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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Pakistan

Proposed indicative UNFPA assistance: \$39.5 million: \$19 million from regular resources and \$20.5 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2018-2022)

Cycle of assistance: Ninth

Category per decision 2013/31: Orange

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	10.5	12	22.5
Outcome 2	Adolescents and youth	1.5	3	4.5
Outcome 3	Gender equality and women's empowerment	2	4	6
Outcome 4	Population dynamics	3.5	1.5	5
Programme coordination and assistance		1.5	0	1.5
Total		19	20.5	39.5



I. Programme rationale

1. Pakistan is the sixth most populated country in the world, with an estimated population of 195.4 million. The total fertility rate is 3.8 children per woman, 31 per cent higher than the desired fertility by women. Compared to similar countries in Asia, Pakistan's demographic transition has been considerably delayed by the slow onset of a fertility decline. Pakistan will continue to experience a significant population growth due to its population momentum, irrespective of the trend in fertility.

2. Pakistan faces challenges resulting from the delay in reducing fertility, including gaps in fulfilment of women's reproductive rights, the need for significant expansion of infrastructure and services to serve a larger population, the difficulty in achieving education goals with the growth of its school-aged population and a less favourable age structure for economic development. These call for greater investments in reproductive rights for improved population outcomes.

3. Economic growth over the period 1960-2010 averaged 5.2 per cent per annum, well below the country's potential. Pakistan attained middle-income status in 2008. As noted in Pakistan Vision 2025, social indicators are comparable to those of least developed countries. Poverty levels have fallen substantially, however, many people remain slightly above the poverty line and are highly vulnerable to shocks. Income inequality is high. Pakistan ranked 147 out of 188 countries on the 2015 Human Development Index.

4. The devolution of power to the provinces in 2010, though still maturing, has enhanced provincial autonomy and reshaped federal-provincial relations. The Multidimensional Poverty Index highlights significant disparities among and within provinces. Despite increases after devolution, health and education budgets at provincial level remain insufficient. The Federal Government has stated its intention to increase the share of the gross domestic product for education and health to 4 and 3 per cent from 2 and 0.5 per cent respectively.

5. Only 10 out of 34 Millennium Development Goal indicators that Pakistan reported progress against met their targets; most population-related targets were not met. Pakistan adopted the Sustainable Development Goals as national priorities and is proactively localizing them, allocating resources for dedicated Sustainable Development Goal units.

6. The contraceptive prevalence rate for modern methods is 26 per cent, significantly lower than other South Asian and Muslim-majority countries, thereby contributing to the continuing high maternal mortality (178 per 100,000 live births). The unmet need for family planning is 20 per cent among married women and the contraceptive discontinuation rate is high (37 per cent). An estimated 2.25 million induced abortions were recorded in 2012. An insufficient number of competent midwives contribute to low skilled birth attendance (52 per cent). The private sector is playing an increasing role in providing contraceptives, which requires a partnership framework to harness this opportunity.

7. Pakistan is experiencing a youth bulge, with approximately two thirds of its population under the age of 30 and a median age of 22, one of the lowest in the world. Adolescents and youth face critical challenges, including a lack of education and employment opportunities and poor access to sexual and reproductive health information and services. Primary school enrolment and completion rates are amongst the lowest in the world. The situation for young girls is particularly acute as they face sociocultural barriers to accessing resources, mobility and autonomy in decision-making.

8. The spectre of gender inequality is large. According to the World Economic Forum, the Pakistan Gender Inequality Index ranks 121 out of 155 countries. Gender inequalities are multidimensional and encompass reproductive rights, empowerment and economic activity. Recent legislative advances on women's rights include anti-honour killing and anti-rape bills passed at the national level. Yet 32 per cent of ever-married

women aged 15-49 have experienced physical violence. The median age of marriage is 19, with 8 per cent of adolescent girls giving birth before the age of 18.

9. In 2017, the Population and Housing Census was conducted, 19 years since the last one. While studies and surveys provide information, the data necessary for broader development planning and monitoring is missing, including information on size and structure of the population. Comprehensive and in-depth research on population dynamics, including the demographic dividend, is needed.

