Government Of The Islamic Republic Of Pakistan
&
United Nations Population Fund

Planning, Monitoring & Evaluation and Operational Framework

10th
COUNTRY PROGRAMME
(2023 – 2027)

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Foreword

This Planning, Monitoring and Evaluation (P, M and E) and Operational Framework has been designed to facilitate the planning, monitoring, evaluation and operationalization of the 10th Government of Pakistan and United Nations Population Fund (UNFPA) Country Programme (CP) for 2023-2027. This product is a collaborative effort of the Economic Affairs Division, Ministry of Foreign Affairs, UNFPA, Implementing Partners of the CP, and other stakeholders.

The framework is a result of extensive consultative processes, which started with the development of the country programme followed by its endorsement by the Government of Pakistan and the Executive Board. We appreciate Dr Bakhtior Kadirov (UNFPA former Country Representative a.i) for his strategic guidance in the development of the CPD (2023 – 2027) and Ms Khadija Zeeshan (former M&E Analyst for UNFPA Pakistan CO) for substantially contributing to drafting of this document. Special gratitude goes to all the UNFPA Pakistan CO team, UNFPA Asia Pacific Regional Office team, and the respective Government partners who have contributed in the process.

This monitoring and evaluation and operational framework provides an elaboration of the CPD implementation and M & E and results and resource framework and specifies the baselines and targets, amongst others, to facilitate the day-to-day monitoring and periodic evaluation of the country programme and inculcate the culture of results-based management.

This framework will serve as an implementation guide, planning, monitoring and evaluation tool that will refocus attention to the continuous attainment of results with the ultimate aim to achieving the outputs and outcomes of the 10th Country Programme (2023-2027).

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Acronyms

ASRH	Adolescent Sexual and Reproductive Health
WP	Work plan
CEWG	Country Engagement Working Group
CO	Country Office
CP	Country Programme
CPD	Country Programme Document
CMW	Community Midwife
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organization
CSWs	Commissions on the Status of Women
DoH	Department of Health
DRR	Disaster Risk Reduction
EmONC	Emergency Obstetric and Neonatal Care
EAD	Economic Affairs Division
FACE	Funding Authorization and Certificate of Expenditure
FATA	Federally Administered Tribal Areas
FP	Family Planning
GBV	Gender Based Violence
GoP	Government of Pakistan
ICPD	International Conference on Population & Development
INGO	International Non-Governmental Organization
IP	Implementing Partner
JSC	Joint Steering Committee
KP	Khyber Pakhtunkhwa
LHV/W	Lady Health Visitor/Worker
LARC	Long Acting Reversible Contraceptive
LSBE	Life Skills Based Education
M&E	Monitoring and Evaluation
MISP	Minimum Initial Service Package
MMR	Maternal Mortality Ratio
MoNHSRC	Ministry of National Health Services, Regulation and Coordination
MOFA	Ministry of Foreign Affairs
MoV	Means of Verification
MTR	Mid- Term Review
N/PDMA	National/Provincial Disaster Management Authorities

NGO	Non-Governmental Organization
OVI	Objectively Verifiable Indicators
PCC	Programme Coordination Committee
PD	Population and Development
P & D	Planning and Development
PWD	Population Welfare Department
RBM	Results Based Management
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
RRF	Results and Resource Framework
SDGs	Sustainable Development Goals
SOPs	Standard Operating Procedures
SP	Strategic Plan
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Reproductive Rights
ToR	Terms of Reference
UN	United Nations
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNFPA	United Nations Population Fund
UPR	Universal Periodic Review
WDD	Women Development Department
WGs	Working Groups

Executive Summary

This Planning, Monitoring & Evaluation Framework (2023-2027) is designed to facilitate the efficient planning, implementation, monitoring and evaluation of results to assess the progress of implementation of the 10th GoP/UNFPA Country Programme (CP10) for Pakistan. The Framework focuses on:

- Linking the CP10 (2023 -2027) to the UNFPA Strategic Plan (2022-2025)
- Providing detailed and clear plans and procedures for the operationalization and implementation of CPD and its coordination and management structures
- Providing a continuous assessment of progress towards achieving the objectives of the 10th Country Programme
- Strengthening an orientation towards Results-Based Management and implementation of the Country Programme
- Ensuring the continuous flow of information at all levels, from data collection to analysis and utilisation.
- Developing linkages of the interventions with indicative resources to demonstrate key priority areas
- Monitoring and evaluating the successes, failures, and lessons learnt of the 10th Country Programme

Monitoring and evaluation is pivotal to ensure effective programme planning and delivery. The 10th GoP/UNFPA Country Programme is designed and will be continuously monitored to ensure that activities are contributing to the stated outcomes and outputs of the programme, as well as to ensure that they complement each other. Robust monitoring will aim to identify good practices and strategies to address any challenges or bottlenecks.

