

COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR PAKISTAN

Second regular session 2022

Comments by Canada	UNFPA country/regional office response to comments
Canada welcomes the draft CPD for Pakistan.	UNFPA extends appreciation to the Government of Canada for reviewing the 10th Country Programme (CP10) for Pakistan.
UNFPA’s proposed transformative results (3) for this country programme illustrate well the focus of this country programme [(i) Reducing preventable maternal deaths; (ii) Address unmet needs for family planning; and (iii) Focus on prevention of gender-based violence and address other harmful practices, including child marriage]. The country program (2023-2027)’s focus will be on “addressing discriminatory gender and social norms and disparities that restrict access to high-quality and inclusive sexual and reproductive health services, particularly on those most left behind” [pr.17]. As such, Canada urges more emphasis be placed on GE in the Programme rationale section, especially as it is an important focus of this CPD. For instance, paragraph 1 mentions the opportunity to turn Pakistan’s youth bulge into a demographic dividend, but is silent on the crucial role that GE would play in this. It is evident that a demographic dividend cannot happen when 50% of a population faces important challenges in their full participation in all spheres of the society, including participating in the economy. Investments in human capital development cannot exclude investments in closing gender gaps. As such, it is also recommended that the first paragraph clearly mention GE in terms of investments the country needs in order to harness this demographic dividend. In paragraph 2, it would also be beneficial to be clear that the inequality/disparity referred to also manifest between different genders.	UNFPA agrees that gender equality is central to achievement of the ICPD Programme of Action, as well as the 2030 Agenda for Sustainable Development, and is reflected in the programme’s underlying theory of change, as well as the programme priorities. UNFPA will strengthen work on addressing social and gender norms to advance gender equality and empowerment of women. This work is programmed under output 5, and will directly contribute to and is mainstreamed across all other outputs.
The document speaks of partnerships, but does not specifically include language on what UNFPA would be seeking in terms of collaboration with donor countries in Pakistan to advance objectives, beyond funding. Especially in terms of the objective to “shift from funding to financing” and “expand the partnership base” [pr.18] – perhaps some opportunities out there for donor	UNFPA notes that partnerships are necessary to accelerate implementation of the ICPD Programme of Action. Paragraph 26 highlights UNFPA’s commitment to enhance partnerships with a variety of actors, including development partners, in advancing policy reform and implementation, in addition to the shift from funding to

<p>countries to help with advocacy in mobilizing other resources that could be clarified, or increase awareness on specific issues? The CPD includes several references to public-private partnerships, but does not clarify what those partnerships would entail and how they would help leverage engagement and resources. Suggest exploring this further in the document, with more concrete examples.</p>	<p>financing. UNFPA looks forward to continuing these discussions during implementation of the CPD, including to explore further opportunities for advocacy and resource mobilization.</p> <p>UNFPA will support public-private partnership models for delivering accelerated sexual and reproductive health and family planning information and services, along with the subsequent advocacy for their financing and replication. In partnership with the federal and provincial governments and private institutions, the following public-private partnership models will be piloted: (1) a voucher scheme model which involves issuing vouchers to franchised private facilities to help the most vulnerable and poorest groups to avail reproductive health services; (2) outsourcing sexual and reproductive health and family planning services to private hospitals and clinics to overcome public sector reproductive health personnel shortage and to address unmet needs; and (3) clinical franchising, which is a long term contract between a private party and a government entity for providing sexual and reproductive health services and involves establishing franchising standards by the government institution, followed by monitoring standards of care and technical supervision.</p>
<p>In the Programme rationale section, suggest UNFPA could include the sources (as footnotes) of the data and stats that are cited (e.g. contraceptive prevalence rate, rate of doctors/nurses per 1,000 person, percentage of girls married before the age of 18, etc.)</p>	<p>UNFPA appreciated the recommendation. The standard CPD format, however, is not to include sources as footnotes; indeed, footnotes are rarely included in CPDs. Sources for specific data and stats can be provided if requested.</p>
<p>Suggest that the 6 outputs outlined in the country’s programme could include more concrete actions to address the challenge that’s identified under the rationale [pr.3] about Pakistan’s “either slow or stagnant progress on SDGs”, especially on SDG3 (good health and well-being) and SDG5 (gender-equality and women’s empowerment). More actions beyond what are presented under Output 6 (strengthened data systems) would be very welcome. As Pakistan’s slow progress is not only due to lack of proper mechanisms to track indicators towards the achievement of these SDGs but overall because of the lack of commitment from the government to allocate more resources, strengthen the</p>	<p>Through this country programme, UNFPA will advocate for increased domestic financing and support policy formulation and implementation and sexual and reproductive health system strengthening to accelerate the achievement of the ICPD Programme of Action. These actions are reflected under outputs 1 and 2 that are central to the programme design. UNFPA will strengthen national capacity for collection, analysis and use of disaggregated data for monitoring SDGs and supporting evidence-informed decision-making, with a focus on</p>

