA AY staff;
- Population Programme Wing (MONHSRC)
- National Curriculum Council - Ministry of Education
- Kamyab Jawan Program
- Provincial Education Departments
- Population Council, Rehnuma Family Planning Association of Pakistan, Auhung, Aiming Change for Tomorrow (ACT), School of Leadership, RSPN
- UNDP

General Introduction - Purpose of the evaluation
I am (we are) part of a four-person team to evaluate UNFPA's 9th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials from the Federal and Provincial governments, INGOs and NGOs, Development Partners, Academia and some beneficiaries.
Core interview: objectives of the interview guide transformed into questions
➤
<p>1.Objective: <u>Relevance</u> of the support strategy of the UNFPA 9th country Programme to the population needs, government priorities and global policies and strategies.</p> <p>Possible Questions:</p> <ol style="list-style-type: none"> a. Could you give us a brief on UNFPA programmatic interventions for adolescents and youth implemented in the time-period of 2018 to date? b. To what extent has UNFPA support adapted to the needs of population including the needs of marginalized and vulnerable group such as transgender, ethnic and religious minorities, people with disabilities, Afghan refugees, IDPs, and from remote areas including newly merged districts of FATA? c. How relevant do you perceive UNFPA interventions for adolescents and youth to be in regard to national objectives/priorities and global policies and strategies including the humanitarian situation? d. To what extent the support of UNFPA adapted the changing needs in the COVID-19 context? e. To what extent the UNFPA support was responsive to human rights and gender equality dimensions? <p>Objective: <u>Coherence</u> of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts</p> <p>Possible questions:</p>

- a. To what extent is the UNFPA interventions for adolescents and youth aligned to national priorities (including Vision 2025, Annual Development Plans)?
- b. To what extent is the UNFPA interventions aligned to international framework (including United Nations Sustainable Development Framework (UNSDF) for Pakistan 2018-2022, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development and Family Planning 2020)?
- c. To what extent is the CP9 aligned to the SDGs?
- d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?
- e. To what extent has the programme integrated gender and human rights based approaches?

Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. To what extent has UNFPA increased the national priority on Adolescent and Youth and enhanced national capacities to provide adolescent and youth friendly services, especially to the most vulnerable adolescent girls?
- b. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the targets achieved?
- c. To what extent UNFPA's are intervention in LSBE integrated into the national/provincial curricula and ensures international standards?
- d. To what extent has the policy environment changed as a result of UNFPA's interventions in adolescents and youth?
- e. To what extent has UNFPA's intervention contributed in youth leadership and engagement? To what extent UNFPA support did increase stakeholders' commitment (e.g. UN agencies) to adolescent and youth?
- f. To what extent has UNFPA interventions contributed in introducing technology and that it improved effectiveness pertaining to office activities and program implementation?
- g. What are the key lessons learnt and best practices that can contribute to the knowledge base of UNFPA and partners and be applied in future programme and policy development?

4. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- h. How and to what extent has the UNFPA Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 9th CP?
- i. To what extent have the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights?
- j. To what extent has the allocation of resources to targeted groups took into account the need to prioritize those most marginalized including women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like IDPs, among others?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- k. To what extent has did the UNFPA intervention for adolescents and youth build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- l. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies to provide adolescent and youth friendly services?
- m. What are the main comparative strengths of UNFPA in Pakistan; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?

6. Objective: Coverage of different segment of the society with humanitarian assistance

Possible questions:

- n. To what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities among adolescents and youth?
- o. To what extent has the UNFPA interventions for adolescents and youth were responsive to gender and human rights dimensions?

7. Objective: Connectedness during a humanitarian situation

Possible questions:

- p. To what extent, the initiative taken by UNFPA during a humanitarian situation took larger-term development needs, concerns and inter-connected problem into consideration?
- q. To what extent has UNFPA played a leading role in the working groups and/or joint initiatives on adolescents and youth?
- r. Do you think there is sharing of information between UN agencies?

8. Existence and functioning of coordination mechanisms

Possible questions:

- s. To what extent has UNFPA contributed to the functioning and consolidation of the United Nations Country Team (UNCT) coordination mechanism?

t. Objective: Interviewee Recommendations

UNFPA Pakistan – Gender Equality, Women Empowerment and Gender Based Violence (GEWE & GBV)

Key Informant Interview Guide for Implementers of the GEWE & GBV Component

Key Informants

- UNFPA GE/ Humanitarian staff; UKAID for AAWAZ II, UNW,
- National Assembly, Women Parliamentary Caucus, Women's Commissions, Women Development Departments, Social Welfare dept KP, Directorate of Health Services (Newly Merged Districts), Punjab Safe Cities Authority, P & D dept,
- NDMA, Rural Support Programs, Population Council, Pathfinder International,
- Rehnuma Family Planning Association of Pakistan, SPO, ROZAN, STEP, HRCP, Legal Aid Society, Shirkatgah

General Introduction - Purpose of the evaluation

I am (we are) part of a four-person team to evaluate UNFPA's 9th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials/ members from the Federal and Provincial governments and institutions, INGOs and NGOs, UN agencies and Development Partners, and some beneficiaries.

Please elaborate when asking about disadvantaged and vulnerable groups to specifically include categories relevant to Pakistan's disadvantaged segments.

Please ask about:

- Transgender groups
- Ethnic minorities
- Religious minorities
- People with different abilities
- People from remote and underserved areas including Newly Merged Districts of FATA.
- Afghan refugees (AR)
- Internally displaced persons (IDPs).
- Women and girls that are exposed to violence
- GBV survivors
- Out of school children
- Women, girls and adolescents and any others, if relevant to Pakistan context.

Core interview: objectives of the interview guide transformed into questions



1. **Objective: Relevance** of the support strategy of the UNFPA 9th country Programme to the population needs, government priorities and global policies and strategies.

Possible Questions:

- a. Could you give us a brief on which programmatic interventions you/ your organisation implemented in the time-period of 2018 to date, that were supported by UNFPA?
- b. What do you think are the most prevalent population needs related to GEWE and GBV?

- c. To what extent UNFPA interventions are aligned with international instruments (e.g. CEDAW, UDHR, CRC), standards and principles on HR & GE and contributes to their implementation?
- d. Was there exhaustive, sex-disaggregated and accurate needs assessment, identifying the varied needs of Pakistani population, including women and girls, and marginalized and vulnerable groups (read out categories listed above), undertaken prior to GEWE GBV programming of the CPD and AWP, as well as during program implementation (responding to changing COVID-19 emergencies).
- e. Is the selection of target groups for UNFPA-supported interventions in the programme consistent with identified needs (as detailed in the needs assessment) and was revised to adapt to changing priorities in the COVID-19 situation?
- f. Evidence that the programmatic interventions had flexibility to respond to changing needs.
- g. In cognizance of the GEWE and GBV issues, to what extent UNFPA's support was responsive to these issues?
- h. How did the population's needs change in COVID-19 pandemic? And to what extent the support of UNFPA adapted to the changing needs in the COVID-19 context?
- i. To what extent has UNFPA support adapted to the needs of population including the needs of marginalized and vulnerable group (where marginalized groups may include women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, including Afghan refugees, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas and from remote areas including newly merged districts of FATA) based on socio-economic and geographical dimensions.?

2. Objective: Coherence of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts

Possible questions:

- a. To what extent is the 9th Country Programme (CP9) aligned to national priorities (including Vision 2025, National Plan of Action for Human Rights)?
- b. To what extent is the CP9 aligned to international framework including United Nations Sustainable Development Framework for Pakistan 2018-2022, the 2030 Agenda for Sustainable Development, CEDAW working group report?
- c. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?
- d. To what extent has the programme mainstreamed gender and human rights based approaches?
- e. To what extent UNFPA participated in relevant initiatives and working groups, relevant to its mandate, formed by the Pakistan government and UN agencies regarding GEWE and GBV and harmful practices?

3. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. To what extent has UNFPA increased the national priority, strengthened capacities, systems and institutions and improved legal and policy environment in support of gender equality, women empowerment, gender-based violence prevention and response services and other harmful practices?