10. Pakistan is vulnerable to the devastating effects of natural disasters, including those related to climate change, leading to displacement and internal migration. Regional geopolitical issues and refugee crises also affected the country. These often affect programme delivery and divert attention and resources away from core development issues. The Programme will utilize inter-agency vulnerability assessment to design interventions for prevention of and response to emergencies and to transition phases.

11. The new programme will enable UNFPA to: (a) strengthen its advocacy and convening role for the integration of population dynamics into the broader development agenda; (b) support policy and legislative reforms to promote and enhance fulfilment of women and young people's rights; and (c) generate knowledge and strengthen national capacities and systems on sexual and reproductive health.

II. Programme priorities and partnerships

12. An evaluation of the eighth country programme highlighted the fact that interventions were relevant and aligned with national priorities and that UNFPA engagement was widely recognized among partners as the lead agency in population and sexual and reproductive health. However, that programme did not ensure sustainability of interventions, including for targeting the most marginalized populations, and lacked strategic focus, affecting detailed planning. The advocacy component was not instrumental in creating a national sense of urgency to address population dynamics.

13. The proposed ninth country programme will have national coverage, with some interventions in specific locations based on local context and availability of resources. The Government of Pakistan and UNFPA jointly developed the Programme through a participatory process involving national and provincial stakeholders, including civil society, the private sector, young people, United Nations organizations and development partners. The Programme is aligned to the 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.

14. The programme responds to the call of the Sustainable Development Goals 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 districts and provinces based on a composite index.

15. Based on these consultations and lessons learned, the Programme will focus 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.

16. In line with its partnership plan, the programme will leverage the financial and technical resources of and develop alliances with civil society, United Nations

organizations, development partners, media and the private sector and promote South-South cooperation. It will adjust to the emerging realities of devolution to ensure partners are accountable.

A. Outcome 1: Sexual and reproductive health

17. Output 1: Increased national and subnational capacity to accelerate delivery and accessibility of high-quality family planning information and services. The programme will focus on revitalizing family planning through advocacy and capacity-development efforts that promote universal access and rights-based approaches at the national and subnational levels, with a focus on women and young people by: (a) mobilizing the political support and engagement of stakeholders for family planning, including for increased budget allocations to underserved areas; (b) strengthening the capacity of institutions to design and implement rights-based family planning 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.

18. Output 2: Enhanced national and subnational capacity to provide integrated sexual and reproductive health services, particularly for marginalized and affected populations in humanitarian settings. This will be achieved by: (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.

B. Outcome 2: Adolescent and youth

19. Output 1: 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, by: (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, peacebuilding and achieving the Sustainable Development Goals.

C. Outcome 3: Gender equality and women's empowerment

20. Output 1: 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. This will be achieved by: (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.

D. Outcome 4: Population dynamics

21. Output 1: Enhanced national capacity to generate, analyse, disseminate and use disaggregated population data to inform evidence-based policy-making, planning, budgeting, and monitoring. This will be achieved by: (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.

III. Programme and risk management

22. The Programme will be implemented by Government units, UNFPA, United Nations agencies, civil society organizations or academic institutions, in accordance with UNFPA guidelines and procedures. Implementing partners will be selected based on their ability to deliver high-quality programmes.

23. Resources will be mobilized from various donors and opportunities for counterpart funding arrangements with the Government will be explored. Broader partnerships and joint programmes may be pursued for complementarity.

24. The country office will have a core team of staff funded from regular resources, with human resources aligned to the needs of the programme. National and international experts and institutions, and the UNFPA regional office and headquarters will also provide support.

25. The following risks (and mitigation measures) have been identified: (a) shrinking resources due to a changing funding landscape. UNFPA will design cost-effective high-impact interventions and intensify resource mobilization; (b) natural disasters and security concerns pose potential risks for smooth programme operations. UNFPA will prioritize business continuity and emergency preparedness plans, in coordination with United Nations organizations; and (c) accountability and fiduciary risks. These will be addressed by strengthening the programme and financial management systems of implementing partners.