<p>policy environment/monitor adequate implementation of legislation and to improve collaboration between national/provincial governance.</p>	<p>ensuring no one is left behind, as well as strengthening capacity for monitoring of the SDGs.</p>
<p>In terms of partnerships [pr.26], suggest UNFPA include partnerships at the local/district levels as it may be more efficient to engage directly with local governments to see positive change (in a context where there is a lack of coordination between national/provincial institutions). Urge UNFPA specify how they could leverage their role in partnering with local orgs and governments to identify and implement solutions. This is more clearly mentioned under paragraph 28 but could also be more clearly fleshed out in the programme document under outputs 1 and 4.</p>	<p>The country programme highlights UNFPA’s commitment to work in partnership with various actors at provincial and local/district levels; this is especially important as health, including sexual and reproductive health, is devolved locally (Ref: paras 26-28). In so doing, UNFPA will build on its experience and lessons learned from working at provincial, local and district levels. Further details will be included in the country programme Operational Plan.</p>
<p>Paragraph 7 mentions that the latest Demographic and Health Survey was conducted in 2017-18 (from the National Institute of Population Studies of Pakistan), but there is no mention on when the next survey iteration would be – especially under output 6 [pr.35] on strengthened data systems and the importance of disaggregated data to identify “those furthest behind first” [pr.23]. We would welcome more information on what kind of surveys/data collection methods/studies will be used to identify those most vulnerable/left furthest behind (focus on this 10th programme), and that these surveys/data collection be aligned with the country programme’s multi-year cycle, so that data is readily available in the first stages of the implementation of the program to ensure it properly serves to inform the programme’s activities. Additionally, this future survey would ideally also focus (have an “expanded scope”) on tracking and reporting on the effects of Covid-19 on poverty, inequalities, examples of harmful social norms and practices, and overall health’s indicators, especially for women, and not only focus on tracking data strictly on basic demographics and health indicators. Covid-19 has left a legacy of rising poverty and widening inequalities – including in the health sector – and we suggest it be addressed in the next survey.</p>	<p>Data are essential for ensuring policies and their implementation can be effectively targeted. The census is scheduled to be conducted in October/November 2022.</p> <p>UNFPA will support the next nationally representative household survey, Demographic and Health Survey (DHS), which is scheduled for 2023 and expected to provide detailed information on, fertility, family planning, maternal health, women’s empowerment, domestic violence, malnutrition, HIV prevalence, infant and child mortality. The DHS will provide key data for planning, monitoring and evaluating progress towards SDGs 1, 2, 3, 4, 5, 6, 8 and 16.</p> <p>The details will be specified in the country programme Operational Plan. UNFPA will also support in-depth analyses of data ranging from census monographs to in-depth DHS data analyses focusing on various topics such as gender, gender-based violence, child marriage, fertility and youth.</p> <p>This is in addition to a Population Situation Analysis in 2024 offering a solid foundation for an integrated assessment of population dynamics and their relationship with sustainable development.</p> <p>Furthermore, regular monitoring of trends in sexual and reproductive health indicators requires longitudinal panel studies based on</p>