- b. To what extent did the interventions supported by UNFPA in programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the targets achieved?
- c. If we speak of specific programmatic activities implemented by you with UNFPA's support, please provide information related to the following activities; (read out those relevant to interviewee's program):
- Technical capacity of (national institutions, Women Commissions and NGOs related to GE, WE and GBV) needed to be increased and then how was it increased
 - Advocacy / Coordination Committees on GEWE & GBV established/ strengthened and functioning
 - Number of lobbying initiatives/ coaching meetings held with Parliamentarians and Women's Cauci for GEWE & GBV related laws and its effective implementation, like improvement in Domestic Violence, Child Marriage Restraint and other laws/ policies and its implementation and what was achieved
 - Number of Advocacy / Coordination / Coaching meetings held with Commissions/ institutions to support improvement in laws/ policies and its effective implementation pertaining to GEWE & GBV with achievements.
 - Participation & leadership in coordination structures in GEWE & GBV working groups at national & sub-national level with achievements.
 - Appropriateness of IPs for delivering the results regarding legal analytical review and its implementation for improvement in GEWE & GBV laws and policies and achievements
 - Gender focal points/ others in national and provincial institutions/ IPs were trained on GE, WE and GBV. and that skills acquired are being used at work by stakeholders trained under UNFPA program.
 - Technical assistance was provided to strengthen relevant national and provincial institutions/ IPs to effectively implement programmes on GEWE & GBV and what were the achievements
 - Gender-based violence response services and elimination of harmful practices including child marriage were established and strengthened and what were achievement e.g.: give number of survivors who received help/ which options were selected by survivors (legal/ pshycho-social/ shelter, etc.).
 - What are achievements on prevention side of GBV
 - Was there focus in programmatic interventions on inclusiveness and diversity by targeting marginalized communities and other vulnerable segments. Marginalized groups are listed above. (read them out) and include women, adolescents and children; women exposed to gender-based violence etc., based on socio-economic and geographical dimensions.
 - Did UNFPA supported interventions target for the elimination of barriers to access (e.g. social, economic, legal, location, language, cultural) to SRH and GBV information and services for vulnerable and marginalized populations (e.g., women, adolescents and youth, and those listed above), particularly those within groups that are furthest behind.
 - To what extent UNFPA supported interventions contributed in introducing technology and digital innovation which improved effectiveness pertaining to office activities and programmatic interventions and its implementation?
 - What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?
4. **Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

Possible questions:

- a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 9th CP?
 - b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?
 - c. Were resources allocated for targeting groups that needed to be prioritized like those most marginalized including women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, including Afghan refugees, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas including the newly merged districts of FATA, under privileged based on socio-economic and geographical dimensions.
 - d. Please provide information on the following if it is applicable to you:
 - the planned resources were received to the foreseen level in MoU
 - resources were received in a timely manner
 - adequacy of resources (Financial, Personnel etc.) to deliver the programme's outputs /results
 - progress towards the delivery of multi-year, predictable, core funding delivered to implementing partners
 - appropriateness of the IPs selected to deliver the results
 - timely transfer of funds
 - effective mechanisms to control waste and fraud
 - inefficiencies were identified and corrected in a timely manner
 - focus of UNFPA resources on high impact activities
 - Extent to which the allocation of resources to targeted groups took into account the need to prioritize those most marginalized including women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like AR or IDPs, among others,
 - Evidence that technology was introduced and that it improved efficiency pertaining to office activities and program implementation.
- 5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed**

Possible questions:

- a. To what extent did the programme build capacity for Government structures / other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- c. What are the main comparative strengths of UNFPA in Pakistan; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?
- d. Are any of following achieved

- Established sustainability mechanism for the programme. And the likelihood of the programme and its benefits to be sustainable.
- Established systems to continue the programme.
- Capacity development including staff training.
- Community and country ownership including financial resource commitments.
- Partner organizations with sustainability plans.
- Existence of Scale-up plans/strategies.
- Commitment to continue allocation of resources to targeted groups like women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like AR or IDPs, among others.

6. Objective: Coverage of different segment of the society with humanitarian assistance

Possible questions:

- a. To what extent has the UNFPA systematically targeted different segment of the society with development/ humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities?
- b. Did the services rendered for humanitarian assistance demonstrate target segmentation of beneficiary groups that especially included vulnerable and marginalised groups, Marginalized groups may include women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with disabilities; refugees, including Afghan refugees/ IDPs, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas including NMD of FATA.
- c. To what extent has the UNFPA Country Programme addressed the geographical disparities with gender and human rights dimensions?
- d. Is there evidence that affected communities receiving humanitarian assistance were mapped and disaggregated
- e. Any evidence of budgetary allocation for SRH and GBV in humanitarian assistance programmatic interventions.
- f. Please provide details of how GBV response program was implemented and what were the achievements eg what is the data for survivors using the referral pathways/ options or how many women were provided counselling/ sent to shelters/ given legal aid/ and other options given to survivors.
- g. Was GBV part of essential services package during the COVID-19 crisis and how did the program adapt during the crises to the needs of the beneficiaries.
- h. Any other e.g. any activity on GBV prevention/ advocacy/ WE in your program supported by UNFPA
- i. Did you in UNFPA supported interventions target the elimination of barriers to access (e.g. social, economic, legal, location, language, cultural) to SRH and GBV information and services for vulnerable and marginalized populations (e.g., women, adolescents and youth, those with disabilities, and others listed under assumption), particularly those within groups that are furthest behind.

7. Objective: Connectedness during a humanitarian situation

Possible questions:

- a. To what extent, the initiative taken by UNFPA during a humanitarian situation took larger-term development needs, concerns and inter-connected problem into consideration?
- b. Was there active participation in UN technical working groups during humanitarian situation; please name them with details

- c. Was there participation and leadership in humanitarian coordination structures; please name them with details
- d. Evidence of GBV working groups at national and sub-national level.,
- e. Evidence of leading role played by UNFPA in the working groups and/or joint initiatives corresponding to mandate areas, where IP was invited to participate / represent;
- f. Do you think there is sharing of information between UN agencies/ do you know of any joint programming initiatives (planning) or M&E by them in humanitarian situations.

8. Existence and functioning of coordination mechanisms

Possible questions:

- a. To what extent has UNFPA contributed the functioning and consolidation of United Nations country team (NCT) coordinates mechanism?
- b. Do you think there is sharing of information between UN agencies/ do you know of any joint programming initiatives (planning) or M&E by them?
- c. Do you see UN agencies as a joint united group or vice versa where each is working in its own silo or even competing with sister agency?

9. Objective: Technology use to render improvement in program delivery

Possible questions:

- a. Do you know if UNFPA taken strides to embrace technology and digital innovation in its work to render improvements in programme delivery?
- b. To what extent has UNFPA taken strides to embrace technology and digital innovation in other organizations?
- c. Did this contribute to improvement in efficiency or effectiveness of program delivery

Objective: Interviewee Recommendations

Please do provide recommendations as they will be made part of the evaluation report. Kindly provide any key lessons learnt or best practices that you might have missed mentioning during the interview.

UNFPA Pakistan - Population and Development (PD)
Key Informant Interview Guide for Implementers of the PD Component

Key Informants

- UNFPA PD staff
- Ministry of Planning, Development and Reforms
- Population Programme Wing (MONHSRC)
- Provincial Population Welfare Departments
- NIPS
- Pakistan Bureau of Statistics (PBS)
- SDG Unit (MOPD&R)
- Population Council
- UNDP

General Introduction - Purpose of the evaluation
I am (we are) part of a four-person team to evaluate UNFPA’s 9th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials from the Federal and Provincial governments, INGOs and NGOs, Development Partners, Academia and some beneficiaries.
Core interview: objectives of the interview guide transformed into questions
Please elaborate when asking about disadvantaged and vulnerable groups. Please specify to include categories relevant to Pakistan disadvantaged segments. Please ask about: ➤
<p>a. Objective: <u>Relevance</u> of the support strategy of the UNFPA 9th country Programme to the population needs, government priorities and global policies and strategies.</p> <p>Possible Questions:</p> <p>b. Could you give us a brief on which programmatic interventions for population and development (data systems and demographic analysis) you/your organisation implemented in the time-period of 2018 to date, that were supported by UNFPA?</p> <p>c. To what extent has UNFPA support adapted to the needs of population including the needs of marginalized and vulnerable group such as transgender, ethnic and religious minorities, people with disabilities, Afghan refugees, IDPs, and from remote areas including newly merged districts of FATA?</p> <p>d. To what extent is the UNFPA support for population and development is relevant to the government priorities and global policies and strategies?</p> <p>e. To what extent has the support of UNFPA adapted to the changing needs in the COVID-19 context?</p> <p>f. To what extent has the UNFPA support been responsive to human rights and gender equality dimensions?</p>

Objective: Coherence of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts

Possible questions:

- a. To what extent is the 9th Country Programme (CP9) aligned to national priorities (including Vision 2025, Annual Development Plans)?
- b. To what extent is the CP9 aligned to international framework (including United Nations Sustainable Development Framework (UNSDF) for Pakistan 2018-2022, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development and Family Planning 2020)?
- c. To what extent is the CP9 aligned to the SDGs?
- d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?
- e. To what extent has the programme integrated gender and human rights based approaches?

Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- f. To what extent has UNFPA support contributed to improved disaggregation of data to ensure that evidence-based development and implementation of plans, programmes and policies reflect needs of variety of stakeholders, including those furthest behind?
- g. To what extent disaggregated data (by, inter alia, gender, disability, age, location, class/caste) generated by UNFPA interventions in population and development contributed in generating evidence for development policies and plans and their implementation?
- h. To what extent UNFPA interventions contributed in integration of LNOB approach into national data systems?
- i. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the targets achieved?
- j. To what extent UNFPA support contributed in improving national data systems?
- k. To what extent the evidence/information generated by UNFPA intervention or other stakeholders incorporated in policies, and programming?.
- l. To what extent UNFPA interventions contributed in introducing technology and that it improved effectiveness pertaining to office activities and program implementation?
- m. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. How and to what extent has the UNFPA Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 9th CP?
- b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs?
- c. To what extent did the UNFPA interventions for population and development contribute to advancing gender equality and human rights dimensions?

Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have disaggregated data (by, inter alia, gender, disability, age, location, class/caste) generated by UNFPA interventions contributed in sustaining the increase in the use of disaggregated demographic and socio-economic information and data in evidence-based planning?
- c. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies for population and development?
- d. What are the main comparative strengths of UNFPA in Pakistan; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?

Objective: Coverage of different segment of the society with humanitarian assistance

Possible questions:

- a. To what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities?
- b. To what extent has the UNFPA Country Programme addressed the geographical disparities with gender and human rights dimensions?

Objective: Connectedness during a humanitarian situation

Possible questions:

- a. To what extent, the initiative taken by UNFPA during a humanitarian situation took larger-term development needs, concerns and inter-connected problem into consideration?
- b. To what extent has UNFPA played a leading role in the working groups and/or joint initiatives on population and development?
- c. Do you think there is sharing of information between UN agencies?

Existence and functioning of coordination mechanisms

Possible questions:

- a. To what extent has UNFPA contributed to the functioning and consolidation of the United Nations Country Team (UNCT) coordination mechanism?

Objective: Interviewee Recommendations

UNFPA Pakistan- Sexual Reproductive Health

Key Informant Interview Guide for Other Key Players (not implementing organizations)

UN Agencies, donors, and Organizations that are not implementing the Programme but are key players in the sector (Resident Coordinator, others in humanitarian assistance)

UNFPA, USAID, WHO, FCDO, Maternal Health Trust Fund, One UN Fund, UBRAF, Friends of UNFPA, Johnsons and Johnsons

General Introduction - Purpose of the evaluation
I am (we are) part of a four-person team to evaluate UNFPA's 9th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials from the Federal and Provincial governments, INGOs and NGOs, Development Partners, Academia and some beneficiaries.
Core interview: objectives of the interview guide transformed into questions
Please elaborate when asking about disadvantaged and vulnerable groups. Please specify to include categories relevant to Pakistan disadvantaged segments. Please ask about: <ul style="list-style-type: none">• Transgender groups, Ethnic minorities, religious minorities, People with different abilities, People from remote and underserved areas including newly merged Districts.• Afghan refugees, internally displaced persons.• And any others, if relevant to Pakistan context.
1. Objective: <u>Relevance</u> of the support strategy of the UNFPA 9th country Programme to the population needs, government priorities and global policies and strategies. Possible Questions: <ol style="list-style-type: none">a. How relevant do you perceive UNFPA's work to be in regard to national objectives and priorities including the humanitarian situation?b. How well does the UNFPA activities/work support the national priorities that are in place?
2. Objective: Coherence of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts Possible questions: <ol style="list-style-type: none">a. To what extent is the 9th Country Programme (CP9) aligned to national priorities (including Vision 2025, Annual Development Plans?

- b. To what extent is the CP9 aligned to international framework (including United Nations Sustainable Development Framework (UNSDF) for Pakistan 2018-2022, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development and Family Planning 2020)?
- c. To what extent is the CP9 aligned to the SDGs?
- d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?
- e. To what extent has the programme integrated gender and human rights-based approaches?

3. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. To what extent has UNFPA strengthened the national capacities and the policy environment to provide quality integrated Sexual and Reproductive Health and Family Planning information services, especially for the vulnerable and marginalised populations?
- b. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the targets achieved?
- c. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

4. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. Please comment how and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 9th CP?
- b. Please comment to what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- c. What are the main comparative strengths of UNFPA in Pakistan; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?

6. Objective: Coverage of different segment of the society with humanitarian assistance

Possible questions:

- a. To what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities?
- b. To what extent has the UNFPA Country Programme addressed the geographical disparities with gender and human rights dimensions?

7. Objective: Connectedness during a humanitarian situation

Possible questions:

- a. To what extent, the initiative taken by UNFPA during a humanitarian situation took larger-term development needs, concerns and inter-connected problem into consideration?

8. Existence and functioning of coordination mechanisms

Possible questions:

- a. To what extent has UNFPA contributed the functioning and consolidation of United Nations country team (NCT) coordinates mechanism?

9. Objective: Technology use to render improvement in program delivery

Possible questions:

- a. To what extent has UNFPA taken strides to embrace technology and digital innovation in its work to render improvements in programme delivery?
- b. To what extent has UNFPA taken strides to embrace technology and digital innovation in other organizations?

10. Objective: Interviewee Recommendations

UNFPA Pakistan- Adolescent and Youth

Key Informant Interview Guide for Other Key Players (not implementing organizations)

UN Agencies, donors, and Organizations that are not implementing the Programme but are key players in the sector (Resident Coordinator, others in humanitarian assistance)

UNFPA, USAID, UNDP, FCDO

General Introduction - Purpose of the evaluation
I am (we are) part of a four-person team to evaluate UNFPA's 9th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials from the Federal and Provincial governments, INGOs and NGOs, Development Partners, Academia and some beneficiaries.
Core interview: objectives of the interview guide transformed into questions
Please elaborate when asking about disadvantaged and vulnerable groups. Please specify to include categories relevant to Pakistan disadvantaged segments. Please ask about: <ul style="list-style-type: none">• Transgender groups• Ethnic minorities• Religious minorities• People with different abilities• People from remote and underserved areas including newly merged Districts.• Afghan refugees• Internally displaced persons.• And any others, if relevant to Pakistan context.
1 Objective: <u>Relevance</u> of the support strategy of the UNFPA 9 th country Programme to the population needs, government priorities and global policies and strategies. Possible Questions: <ol style="list-style-type: none">a. How relevant do you perceive UNFPA's work to be in regard to national objectives and priorities including the humanitarian situation?

b. How well does the UNFPA activities/work support the national priorities that are in place?

2 Objective: Coherence of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts

Possible questions:

- a. To what extent is the 9th Country Programme (CP9) aligned to national priorities (including Vision 2025, Annual Development Plans)?
- b. To what extent is the CP9 aligned to international framework (including United Nations Sustainable Development Framework (UNSD) for Pakistan 2018-2022, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development and Family Planning 2020)?
- c. To what extent is the CP9 aligned to the SDGs?
- d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?
- e. To what extent has the programme integrated gender and human rights based approaches?

3 Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. To what extent has UNFPA increased the national priority on Adolescent and Youth and enhanced national capacities to provide adolescent and youth friendly services, especially to the most vulnerable adolescent girls?
- b. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the targets achieved?
- c. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

4 Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. Please comment how and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 9th CP?
- b. Please comment to what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

5 Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- c. What are the main comparative strengths of UNFPA in Pakistan; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?

6 Objective: Coverage of different segment of the society with humanitarian assistance

Possible questions:

- a. To what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities?
- b. To what extent has the UNFPA Country Programme addressed the geographical disparities with gender and human rights dimensions?

7 Objective: Connectedness during a humanitarian situation

Possible questions:

- a. To what extent, the initiative taken by UNFPA during a humanitarian situation took larger-term development needs, concerns and inter-connected problem into consideration?

8 Existence and functioning of coordination mechanisms

Possible questions:

- a. To what extent has UNFPA contributed the functioning and consolidation of United Nations country team (NCT) coordinates mechanism?

9 Objective: Technology use to render improvement in program delivery

Possible questions:

- a. To what extent has UNFPA taken strides to embrace technology and digital innovation in its work to render improvements in programme delivery?
- b. To what extent has UNFPA taken strides to embrace technology and digital innovation in other organizations?

c. Objective: Interviewee Recommendations

UNFPA Pakistan- Gender Equality, Women Empowerment and Gender Based Violence
Key Informant Interview Guide for Other Key Players (not implementing organizations)

UN Agencies, donors, and Organizations that are not implementing the Programme but are key players in the sector (Resident Coordinator, others in humanitarian assistance)

UNFPA, UNICEF, UNWOMEN, WHO, FCDO, Australian High Commission, USAID

General Introduction - Purpose of the evaluation
I am (we are) part of a four-person team to evaluate UNFPA's 9th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials/ members from the Federal and Provincial governments and institutions, INGOs and NGOs, UN agencies and Development Partners, and some beneficiaries.
Core interview: objectives of the interview guide transformed into questions Please elaborate when asking about disadvantaged and vulnerable groups. Please specify to include categories relevant to Pakistan disadvantaged segments. Please ask about: <ul style="list-style-type: none">• Transgender groups• Ethnic minorities• Religious minorities• People with different abilities• People from remote and underserved areas including Newly Merged Districts of FATA.• Afghan refugees (AR)• Internally displaced persons (IDPs).• Women and girls that are exposed to violence• GBV survivors• Out of school children• Women, girls and adolescents and any others, if relevant to Pakistan context.
Core interview: objectives of the interview guide transformed into questions

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1. **Objective: Relevance** of the support strategy of the UNFPA 9th country Programme to the population needs, government priorities and global policies and strategies.