The Monitoring & Evaluation and Operational Framework fully aligns the outcomes and outputs of the CP10 with the strategic plan of UNFPA (2022-2025); it also provides the output indicators with the baselines and targets for 2023-2027. The annual targets and milestones have been developed to show the linkages between the activities articulated in the work plans and the level of accountability in achieving the outcomes. The CP10 will be implemented through various Implementing Partners (IPs). This Framework will therefore be a guide for the Government, IPs, UNFPA Country Office, and relevant stakeholders to attain the annual targets, as well as clear pathways for achieving the outputs, outcomes, and overall goal of CP10.

In terms of processes for monitoring the implementation of CP10, this will be assessed through quarterly and annual progress review reports and meetings. Work plans will be prepared, implemented, and reported upon annually. Work plan progress reports will provide information on the status of the achievement of annual targets. The framework will guide accountability in achieving the set of objectives at the output level and assess whether implemented activities and the resources have been effectively utilized to achieve the planned outputs.

To enable strategic oversight by Government on CP10 and as approved by the Government, a Programme Coordination Committee (PCC) will continue to provide overall oversight of the programme under the leadership of the Economic Affairs Division. This is in addition to the Joint Steering Committee functioning under the auspices of the UNRCO led by EAD.

The Monitoring & Evaluation and Operational Framework outlines the roles and responsibilities of the various partners in the implementation and oversight of the programme. It also provides an M&E coordination mechanism for data collection and management, responsible agencies and frequency of data collection as indicated in the M&E annual cycle of events. The M&E Framework includes work plan review meetings that form the basis for discussion on the priorities for the subsequent years. Bi-annual and annual updates will be compiled by the UNFPA Country Office and presented to PCC and the joint steering committee.

The standard tools and guidelines developed and included in this Monitoring & Evaluation and Operational Framework will be used by the IPs and UNFPA staff to implement interventions as envisaged in the Country Programme efficiently. It will also facilitate collecting and managing data on activities at output and outcome levels. The IPs will be responsible for collecting data and reporting on the work plan outputs to the Programme Coordination Committee and the Joint Steering Committee through UNFPA.

Chapter 1: Introduction

1.1. Background

The Planning, Monitoring and Evaluation and Operational Framework builds on the Country Programme Document (CPD) for Pakistan (DP/FPA/CPD/PAK/10) approved by the Executive Board of the United Nations Population Fund in September 2022. The programme is aligned with government initiatives related to youth development, social services and social protection for the most vulnerable groups, the ICPD Programme of Action, the 2030 Agenda for Sustainable Development, the UNFPA Strategic Plan, 2022-2025, and the UNSDCF, 2023-2027.

Within the context of the Decade of Action, the programme will foster urgency around national commitments to accelerate action towards the achievement of SDGs 3 and 5, calling for universal access to sexual and reproductive health and reproductive rights and promoting gender equality and women's empowerment, with particular attention to vulnerable and marginalized groups.

The CPD was developed through a participatory process and was anchored on the three transformative results of the UNFPA Strategic Plan (SP) of reducing preventable maternal deaths, unmet need for family planning and gender-based violence and harmful practices, including child marriage. Accordingly, the CPD elaborates six SP outputs based on the country context. A key set of indicators were selected during the CPD development process; however, the elaborated list of indicators with milestones, baselines and targets were to be set after the CPD was approved; hence this Framework presents the elaborated list.

1.2. Outline of the Monitoring and Evaluation and Operational Framework

This Monitoring and Evaluation and Operational Framework is outlined in 4 chapters. Chapter one covers the introduction and the background of the Framework. Chapter two details the proposed programme, covering situation analysis, lessons learnt, programme vision, programme outcomes, outputs and key activities, monitoring and evaluation matrices, and monitoring and evaluation annual cycle of events. Chapter three presents the monitoring and evaluation mechanisms, including data collection protocols and processes, tools and guidelines. Chapter four elaborates based on relationship, partnership strategy, programme management (including coordination mechanisms, programme implementation, human resources, and resource mobilization), commitments of the Government and UNFPA and other provisions.

1.3. Objective of the Monitoring & Evaluation and Operational Framework

- To operationalize the accountability measures in line with the Results-Based Management (RBM) principles.
- To ensure alignment of the Country Programme with the priorities of UNFPA Strategic Plan 2022-2025.
- To facilitate harmonised planning, implementation, monitoring and tracking of results, reporting on a standard set of indicators, and using standardized M&E methodologies and tools.
- To facilitate the Programme and Operations Management and coordination of the Country Programme.

1.4. Alignment with UNFPA Strategic Plan (2022-2025) and related Sustainable Development Goals Indicators

The 10th Country Programme is aligned with UNFPA Strategic Plan 2022-2025 and related Sustainable Development Goals. The matrix below provides an overview of the UNFPA global outcomes for 2022-2025, SDGs indicators, UNFPA Pakistan's outputs contributing to these outcomes, and SDGs targets and indicators.