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

IV. Monitoring and evaluation

27. The Economic Affairs Division will oversee and coordinate the Programme, through the Programme Coordinating Committee, in consultation with line Ministries, departments and other stakeholders at the national and subnational levels.

28. A monitoring and evaluation framework will be developed, aligned with Government and UNSDF mechanisms. It will include a cost monitoring plan to obtain data on indicators and clarify roles and responsibilities for implementation, oversight, data collection for each indicator, quality assurance and frequency of data reporting. In case of emergencies, UNFPA may, in consultation with the Government, reprogramme activities toward an emergency response aligned with its mandate.

29. Programme monitoring and evaluation will be linked to national indicators, and nationally owned data collection systems will be used to monitor progress. In partnership with United Nations organizations and development partners, Sustainable Development Goals units at national and subnational levels will receive support for tracking progress. UNFPA monitoring and evaluation will be strengthened to generate information for decision-making, with feedback mechanisms institutionalized to inform and adjust programme design and implementation. Progress against results will be systematically tracked through annual reviews. Where monitoring may be limited by security concerns, third-party arrangements may be instituted.

30. A costed evaluation plan will be developed and UNFPA will ensure oversight of its implementation and provide and track management responses for all evaluation

recommendations. A country programme evaluation will be conducted at the end of the Programme to assess the results achieved and identify lessons learned to inform the next programme.

RESULTS AND RESOURCES FRAMEWORK FOR PAKISTAN (2018-2022)

<p>National priority: Pakistan 2025: One Nation-One Vision; Developing social and human capital and empowering women</p> <p>UNSDF outcome: By 2022, the people in Pakistan, especially the most vulnerable and marginalized, have access to, and benefit from improved universal health coverage, including sexual and reproductive health, and equitable WASH services</p> <p>Indicator: Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods. Baseline: 26%; Target: 36%</p> <p>UNSDF outcome: By 2022, the resilience of the people of Pakistan, especially the most vulnerable populations, is increased by addressing and mitigating natural and human-induced disasters, including climate change mitigation and adaptation measures, and sustainable management of cultural and natural resources.</p> <p>Indicator: Proportion of local governments that adopt and implement local disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction.</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>Outcome 1: Sexual and reproductive health</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Modern contraceptive prevalence rate Baseline (2012): 26%; Target: 10% increase • Percentage of live births attended by skilled health personnel Baseline (2012) 52%; Target: 10% increase • Decrease in discontinuation rate due to any reason Baseline (2012): 37.1%; Target: 5% decrease 	<p><u>Output 1:</u> Increased national and subnational capacity to accelerate delivery and accessibility of high-quality family planning information and services</p>	<ul style="list-style-type: none"> • Percentage increase in provincial government expenditures on family planning programme Baseline: \$111.73 million (2016 allocation); Target: 10% inflation-adjusted increase • Curriculum on human rights-based approach for family planning institutionalized in pre-service trainings of three health cadres (nurses, community midwives and family welfare workers) Baseline: 0; Target: 3 • National/provincial public-private partnership frameworks/guidelines on family planning in place Baseline: No; Target: Yes • Number of provinces adopted task shifting for two additional modern contraceptives methods Baseline: 0; Target: 4 	<p>Departments of Health and Departments of Population Welfare at federal and provincial levels; Pakistan Nursing Council; non-governmental organizations, United States Agency for International Development, World Health Organization; United Nations Children's Fund; United Kingdom Department for International Development</p>	<p>\$16 million (\$7 million from regular resources and \$9 million from other resources)</p>
	<p><u>Output 2:</u> Enhanced national and subnational capacity to provide integrated sexual and reproductive health services, particularly for marginalized and affected population in humanitarian settings</p>	<ul style="list-style-type: none"> • Standardized curricula and training for all midwives available as per World Health Organization/ International Confederation of Midwives standards Baseline: No; Target: Yes • Number of provinces that have incorporated the Minimum Initial Service Package in their contingency plans. Baseline: 2; Target: 4 	<p>Ministry of Health; Pakistan Nursing Council; academic institutions; National and Provincial Disaster Management Authorities; non governmental organizations</p>	<p>\$6.5 million (\$3.5 million from regular resources and \$3 million from other resources)</p>
<p>National priority: Pakistan 2025: One Nation-One Vision; Developing social and human capital and empowering women; Developing a competitive knowledge economy through value addition</p> <p>UNSDF outcome: By 2022, the people in Pakistan, especially the most vulnerable and marginalized, have access to, and benefit from, improved universal health coverage, including sexual and reproductive health, and equitable WASH services</p> <p>Indicator: Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods. Baseline: 26%; Target: 36%</p>				
<p>Outcome 2: Adolescents and youth</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Number of laws, policies and programmes that allow adolescents access to sexual and reproductive health information and services 	<p><u>Output 1:</u> 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</p>	<ul style="list-style-type: none"> • National/provincial curricula on gender-responsive age-appropriate life-skills-based education adopted and rolled out Baseline: No; Target: Yes • Number of participatory platforms that advocate for increased investments in marginalized adolescents and youth, within development policies and programmes. 	<p>Ministries of Education, Youth Affairs; Health; Ministry of Planning, Development and Reform; provincial health departments; youth networks; and academic institutions</p>	<p>\$4.5 million (\$1.5 million from regular resources and \$3 million from other resources)</p>