Possible Questions:

Could you give us a brief on UNFPA programmatic interventions implemented in the time-period of 2018 to date, that were supported by UNFPA?

- a. What do you think are the most prevalent population needs related to GEWE and GBV?
- b. To what extent UNFPA interventions are aligned with international instruments (e.g. CEDAW, UDHR, CRC), standards and principles on HR & GE and contributes to their implementation?
- c. Was there exhaustive, sex-disaggregated and accurate needs assessment, identifying the varied needs of Pakistani population, including women and girls, and marginalized and vulnerable groups undertaken prior to GEWE GBV programming of the CPD and AWP, as well as during program implementation.
- d. Is the selection of target groups for UNFPA-supported interventions in the programme consistent with identified needs (as detailed in the needs assessment) and was revised to adapt to changing priorities?
- e. Evidence that the programmatic interventions had flexibility to respond to changing needs.
- f. In cognizance of the GEWE and GBV issues, to what extent UNFPA's support was responsive to these issues?
- g. How did the population's needs change in COVID-19 pandemic? And to what extent the support of UNFPA adapted to the changing needs in the COVID-19 context?
- h. To what extent has UNFPA support adapted to the needs of population including the needs of marginalized and vulnerable group (where marginalized groups may include women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, including Afghan refugees, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas and from remote areas including newly merged districts of FATA) based on socio-economic and geographical dimensions.?

2. **Objective: Coherence** of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts

Possible questions:

- a. To what extent is the 9th Country Programme (CP9) aligned to national priorities (including Vision 2025, National Plan of Action for Human Rights)?
- b. To what extent is the CP9 aligned to international framework including United Nations Sustainable Development Framework for Pakistan 2018-2022, the 2030 Agenda for Sustainable Development, CEDAW working group report?
- c. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?
- d. To what extent has the programme mainstreamed gender and human rights based approaches?
- e. To what extent UNFPA participated in relevant initiatives and working groups, relevant to its mandate, formed by the Pakistan government and UN agencies regarding GEWE and GBV and harmful practices?

3. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. To what extent has UNFPA increased the national priority, strengthened capacities, systems and institutions and improved legal and policy environment in support of gender equality, women empowerment, gender-based violence prevention and response services and other harmful practices?
- b. To what extent did the interventions supported by UNFPA in programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the targets achieved?
- c. If we speak of specific programmatic activities implemented by you with UNFPA's support, please provide information related to the following activities if relevant to your program:
 - Technical capacity of (national institutions, Women Commissions and NGOs related to GE, WE and GBV) needed to be increased and then how was it increased
 - Were Advocacy / Coordination Committees on GEWE & GBV established/ strengthened and functioning
 - Number of lobbying initiatives/ coaching meetings held with Parliamentarians and Women's Caucii for GEWE & GBV related laws and its effective implementation, like improvement in Domestic Violence, Child Marriage Restraint and other laws/ policies and its implementation and what was achieved
 - Number of Advocacy / Coordination / Coaching meetings held with Commissions/ institutions to support improvement in laws/ policies and its effective implementation pertaining to GEWE & GBV with achievements.
 - Participation & leadership in coordination structures in GEWE & GBV working groups at national & sub-national level with achievements.
 - Appropriateness of IPs for delivering the results regarding legal analytical review and its implementation for improvement in GEWE & GBV laws and policies and achievements
 - Gender focal points/ others in national and provincial institutions/ IPs were trained on GE, WE and GBV. and that skills acquired are being used at work by stakeholders trained under UNFPA program.
 - Technical assistance was provided to strengthen relevant national and provincial institutions/ IPs to effectively implement programmes on GEWE & GBV and what were the achievements
 - Gender-based violence response services and elimination of harmful practices including child marriage were established and strengthened and what were achievement eg: give number of survivors who received help/ which options were offered and what was selected by survivors (legal/ psycho-social / shelter etc).
 - What are achievements on prevention side of GBV
 - Was there focus in programmatic interventions on inclusiveness and diversity by targeting marginalized communities and other vulnerable segments. Marginalized groups may include women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, including Afghan refugees, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas including the newly merged districts of FATA, based on socio-economic and geographical dimensions.
 - To what extent UNFPA supported interventions contributed in introducing technology and digital innovation which improved effectiveness pertaining to office activities and programmatic interventions and its implementation?

- What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

4. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 9th CP?
- b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?
- c. Were resources allocated for targeting groups that needed to be prioritized like those most marginalized including women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, including Afghan refugees, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas including the newly merged districts of FATA, under privileged based on socio-economic and geographical dimensions.
- d. Please provide information on the following:
 - the planned resources were received to the foreseen level in MoU
 - resources were released in a timely manner. If there were delays is there a reason why?
 - adequacy of resources (Financial, Personnel etc.) to deliver the programme's outputs /results
 - progress towards the delivery of multi-year, predictable, core funding delivered to implementing partners
 - appropriateness of the IPs selected to deliver the results
 - timely transfer of funds
 - effective mechanisms to control waste and fraud
 - inefficiencies were identified and corrected in a timely manner
 - focus of UNFPA resources on high impact activities
 - Extent to which the allocation of resources to targeted groups took into account the need to prioritize those most marginalized including women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like AR or IDPs, among others,
 - Evidence that technology was introduced and that it improved efficiency pertaining to office activities and program implementation.

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. To what extent did the programme build capacity for Government structures / other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- c. What are the main comparative strengths of UNFPA in Pakistan; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?
- d. Are any of following achieved
 - Established sustainability mechanism for the programme. And the likelihood of the programme and its benefits to be sustainable.
 - Established systems to continue the programme.
 - Capacity development including staff training.
 - Community and country ownership including financial resource commitments.
 - Partner organizations with sustainability plans.
 - Existence of Scale-up plans/strategies.
 - Commitment to continue allocation of resources by Government/IP to targeted groups like women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like AR or IDPs, among others.

6. Objective: Coverage of different segment of the society with humanitarian assistance

Possible questions:

- a. To what extent has the UNFPA systematically targeted different segment of the society with development/ humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities?
- b. Did the services rendered for humanitarian assistance demonstrate target segmentation of beneficiary groups that especially included vulnerable and marginalised groups, Marginalized groups may include women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with disabilities; refugees, including Afghan refugees/ IDPs, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas including NMD of FATA.
- c. To what extent has the UNFPA Country Programme addressed the geographical disparities with gender and human rights dimensions?
- d. Is there evidence that affected communities receiving humanitarian assistance were mapped and disaggregated
- e. Any evidence of budgetary allocation for SRH and GBV in humanitarian assistance programmatic interventions.
- f. Please provide details of how GBV response program was implemented and what were the achievements eg what is the data for survivors using the referral pathways/ options or how many women were provided counselling/ sent to shelters/ given legal aid/ and other options given to survivors.
- g. Was GBV part of essential services package during the COVID-19 crisis and how did the program adapt during the crises to the needs of the beneficiaries.
- h. Any other e.g.: any activity on GBV prevention/ advocacy/ WE
- i. Did UNFPA supported interventions target the elimination of barriers to access (e.g. social, economic, legal, location, language, cultural) to SRH and GBV information and services for vulnerable and marginalized populations (e.g., women, adolescents and youth, those with disabilities, and others listed under assumption), particularly those within groups that are furthest behind.

7. Objective: Connectedness during a humanitarian situation

Possible questions:

- a. To what extent, the initiative taken by UNFPA during a humanitarian situation took larger-term development needs, concerns and inter-connected problem into consideration?
- b. Was there active participation in UN technical working groups during humanitarian situation; please name them with details
- c. Was there participation and leadership in humanitarian coordination structures; please name them with details
- d. Evidence of GBV working groups at national and sub-national level.,
- e. Evidence of leading role played by UNFPA in the working groups and/or joint initiatives corresponding to mandate areas, where IP was invited to participate / represent;
- f. Do you think there is sharing of information between UN agencies/ do you know of any joint programming initiatives (planning) or M&E by them in humanitarian situations.

8. Existence and functioning of coordination mechanisms

Possible questions:

- a. To what extent has UNFPA contributed the functioning and consolidation of United Nations country team (NCT) coordinates mechanism?
- b. Do you think there is sharing of information between UN agencies/ do you know of any joint programming initiatives (planning) or M&E by them?
- c. Do you see UN agencies as a joint united group or vice versa where each is working in its own silo or even competing with sister agency?

9. Objective: Technology use to render improvement in program delivery

Possible questions:

- d. To what extent has UNFPA taken strides to embrace technology and digital innovation in its work to render improvements in programme delivery?
- e. To what extent has UNFPA taken strides to embrace technology and digital innovation in other organizations?

Objective: Interviewee Recommendations

Please do provide recommendations as they will be made part of the evaluation report. Kindly provide any key lessons learnt or best practices that you might have missed mentioning during the interview.