	<p>performance monitoring action, which will be conducted at the provincial level.</p> <p>UNFPA will also provide technical support in population projections, a migration survey and constructing national transfer accounts to analyse economic flows from one age group to another and get insights into pressures on health care social services and public finances.</p>
<p>Budget: Project’s rationale could benefit from a paragraph highlighting the budget constraints or reallocation of resources and funding that would usually go towards ‘regular’ health facilities and programs in the past (including SRHR), which were re-allocated to the Covid-19 response to put the indicative funding requested into context. UNFPA could include more information on these numbers in terms of reallocation, and to help with context. UNFPA could also provide more information about the funding amount and if record inflation has been taken into consideration with this budget and if the funding takes into consideration the potential larger influx of Afghan refugees in Pakistan in the coming years. Lastly, UNFPA could also include former country programmes’ budgets to put this draft programme’s budget into context.</p>	<p>UNFPA notes the recommendation. Details related to financing for sexual and reproductive health will be included in the country programme Operational Plan. The projected resources for the 10th country programme are based on the UNFPA resources distribution system for regular resources, and projections for the funding environment for other resources; these have been detailed in the integrated partnership and resource mobilisation plan which the country office has developed alongside the country programme. UNFPA also stands ready to discuss the funding envelope for this country programme.</p>
<p>Pakistan’s country objectives: The document does not make reference to Pakistan’s national priorities and only speaks of alignment under other UN’s priorities. We recommend that the document mention Vision 2025 and how UNFPA’s proposed programme is aligned with Pakistan’s national objectives.</p>	<p>UNFPA notes the recommendation. The country programme has been developed in close consultation with the Government of Pakistan and is fully aligned with national priorities. UNFPA will ensure that in its implementation, the programme will continue to be aligned with national priorities related to Agenda 2030 and the ICPD Programme of Action.</p>

<p>Afghan refugees: Ideally, overall, this document could include more information on how the proposed programme would also help meet needs of Afghan refugees. As stated in the document, Pakistan has the largest protracted refugee population globally. Afghan refugees are among the most vulnerable (furthest left behind), and the ongoing situation in Afghanistan may mean an increased influx of Afghan refugees crossing the border, putting additional strains on health services and create needs to reallocate resources to meet the needs of these refugees who often lack official documentation to receive services from the state. This could be included potentially in the section on the humanitarian-development nexus. Likewise, the section of risks does not specifically highlight the potential risks of escalated violence in Afghanistan and increased movements of people across the border. We ask UNFPA to be more specific in terms of number. For example, instead of ‘3M registered and undocumented Afghan refugees and nationals’ could rather use ‘1.4M registered refugees and 1.6M Afghan Citizen Card holders or undocumented Afghans’.</p>	<p>UNFPA notes and appreciates the comment. The country programme has been designed in partnership with national partners to work along the humanitarian-development continuum, including in response to the needs and concerns of Afghan refugees, building on UNFPA’s ongoing work in this regard.</p>
<p>Thank you</p>	
<p style="text-align: center;">Comments by the European Union</p>	<p style="text-align: center;">UNFPA country/regional office response to comments</p>
<p>We support the overall focus UNFPA draft country programme as well as the result areas through which the programme plans to work. It is worth noting, however, that despite having implemented several intervention plans, the population growth in Pakistan has increased from 1.6% in the 1980s to 2.4% today. Taking conventional approaches to tackling this priority challenge for the country risks not appropriately addressing the needs. Interventions of the past decades have not resulted in meeting the need of family planning and the government to address this issue head-on.</p>	<p>UNFPA extends appreciation to the European Union for the valuable feedback.</p> <p>The Population Situation Analysis Report (conducted by the Ministry of Planning, Development and Special Initiatives and UNFPA) identified key root causes of the high population growth and slow fertility decline, including those related to family planning services, gender inequality and women’s empowerment.</p> <p>On the basis of the findings of the Population Situation Analysis, the country programme will create and scale up effective and innovative models to ensure accelerated and integrated delivery of sexual and reproductive health and family planning services. This will include domestic financing mechanisms, supply chain management and public-</p>