Baseline: 0; Target: 5		Baseline: 0; Target: 4		
<p>National priority: “Pakistan 2025: One Nation-One Vision”. Developing social and human capital, and empowering women. Developing a competitive knowledge economy through value addition</p> <p>UNSDF outcome: By 2022, government institutions have increased accountability towards gender equality commitments and social, economic, cultural and political rights.</p> <p>Indicator: Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age</p>				
<p>Outcome 3: Gender equality and women’s empowerment</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Percentage of women aged 15-49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances <p>Baseline: 43% Demographic and Health Survey 2012; Target: 5% decrease compared to Demographic and Health Survey 2017</p>	<p><u>Output 1:</u> 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>	<ul style="list-style-type: none"> A mechanism to track the implementation of key policies and laws on women's rights is established and functional Baseline: No; Target: Yes Number of multisectoral coordination mechanisms on gender-based violence that are functional at the national/subnational level Baseline: 0; Target: 4 Number of provinces that adopt the guidelines for health sector response to gender-based violence in line with the Essential Service Package Baseline: 0; Target: 4 	National and provincial commissions on the status of women; national and provincial disaster management authorities; non-governmental organizations.	\$6 million (\$2 million from regular resources and \$4 million from other resources)
<p>National priority: Pakistan 2025: One Nation-One Vision; Democratic governance, institutional reform and modernization of the public sector</p> <p>UNSDF outcome: By 2022, the people in Pakistan, especially the most vulnerable and marginalized, have increased knowledge of their rights and improved access to more accountable, transparent and effective governance mechanisms and rule of law institutions.</p> <p>Indicator: In-depth analysis of population census and household surveys available for informed evidence-based planning, budgeting and monitoring</p>				
<p>Outcome 4: Population dynamics</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Number of surveys collected, analysed and disseminated that allow for the estimation of key population and reproductive health indicators. <p>Baseline: 3; Target: 5</p>	<p><u>Output 1:</u> Enhanced national capacity to generate, analyse, disseminate and use disaggregated population data in order to inform evidence-based policy-making, planning, budgeting and monitoring</p>	<ul style="list-style-type: none"> Number of civil service training institutions that have incorporated population dynamics in their curriculum/courses Baseline: 0; Target: 2 Number of UNFPA-supported research and thematic analyses that reflect key population dynamics for policy development Baseline: 3; Target: 6 	National Institute of Population Studies; Pakistan Bureau of Statistics; Ministry of Planning and Development and Provincial Commissions; Population Council; academic centres	\$5 million (\$3.5 million from regular resources and \$1.5 million from other resources)