UNFPA Pakistan- Population and Development (PD)

Key Informant Interview Guide for Other Key Players (not implementing organizations)

UN Agencies, donors, and Organizations that are not implementing the Programme but are key players in the sector (Resident Coordinator, others in humanitarian assistance)

UNFPA, UNAIDS, UNDP

General Introduction - Purpose of the evaluation
I am (we are) part of a four-person team to evaluate UNFPA's 9th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials from the Federal and Provincial governments, INGOs and NGOs, Development Partners, Academia and some beneficiaries.
Core interview: objectives of the interview guide transformed into questions
<p>Objective: <u>Relevance</u> of the support strategy of the UNFPA 9th country Programme to the population needs, government priorities and global policies and strategies.</p> <p>Possible Questions:</p> <ul style="list-style-type: none">b. How relevant do you perceive UNFPA interventions for adolescents and youth to be in regard to national objectives/priorities and global policies and strategies including the humanitarian situation?c. How well is the selection of target groups for UNFPA-supported interventions in the programme consistent with identified needs (as detailed in the needs assessment) and was revised to adapt to changing priorities? <p>Objective: <u>Coherence</u> of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts</p> <p>Possible questions:</p> <ul style="list-style-type: none">a. To what extent is the 9th Country Programme (CP9) aligned to national priorities (including Vision 2025, Annual Development Plans)?b. To what extent is the CP9 aligned to international framework (including United Nations Sustainable Development Framework (UNSDF) for Pakistan 2018-2022, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development and Family Planning 2020)?c. To what extent is the CP9 aligned to the SDGs?

- d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?
- e. To what extent has the programme integrated gender and human rights based approaches?

Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. To what extent has UNFPA increased the national priority on Adolescent and Youth and enhanced national capacities to provide adolescent and youth friendly services, especially to the most vulnerable adolescent girls?
- b. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)?
- c. To what extent has UNFPA's intervention in LSBE is integrated into the national/provincial curricula and ensures international standards?
- d. To what extent has UNFPA's intervention contributed in youth leadership and engagement?
- e. To what extent has the policy environment and commitment of the Government of Pakistan (Federal/Provincial) changed as a result of UNFPA's interventions in adolescents and youth?
- f. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. Please comment how and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 9th CP?
- b. Please comment to what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to
- c. Please comment to what extent UNFPA support contributed in advancing gender equality and human rights dimensions?

Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?

- c. What are the main comparative strengths of UNFPA in Pakistan; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?

Objective: Coverage of different segment of the society with humanitarian assistance

Possible questions:

- a. To what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities?
- b. To what extent has the UNFPA Country Programme addressed the geographical disparities with gender and human rights dimensions?

Objective: Connectedness during a humanitarian situation

Possible questions:

- a. To what extent, has the initiative taken by UNFPA during a humanitarian situation took larger-term development needs, concerns and inter-connected problem into consideration?
- b. To what extent did UNFPA played a leading role in the working groups and/or joint initiatives on adolescents and youth?
- c. Do you think there is sharing of information between UN agencies?

Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a. To what extent has UNFPA contributed to the functioning and consolidation of the United Nations Country Team (UNCT) coordination mechanism?

Objective: Interviewee Recommendations

Focus Group Discussion for Humanitarian Assistance (SRH)

General Introduction - Purpose of the evaluation

I am (we are) part of a four-person team to evaluate UNFPA's 9th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials from the Federal and Provincial governments, INGOs and NGOs, Development Partners, Academia and some beneficiaries.

Core interview: objectives of the interview guide transformed into questions

Please elaborate when asking about disadvantaged and vulnerable groups. Please specify to include categories relevant to Pakistan disadvantaged segments. Please ask about:

- Transgender groups, Ethnic minorities, religious minorities, People with different abilities, People from remote and underserved areas including newly merged Districts.
- Afghan refugees, internally displaced persons.
- And any others, if relevant to Pakistan context.

1. **Objective: Relevance of the project/activities to address population needs, through humanitarian assistance (UNFPA prioritizes the sexual and reproductive health needs of women and adolescent girls, which are often neglected in humanitarian emergencies, to increase their access to sexual and reproductive health services and protects them from gender-based violence).**

Possible questions:

- a. What were, and are your priority needs?
- b. How well have you been consulted about your needs?

2. **Objective: Coherence of the humanitarian assistance to ensure inclusiveness – ‘leave no-one behind’.**

Possible questions:

- a. Are the services received in your area inclusive, covering all the needy?
- b. Did you help plan the services you have received?
- c. Did the services address persistent vulnerability and build resilience in protracted crises?
- d. What effect do you think the work should have?

3. **Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

Possible questions:

- a. Did you receive the services when you needed them? Were there delays?
- b. Did you receive what you expected? Were you consulted afterwards about your use of the items and services?

4. **Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

Possible questions:

- a. Are the SRH and FP services available in your locality?
- b. Do you avail these facilities?

- c. To what extent are you satisfied with the services?
- d. Can you provide examples of success of the services or activities?
- e. How do you think the activities can be improved?
- f. What was helpful for you regarding your health (access to contraceptives, birth spacing)?
- g. Will the activities/services be useful in the future?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. Can you carry on the work without UNFPA?
- b. What will help you carry on the SRH work on your own?

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a. Do you receive support from other UN agencies and/or can you say how well the activities are coordinated, overlapping or gaps identified?

7. Objective: Lessons learnt and best practices

Possible questions:

- a. What would have done differently with the same resources?
- b. What was the most and least successful approach in the delivery of CP outputs?
- c. What are the lessons and good practices that should be continued and/or replicated elsewhere?

8. Objective: FGD group recommendations

Annex 7: Sample list of Interventions and IPs

	Department Description	IP Name	Activity Description	PC Output	SP Outcome	SP Output	Intervention Area	Project Budget	Budget Utilization
2020	Pakistan - Islamabad	National Institute of Population	Online Dissemination MMS: Conduct a dissemination Online dissemination of Pakistan Maternal Mortality Survey	Population data	4: Population and Development	14 - Demographic intelligence	IA14-2 Data use for policies/programmes/plans	11018	12474
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	Conduct orientation/training of Project Staff on GBV/SRH in emergencies.	Gender equality	1: SRH	03 - Health workforce capacity	IA03-3 SRH skills of health workforce	5538	5269
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	Conduct orientation/training of Project Staff on GBV/SRH in emergencies.	Gender equality	1: SRH	03 - Health workforce capacity	IA03-3 SRH skills of health workforce	845	1096
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	Conduct awareness sessions on GBV/SRH issues in community and women / girls accessing Women Friendly Health Space (WHFS).	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-4 GBV minimum standards in humanitarian context		67
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	Conduct awareness sessions on GBV/SRH issues in community and women / girls accessing Women Friendly Health Space (WHFS).	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-4 GBV minimum standards in humanitarian context	6020	115

	Department Description	IP Name	Activity Description	PC Output	SP Outcome	SP Output	Intervention Area	Project Budget	Budget Utilization
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	Establish a Women Friendly Health Space - WFHS for women and girls.	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-4 GBV minimum standards in humanitarian context	47602	47702
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	Establish a Women Friendly Health Space - WFHS for women and girls.	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-4 GBV minimum standards in humanitarian context	18663	18797
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	Conduct regular monitoring visit of workplan activities in Mirpur.	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-4 GBV minimum standards in humanitarian context	2190	1851
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	Conduct regular monitoring visit of workplan activities in Mirpur.	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-4 GBV minimum standards in humanitarian context	2004	1586
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	National Level Communication Strategy/Campaign on GBV, Psycho social support under COVID-19 Response	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-5 Other	56288	56583
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	National Level Communication Strategy/Campaign on GBV, Psycho social support under COVID-19 Response	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-5 Other	8797	285

	Department Description	IP Name	Activity Description	PC Output	SP Outcome	SP Output	Intervention Area	Project Budget	Budget Utilization
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	Surge Capacity doctors, nurses, support staff, paramedic staff across Pakistan at National Level 15 days each	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-1 Multi-stakeholder engagement for GBV	19482	18831
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	Support gender and child cell (in NDMA) to integrate gender related concerns in humanitarian settings.	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-4 GBV minimum standards in humanitarian context	35483	35636
2020	Pakistan - Islamabad	KPK Commn on the Status of Wom	Establish administrative and operational arrangements for implementation of work plan, coordinate to conduct activities and oversight their implementation.	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-1 Multi-stakeholder engagement for GBV	3280	3279
2020	Pakistan - Islamabad	KPK Commn on the Status of Wom		Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-1 Multi-stakeholder engagement for GBV		30

*This sample intervention for the year 2020 has been shown for illustrative purposes. The full comprehensive listing is available as a separate document.