	private partnerships to strengthen family planning service delivery and outreach models, including advancing positive social and gender norms.
<p>As reflected in the relevant evaluation report “UNFPA has been successful in advocating to the policy-makers at higher government levels to increase budgetary allocations and 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.” While developing a costed plan is an important step in the right direction, a financing plan is also needed that embeds this in the budgetary process, aligned with fiscal framework of federal and provincial governments. Furthermore, the gap of US\$ 510 million identified in the donor conference has not received pledges so far; implementation is therefore at risk.</p>	<p>The new country programme will follow up on the recommendations of the 2021 International Donor Conference on Population/Family Planning, including a government-donor coordination platform on population dynamics and family planning to fill the financial gap and accelerated delivery of the services. In addition, UNFPA will develop investment cases and advocate for sustainable financing for sexual and reproductive health, including family planning (paras 26 and 30 and indicators under output 1, indicator 3 and output 2, indicator 2). The integrated partnership and resource mobilisation plan provides a roadmap for partnership building, strengthening and coordinating strategic partnerships, including expanding its partnership base with various stakeholders in particular, the private sector and international financial institutions</p>
<p>In the country programme the focus appears somewhat diluted to other important areas but not directly towards the major issue of population growth and the needed family planning programmes. UNFPA might assist the host government in strengthening family planning services delivery through collection of timely and accurate statistics, revising policies, provision of budgetary resources for ensuring availability of trained staff and contraceptive supplies at fully functional family planning and reproductive health centres. More work is required to break the social and religious taboos for which the IEC (inform, educate and communicate) component is to be part of family planning efforts. The direct emphasis could be put on the following known areas:</p> <ol style="list-style-type: none"> 1. Every woman, adolescent and youth everywhere, has uninterrupted access to sexual and reproductive health services and is empowered to exercise reproductive rights, free of coercion, discrimination and violence, in all contexts. 2. Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings 	<p>UNFPA appreciates this comment. The country programme will accelerate progress towards reducing the unmet need for family planning and preventable maternal deaths and addressing gender-based violence and child marriage.</p> <p>In this respect, the new country programme places a strong emphasis on addressing gender and social norms that restrict access to sexual and reproductive health and family planning information and services and perpetuate gender-based violence and child marriage; this will contribute to promoting gender equality and the empowerment of women and girls.</p> <p>This will be supported by UNFPA’s increased efforts in strengthening data systems and knowledge platforms to leave no one behind and scaling up advocacy for young people’s education, employment, engagement and health to create and realise a demographic dividend.</p>

3. Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development	
A further note on family planning: this is a key component of sexual and reproductive health for enabling choices and opportunities for all, and in particular women and girls. Family planning programs have occasionally been criticized for “forcing” contraceptives on poor women in the interest of population control, but emphasis should remain on choices and rights, as is generally the case in UNFPA’s programming.	To advance rights and choices for family planning, the country programme will, inter alia, build on: (1) the rights-based National Narrative on Population; and (2) the integration of a human rights-based approach to family planning guidelines/protocols in the pre-service and in-service curricula of healthcare providers, among other rights-based initiatives.
Comments by France	UNFPA country/regional office response to comments
It would be appropriate to provide more tools for national monitoring mechanisms of the use of program funds	UNFPA extends appreciation to France for the feedback, noting the centrality of monitoring mechanisms of the use of programme resources. In this respect, the country programme Operational Plan specifies monitoring tools and mechanisms, including national oversight and coordination platforms such as national web-based portal to strengthen accountability for the implementation of the programme and use of funds.
Comments by the United States of America	UNFPA country/regional office response to comments
Overall, we appreciate that the country programme document for Pakistan is well-written which also aligns with shared priorities of the U.S., including family planning/reproductive health, maternal health, gender equality and women's empowerment, gender-based violence, and population and development.	UNFPA extends appreciation to the United States Government for this comment and for having reviewed the 10th country programme.