Annex 8: Partners of Gender CPD9

(Total partners 25 with a minimum of 5 activities with each. FCDO AAWAZ II partnership plus WHO partnership for integrating GBV in health sector)¹⁶⁸

PARTNER	MOU	IP
Federal		
Ministry of Law and Justice		
National Commission on the Status of Women		
National Assemble	Technical Support	
Women Parliamentary Caucus	Technical Support	
ROZAN	(KP, Punjab and Balochistan, technical support to STEP and SPO also)	
STEP		
SPO	(KP, Punjab and Balochistan)	
Planning and Development Ministry	Technical support	
CRVS		
Gender		
Punjab	MOU	IP
Women Development Department (work with Punjab Commission through WDD due to absence of Chair)		
Punjab Safe Cities Authority		
Punjab Bureau of Statistics		
Punjab Ombudsperson Office	MOU to be discussed	Through UN Women
Planning and Development Board	MOU (in process)	
Social Welfare Department	MOU (in process)	
Shirkat Gah		
Sindh	MOU	IP
Home Department	MOU (in process)	
Legal Aid Society		
Pathfinder		
Khyber Pakhtunkhwa	MOU	IP
Social Welfare Department		
Planning and Development Department	Technical Support	
KP Ombudsperson Office	Technical Support	
KP commission on the Status of Women	Technical Support	
Women Parliamentary Caucus	Technical Support	
Balochistan		
Women Development Department		

¹⁶⁸ Received from GEWE section, Pakistan UNFPA Country Office.

Annex 9: CPE Agenda

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
DESIGN PHASE¹⁶⁹						
Day 1: (1 July 2021)	11h00-12h00 Evaluation Team meeting with Country Representative; and Evaluation Manager.	Evaluation Team; Country Representative; and Programme Staff	Remote Access	Evaluation Team and UNFPA Pakistan Country Office	Evaluation Brief	Evaluation Team brief on CPE expectations; clarification of ToR; clarification of team member roles.
Day 2: (2 July 2021)	09h00-10h00 Evaluation Team	Evaluation Team internal meeting	Remote Access	Document Review	Document Review	Review of the ToR; review of individual agendas; Listing of documents to obtain from UNFPA Pakistan office.
	11h00-14h00 ET internal work	ET preparatory work		Design Report	Design Report	Understanding the UNFPA Pakistan 9th CP (2018-2022)
	14h30-18h00 Document review and drafting design report	Evaluation Team internal work				Development of the design report
Day 3: (3 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 4: (5 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 5: (7 July 2021)	08h00-18h00	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report

¹⁶⁹ During the Design Phase, document review and compilation of the Design Report are conducted simultaneously. Document Review continues throughout the Evaluation process until the Final Evaluation Report is completed and submitted.

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
	Document review and drafting design report					
Day 6: (8 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 7: (9 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 8: (11 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 9: (13 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 10: (15 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 11: (17 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 12: (20 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 13: (23 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 14: (25 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 15: (27 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
Day 16: (29 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
	Further consultation on design report	Evaluation Manager	Remote Access	Design Report	Design Report	Development of the design report
Day 17: (1 August 2021)	08h00-13h30 Further consultation on design report	Evaluation Team internal meeting	Remote Access	Design Report	Design Report	Development of the design report
	14h00 Submit draft design report to M & E Analyst	Evaluation Team	Remote Access	Design Report	Design Report	Submission of the design report for review by CO
Day 18: (2 August 2021)	08h00-18h00 Further Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 19: (3 August 2021)	08h00-18h00 Further Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 20: (4 August 2021)	08h00-18h00 Further Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 21: (5 August 2021)	08h00-18h00 Further Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 22: (6 August 2021)	09h00-12h00 Receive and address the input & comments from EM on draft design Report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Improvement on the draft design report
Day 23: (9 August 2021)	14h00-16h00 Present CPE Design Report in general briefing session (plenary)	ERG members; CO technical heads	Remote Access	Design Report	Design Report	Present Design Report; validation of the evaluation matrix, the intervention logic and the overall agenda
	15h30-18h30	Evaluation Team internal meeting	Remote Access	Design Report	Design Report	Finalisation of the design report

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
	Incorporate comments on the Design Report					
Day 24: (10 August 2021)	08h00-18h00 Finalise Design Report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Finalisation of the design report
	14.00 Submit Final Design Report	Team Leader	Remote Access	Design Report	Design Report	Receipt and approval of final Design Report
	14.30-15.30 Brief consultation meeting on field work logistics with EM	Mrs Khadija Zeeshan (Evaluation Manager)	Remote Access	Design Report	Design Report	Final agreement on field work logistics
FIELDWORK PHASE						
The times indicated (where possible) are tentative. UNFPA Pakistan CO please provide and confirm these times for each of the programme areas for the Evaluation Team.						
Management and CO Programme Staff Interviews:						
Day 25: (12 August 2021)	9h15-09h45 Interview with Country Representative	Mr Bakhtior Kadrov	UNFPA Pakistan Country Office	Country Representative	CO interview: Senior Management	Detailed brief to the Evaluation Team on management & coordination of CP
	10h00-10h30 Interview with Deputy Country Representative		UNFPA Pakistan Country Office	Deputy Country Representative	CO interview: Senior Management	Detailed brief to the Evaluation Team on management & coordination of CP
	11h00-12h00 Interview with Head: SRH Programme		UNFPA Pakistan Country Office	Chief Technical Specialist, Maternal Health/Family Planning (Head)	CO interview: SRH&R	Detailed brief to the Evaluation Team on the actual portfolio being implemented
	12h30-13h30 Interview with Head: Gender/ GBV Programme		UNFPA Pakistan Country Office	Programme Specialist (Head)	CO interview: GEWE	Detailed brief to the Evaluation Team on the actual portfolio being implemented
	14h00-15h00 Interview with Head: PD/ Data Programme		UNFPA Pakistan Country Office	Programme – PD/Data (Head)	CO interview: PD/ Data	Detailed brief to the Evaluation Team on the

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
						actual portfolio being implemented
	15h30-16h30 Interview with Head: Adolescent Sexual and Reproductive Health		UNFPA Pakistan Country Office	Programme - Adolescent Sexual and Reproductive Health (Head)	CO interview: AY	Detailed brief to the Evaluation Team on the actual portfolio being implemented
Day 26 (16 August 2021)	10h30-11h30 Interview with Head: Communication		UNFPA Pakistan Country Office	Programme - Communication (Head)	CO interview: Communication	Detailed brief to the Evaluation Team on the actual portfolio being implemented
	12h00-13h00 Interview with Head (Operations)		UNFPA Pakistan Country Office	Head: Operations	CO interview: Operations	Detailed brief to the Evaluation Team on the actual portfolio being implemented
Day 27: (17 August 2021)	09h00-18h00 Further document review		Remote Access	Document review	Document review	Document review

FIELD PHASE ¹⁷⁰						
FEDERAL						
GOVERNMENT						
Day 28 (19 August 2021)	09h00-10h00 Stakeholder 1	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	10h30-11h30 Stakeholder 2	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	12h00-13h00 Stakeholder 3	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	14h00-15h00 Stakeholder 4	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	15h30-16h30 Stakeholder 5	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
Day 29 (23 August 2021)	09h00-10h00 Stakeholder 6	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	10h30-11h30 Stakeholder 7	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	12h00-13h00 Stakeholder 8	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
IPs						
Day 30: (24 August 2021)	09h00-10h00 Stakeholder 1	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	10h30-11h30 Stakeholder 2	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	12h00-13h00 Stakeholder 3	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level

¹⁷⁰ IP interviews in this category will be conducted simultaneously by the team of 4 CPE Consultants.

	14h00-15h00 Stakeholder 4	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	15h30-16h30 Stakeholder 5	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
Day 31: (25 August 2021)	15h30-16h30 Stakeholder 6	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	15h30-16h30 Stakeholder 7	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	15h30-16h30 Stakeholder 8	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
UN/ DONORS						
Day 32: (26 August 2021)	09h00-10h00 UNICEF	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	10h30-11h30 UNDP	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	12h30-13h30 UNAIDS	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	14h00-15h00 UN Women	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
Day 33: (27 August 2021)	09h00-10h30 UNOCHA	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	11h00-12h00 WHO	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	12h30-13h30 USAID	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	14h00-15h00 DFID	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor

	15h30-16h30 WORLD BANK	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
*Provincial KIIs and FGDs for Provincial Government & IPs will be undertaken from 30 August – 30 September 2021.						
REPORTING PHASE¹⁷¹						
Day 46: (5 October 2021)	09h00-18h00 Debriefing meeting with CO staff and the ERG to present emerging findings and preliminary conclusions after data collection.	Evaluation Team	Remote Access	Debriefing meeting	Evaluation Report	Presentation of emerging findings and preliminary conclusions after data collection.
Day 47: (7 October 2021)	09h00-18h00 Data Analysis	Evaluation Team internal work	Remote Access	Data Analysis	Evaluation Report	To produce useable information /results from raw data to inform the draft evaluation report
	08h00-18h00 Compilation of the different parts of drafting evaluation report	Evaluation Team internal work	Remote Access	Evaluation Report	Evaluation Report	Internal presentation of preliminary results by each evaluator and preparation of a joint presentation
Day 48: (9 October 2021)	09h00-18h00 Data Analysis	Evaluation Team internal work	Remote Access	Data Analysis	Evaluation Report	To produce useable information /results from raw data to inform the draft evaluation report
	08h00-18.00 Compilation of the different parts of drafting evaluation report	Evaluation Team internal work	Remote Access	Evaluation Report	Evaluation Report	Internal presentation of preliminary results by each evaluator and

¹⁷¹ Data analysis and compilation of Evaluation Report will be conducted simultaneously wherein secondary data will be validated and triangulated with primary data from KIIs and FGDs.

						preparation of a joint presentation
Day 49: (11 October 2021)	09h00-18h00 Data Analysis	Evaluation Team internal work	Remote Access	Data Analysis	Evaluation Report	To produce useable information /results from raw data to inform the draft evaluation report
	08h00-18h00 Compilation of the different parts of drafting evaluation report	Evaluation Team internal work	Remote Access	Evaluation Report	Evaluation Report	Internal presentation of preliminary results by each evaluator and preparation of a joint presentation
	08h00-18h00 Compilation of the different parts of drafting evaluation report	Evaluation Team internal work	Remote Access	Data Analysis	Evaluation Report	Internal presentation of preliminary results by each evaluator and preparation of a joint presentation
Day 50: (12 October 2021)	09h00-18h00 Data Analysis	Evaluation Team internal work	Remote Access	Evaluation Report	Evaluation Report	To produce useable information /results from raw data to inform the draft evaluation report
	08h00-18h00 Finalise drafting of evaluation report	Evaluation Team internal work	Remote Access	Data Analysis	Evaluation Report	Synthesis of the evaluation findings
Day 51 (14 October 2021)	10h00 Draft CPE Report submitted to UNFPA Pakistan for review	Team Leader	Remote Access	Evaluation Report	Evaluation Report	Submission to EM of the Draft Evaluation Report
Day 52: (16 October 2021)	08h00-18h00 Feedback received from CO and incorporation of comments in the draft Evaluation Report	Evaluation Team internal work	Remote Access	Evaluation Report	Evaluation Report	Synthesis of the evaluation findings

Day 53: (10 November 2021)	09h00-12h00 Morning: Presentation of draft Evaluation Report in a plenary session with ERG and CO staff	CO staff and members of the ERG	Remote Access	Evaluation Report	Evaluation Report	Presentation of the CPE findings and recommendations; open discussions (workshop) with CO staff and ERG members
	14h00-15h00 Afternoon: Evaluation Team internal wrap-up meeting	Evaluation Team		Evaluation Report	Evaluation Report	Analysis of the outcome of the workshop; distribution of tasks; next steps
Day 54: (11 November 2021)	08h00-18h00 Incorporation of comments from ERG and prepare second draft Evaluation Report and Final PowerPoint Presentation	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Production of Second Draft Evaluation Report
Day 55: (13 November 2021)	08h00-18h00 Incorporation of comments from ERG and prepare second draft Evaluation Report and PowerPoint presentation	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Production of Second Draft Evaluation Report
Day 56: (16 November 2021)	08h00-18h00 Submit second draft CPE Report to EM	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Submission of the second draft of the Evaluation Report to the EM in Pakistan CO
Day 57: (23 November 2021)	10h00 Further comments as received from Pakistan CO based on second draft Evaluation Report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
	08h00-18h00	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report

	Address the comments and finalise CPE report					
Day 58: (24 November 2021)	08h00-18h00 Address the comments and finalise CPE report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
Day 59: (25 November 2021)	08h00-18h00 Address the comments and finalise CPE report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
Day 60: (26 November 2021)	08h00-18h00 Address the comments and finalise CPE report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
Day 61: (27 November 2021)	08h00-18h00 Address the comments and finalise CPE report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
Day 62: (28 November 2021)	08h00-18h00 Address the comments and finalise CPE report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
Day 63: (30 November 2021)	10h00 Submit Final CPE Report to the EM (Ms Khadija Zeeshan) in UNFPA Pakistan Country Office.	Team Leader	Remote Access	Evaluation Report	Final Evaluation Report	Submission of the Final Evaluation Report to the EM, UNFPA Pakistan Country Office.
Project close-out						

Annex 10: Performance against CPD Indicators

AY performance assessment against CPD indicators

Country programme outputs	Indicators	Baseline	Target	Status 2018	Status 2019	Status 2020
Output 3: Increased national and subnational capacity to develop policies, programmes and institutional mechanisms that incorporate the rights and needs of youth, particularly the right to access to sexual and reproductive health information and services.	CPD Indicator 3-1 National/provincial curricula on gender-responsive age-appropriate life-skills-based education adopted and rolled out	No	Yes	MOU was signed between UNFPA and the Ministry of Education to initiate integration of LSBE in the national curricula.	Draft of the Advocacy and communications strategy on LSBE. Three-year roadmap for integration of LSBE for in and out-of-school youth and adolescents was developed. Extensive consultations for LSBE. Review of existing national and provincial curriculum on LSBE. Design for the situational analysis/study.	Development of the first National guidelines on adoption of gender responsive, contextualized, age appropriate LSBE content; it will facilitate the provinces and regions. Establishment of National Taskforce on LSBE by the MoE; closely monitoring of LSBE integration. Development of training resources on LSBE for teachers and their training in ICT. Advocacy sessions with the provincial/regions..
	CPD Indicator 3-2 Number of participatory platforms that advocate for increased investments in marginalized adolescents and youth, within development policies and programmes	0	4	Due to Pakistan CO HR Realignment, the key milestones for 2018 could not be achieved.	Formation of a youth-led community mobilization platform. Selection of a dedicated implementing partner in all four provinces for increased investments in marginalized adolescents and youth.	Establishment of a pool of 'Youth Leaders on SRHR' representing youth-led organizations. Training of 60 youth champions from 30 youth-led organizations in ICT and KP on SRHR; whereas, 16 Master Trainers' were trained and engaged for the cascade training.
	3.3 National data on youth and ICPD available for informed policy making and programming.	No	Yes	Discussions were initiated to carry out a comprehensive study on youth, with a concept note. But, due to lack of funding,	Coordination with UNDP is maintained to come up with national data on youth.	

Country programme outputs	Indicators	Baseline	Target	Status 2018	Status 2019	Status 2020
				the study could not be initiated.		
	3.4 Number of provinces that have action plans on provincial youth policies endorsed.	0	2	Sindh Youth Policy was approved in 2018. The policy approval was a result of significant policy advocacy by UNFPA over the past few years.	Discussions have been initiated to review the Sindh youth policy and development of its action plan.	With UNFPA's support National youth-led policy conference - bridging the gap between young people and the policy makers. But, due to the pandemic situation the youth policy development work came to a halt.

GEWE performance assessment against CPD indicators

<p>CPD Outcome 3: Gender equality and women's empowerment: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth, in development and humanitarian settings.</p> <p>Outcome indicator: % of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances. Baseline: 43% DHS 2012; Target: 5% decrease compared to DHS 2017.</p>	
<p>Achievement of Outcome Indicator: Not achieved</p>	
<p>CPD Output 4: Strengthened capacity of public sector and civil society partners to advance gender equality and prevent and respond to gender-based violence in development and humanitarian settings</p>	
Indicator, Baseline, Target	Evaluator Assessment of Achievement
<p>CPD Indicator 4-1 A mechanism to track the implementation of key policies and laws on women's rights is established and functional. Baseline: No; Target: Yes</p>	<p>The tracker mechanism is not formulated. Therefore, information is unavailable on whether interventions were for input on # of laws enacted/ amended/ implemented or # of advocacy/ lobbying forums established for policy/ legal reform. Laws enacted during CP 9 include KP CMR Act, where marriageable age for girls is retained at 16.</p> <p><i>Target: KP: 0, Bal: 0. Sindh: 0, Punjab: 1, Federal: SVF with Anti Rape Act 2021_ Target Achieved: No</i></p>
<p>CPD Indicator 4-2 Number of multi-sectoral coordination mechanisms (MSCM) on gender-based violence that are functional at the national/sub national level. Baseline: 0; Target: 4</p>	<p>Notification of MSCM forums is a mere exercise and the test of its effectiveness will surface when it adopts an agenda and starts holding coordination meetings for addressing GBV. Two provinces do not have a MSCM while other two have notified it but the latter do not have an agenda nor held a meeting. Hence no contribution is made for capacity enhancement/ institutional strengthening aspects, to the output or outcome so far. In humanitarian settings, MSCM to counter GBV is housed at NADRA with UNFPA's support, and provided services to GBV survivors during COVID pandemic, contributing to Output and Outcome of GEWE.</p> <p><i>Target: KP: 0, Bal: 0, Sindh: 0, Punjab: 0, NADRA: 1</i></p> <p><i>Target Achieved: No</i></p>
<p>CPD Indicator 4-3 # of provinces that adopt</p>	<p>Training was provided on adopting WHO clinical handbook in two provinces. Health sector has clearly not adopted WHO's guidelines/ protocols, and is not prepared to respond effectively to GBV</p>

<p>guidelines for health sector response to GBV in line with ESP. Baseline: 0; Target: 4 CPD Indicator 4.4 Strategy available to eliminate harmful cultural practices, including early/child and forced marriage. No; Target: Yes</p>	<p><i>Target Achieved: No</i></p> <p>The PEA and strategy are formulated with its effective dissemination and adoption to follow. Evidence generation, namely Domestic Violence data in PDHS national survey, GMIS, Gender Parity Reports Punjab with 300 indicators, and Women's SEWS 2016-2018, all are landmark achievements of UNFPA. These initiatives will contribute to effective planning / lobbying for eliminating harmful cultural/ social practices and will provide necessary foundation for advancing GEWE as defined in the outcome.</p> <p><i>Target Achieved: Yes</i></p>
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Note: It is noteworthy that the GEWE section during CP9 was working without a documented Gender Strategy and Action Plan to guide its selection of and implementation of interventions. Sans GEWE strategy, with four staff members, its achievements are significant in CSOs mobilisation especially during COVID-19 for GBV, and evidence generation.

PD performance assessment against CPD indicators

CP indicators and baselines	Status in 2018	Status in 2019	Status in 2020
<p>Disaggregated population data available through Census, DHS, and other surveys for evidence-based planning, monitoring and reporting.</p> <p>Baseline: No Target: Yes</p>	<p>Support to the 2017 Housing and Population Census with detailed reports (national, provincial and district) were developed - 9 Census reports (one national census report, 4 provincial census reports, 4 regional census reports); 31 district census reports have also been completed.</p> <p>The PDHS 2017-18 was supported and the preliminary report is available.</p> <p>PMMS with sample size of 150,000 respondents underway, based the Verbal Autopsy. Questionnaire has been finalized and pre-tested after approval of the Technical Advisory Committee.</p>	<p>The Fourth round of PDHS (2017-2018) was completed. The detailed report is available.</p> <p>Social and Economic Well-being survey of Punjab was completed to generate provincial and district level representative data on the economic and employment status of women in Punjab province.</p>	<p>The final results of first ever PMMS has been announced. The survey has generated reliable statistics on the causes and risk factors of maternal mortality which is vital for assessing the impact of existing maternal health interventions and to develop evidence-based interventions to address the shortcomings in maternal health services</p>
	<p>Two international consultants were engaged to oversee the overall Post Census activities.</p>	<p>The results of PDHS 2017-18 were disseminated at the national and provincial levels.</p>	
	<p>SOPs for census unit has been developed and shared with Pakistan Bureau of Statistics for endorsement.</p>	<p>PMMS has been successfully completed.</p>	

CP indicators and baselines	Status in 2018	Status in 2019	Status in 2020
	Provincial and district focal persons of line departments and demographers were trained on population projection and generating analysis on demographic trend for policy advocacy		
	20 personnel (district heads) various districts of Balochistan attended this training on the Population Projections' soft wares.	Total 47 staff from PWD Punjab and Baluchistan have been trained on basic demography and population projection	
	This activity has been removed from this year's work plan due to delays in the announcement of census results.	National standards have been developed for establishing the Demographic Units in Pakistan Bureau of Statistics (PBS) to strengthen the demographic data collection tools and to institutionalize the FP expenditures under the National Health Accounts.	
	Total 20 government officials from federal Ministry of Planning, provincial departments of Sindh i.e., PWD, health, labor, finance and human resources were equipped with knowledge and tools to integrate demographic variables in their annual development planning and produce effective and sustainable development plans		
	First kick-off meeting was conducted by inviting selected members under the supervision of member social sector, Ministry of Planning, Development and Reform. TOR developed for the Think Tank was shared with members for their review and inputs.		
	The two-day PAP conference with this year's theme 'Population and Development-Policy and Programme Implementation Challenges in Pakistan' was conducted at Peshawar University.		

CP indicators and baselines	Status in 2018	Status in 2019	Status in 2020
Think tank established for data utilization and equity-based planning and budgeting.	A concept note for the establishment of a network of think tanks in the Planning Commission.	With continued advocacy, the Ministry of Planning, Development and Reform has agreed to establish Population Resource Center in the Planning Commission rather than at PBS. The PC1 for the Centre has been approved.	
5-2 Number of UNFPA supported research and thematic analyses that reflect key population dynamics for policy development Baseline: 3; Target: 6	Mapping of under-researched areas related to population dynamics has been conducted. the researches and thematic analysis will be carried out based on the mapping. In addition to this, standards have been developed to set up research and population centres in selected universities. These centres will support the frequent studies and analysis useful for evidence-based programming.	A total of three In-depth analytical reports on (i) unmet need for family planning, (ii) child marriage and (iii) gender-based violence based on Pakistan Demographic and Health Survey (2017- 2018) have been conducted and disseminated.	Population Situation Analysis 2020 (PSA) has been undertaken by national/intern national consultants. The first phase of longitudinal Panel Study has been successfully completed to provide a regular stream of data to Program managers in order to evolve corrective measures for family planning and other health programs.
	Technical expert was engaged to undertake the activity. The activity has been completed and the draft report has been submitted to Government for review and inputs. The report will be finalized by the expert by incorporating the inputs/suggestion (if any). The draft report is available.	A comprehensive review of the existing body of research on Pakistan's population dynamics has been completed. This review/report proposes a future direction for research and highlight areas that should be explored in an organized manner.	
	Due to delays in census and DHS results, the activity has been postponed until the results are announced by the Government of Pakistan.		
	Two universities, Quaid-e-Azam University and Forman Christian College University have been tentatively selected for establishing the population research centers. SOPs have also been developed for the centers.		
5-1 Number of civil service training institutions that have incorporated population dynamics in	A series of advocacy meeting have been held during the year to incorporate population dynamics in the curriculum/courses of the Civil	Curricula of Civil Service Training Institutions was reviewed and gaps and recommendations were compiled to inform	High level advocacy meetings with National Institute of Management of Khyber Pakhtunkhwa (KP) conducted and principally it

CP indicators and baselines	Status in 2018	Status in 2019	Status in 2020
their curriculum/courses Baseline: 0; Target: 2	Service Training institutions. Dedicated lectures/sessions have been delivered to the selected institutions that has increased the understanding of the population issues and its impact on socio-economic situation of the country. Sustained advocacy will be maintained to integrate these courses in their curricula. Additionally, a guideline has been developed for creation of linkages between planning and other relevant sectoral departments to address population issues.	integration of population dynamics in the curriculum. The Civil Service Academy (responsible to train newly recruited civil servants) has integrated population dynamics in its training courses for young officers. Furthermore, curricula on Demography has been developed for integration in the graduate level (Bachelors of Science) courses of social sciences.	has been agreed to include population dynamics into provincial service training institution of KP province however, the activity was affected because of COVID-19 situation.
	Guidelines for cross-sectoral integration of population dynamics in planning have been completed. The guideline provides a brief historical overview for the integration of population dynamics in development planning; describes a conceptual framework and two-way linkages of population variables with the macro economy.		In the meeting with Provincial Service Academy KP, it has been principally agreed to integrate population dynamics into the provincial service training institute training module.
5.3 Population related indicators integrated into national data base for SDGs. Baseline: No Target: Yes	UNFPA in collaboration with UNDP has provided technical support to the Ministry of Planning, Development and Reform to set up SDGs Unit. SDG lab has also been established to support the data collection for tier 3 indicators.	National SDG framework has been developed and population related indicators have been incorporated into the framework. SDG dashboard has been designed that aims to document national and subnational progress on SDG indicators. Moreover, SDG Tech Lab was launched in collaboration with Information Technology University.	The Monographs on SDGs and Population Dynamics has been developed based on country specific evidence base to explore in depth the links of population dynamics with 6 of the 17 SDGs, relating to climate change, health, education, poverty, women's empowerment, and sustainable economic growth.
	National SDGs frame work has been developed and population indicators under UNFPA mandates have been incorporated into the framework, which will be further reviewed for inserting additional population indicators.		The Monograph on population dynamics and SDGs finalized and available

CP indicators and baselines	Status in 2018	Status in 2019	Status in 2020
	SDG tech lab established to explore avenues to use technology for monitoring and reporting on tier-3 SDGs indicators. Research studies have been completed and report is being finalized and will be available in the first quarter of 2019.		
	The on-line data dissemination system at the national level has been developed and data is being uploaded.		
5.4 Plan of Action adopted to harness the benefits of demographic dividend Baseline: No Target: Yes	Media management strategy was developed as part of the wider National and Provincial Advocacy and Communication Strategy.	National transfer accounts was conducted to provide a coherent accounting framework of economic flows from one age group or generation to another, supporting the policy makers to understand the linkages between population dynamics and development and the macroeconomic implications of changes in the age structure.	Plan of action to harness the demographic dividend will be developed after release of census results as age-sex disaggregated data is required for this activity.
	A draft media strategy has been developed however, consultation of media houses will be engaged to finalize the strategy.		Multi-Year Population and Development Framework and Action Plan (MYPDFAP) has been completed successfully and a report is available.

(Output 5: Enhanced national capacity to generate, analyse, disseminate and use disaggregated population data in order to inform evidence-based policy-making, planning, budgeting, and monitoring)