UNFPA Strategic Plan	UNFPA Strategic Plan Outputs (2022-2025)	CPD Outputs (2023-2027)
Outcome 1: By 2025, the reduction in the unmet need for family planning has accelerated	**Output 1: Policy and Accountability** By 2025, improved integration of sexual and reproductive health and reproductive rights, as well as the prevention of and response to gender-based violence and harmful practices, into universal health coverage-related policies and plans, and other relevant laws, policies, plans, and accountability frameworks	**Output 1: Policy & Accountability** Strengthened policy environment, financing and Accountability mechanisms for inclusive sexual and reproductive health, including family planning.
Outcome 2: By 2025, the reduction of preventable maternal deaths has accelerated	**Output 2: Quality of care and services** By 2025, strengthened capacity of systems, institutions and communities to provide high-quality, comprehensive sexual and reproductive health information and services, including supplies, as well as essential services to address gender-based violence and harmful practices	**Output 2: Quality of care and services** Strengthened capacities of national and subnational health systems to provide high quality and comprehensive sexual and reproductive health information and services, including emergency obstetric and new born care, family planning and gender-based violence response services across the humanitarian development continuum.
Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated	**Output 3: Gender and social norms** By 2025, strengthened mechanisms and capacities of actors and institutions to address discriminatory gender and social norms to advance gender equality and women's decision-making	**Output 5: Gender and social norms** Strengthened institutional capacities and community-based mechanisms to advance gender equality and women's empowerment and to address gender based violence and harmful practices, including child marriage across the humanitarian and development continuum.

	Output 4: Population change and data By 2025, strengthened data systems and evidence that take into account population changes and other megatrends (including ageing and climate change), in development policies and programmes, especially those related to sexual and reproductive health and reproductive rights	**Output 6: Population change and data** Strengthened data systems and knowledge platforms on population changes and other megatrends to inform development policies and programmes, especially those related to sexual and reproductive health, gender-based violence and harmful practices, with particular attention to vulnerable groups.
	Output 5: Humanitarian action By 2025, strengthened the capacity of critical actors and systems in preparedness, early action and in the provision of life-saving interventions that are timely, integrated, conflict- and climate-sensitive, gender-transformative and peace-responsive	**Output 3: Humanitarian action** Strengthened national and subnational capacities in resilience programming, emergency preparedness and response to ensure access to life-saving interventions in humanitarian situations, including sexual and reproductive health services and gender based violence response.
	Output 6: Adolescents and youth By 2025, strengthened skills and opportunities for adolescents and youth to ensure bodily autonomy, leadership and participation, and to build human capital	**Output 4: Adolescents and youth** Strengthened skills and opportunities for adolescents and youth to realize their sexual and reproductive health and ensure their leadership and participation in policymaking and programming.

Chapter 2: Proposed Programme

2.1. Situation Analysis

Pakistan is the fifth most populous country in the world. Out of the population of 215.25 million in 2020, 68 per cent are below the age of 30. To turn this 'youth bulge' into a demographic dividend, the country needs to invest in long-term human capital development, including education, employment, reproductive health, and expanding opportunities and rights for young people.

The country's Human Development Index (HDI) value for 2019 constituted 0.557, positioning it at 154 out of 189 countries and territories. The inequality-adjusted HDI for 2019 stood at 0.384, highlighting the inequality and disparity in dimensions such as health and education between various income groups. The multidimensional poverty is 38.8 per cent at the national level, with significant geographic disparities as high as 71 per cent in Balochistan.

Pakistan's progress has been either slow or stagnant on Sustainable Development Goals related to social development, partly due to low spending; only 1.1 per cent of its gross domestic product is spent on health and 2.3 per cent on education, with multidimensional poverty further exacerbated by the COVID-19 pandemic.

The total fertility rate slightly declined (from 4.1 in 2006-2007 to 3.6 in 2017-2018), with significant geographic and income differentials varying from 2.8 among the wealthiest quintile to 4.9 among the poorest. The unmet need for family planning among married women is high (17 per cent). The contraceptive prevalence rate for modern methods is 25 percent, significantly lower than in other South Asian countries and contributing to maternal mortality and morbidity.

The maternal mortality ratio has decreased (from 276 per 100,000 live births in 2006-2007 to 186 in 2017-2018), but still approximately 12,000 women die every year from childbirth. Even though 69 per cent of deliveries are assisted by skilled birth attendants and 66 per cent are facility-based deliveries, the proportion of women facing prolonged labour, obstetric fistula, and haemorrhage is high, particularly in rural areas. Maternal deaths due to antepartum and postpartum haemorrhage have increased, from 33 per cent in 2006-2007 to 41 per cent in 2019. Poor maternal health and family planning determinants indicate a weak health system with insufficient availability and access to high-quality services. Therefore, it is critical to improving availability of high-quality sexual and reproductive health services, especially through sustainable and equitable financing for the most underserved communities.

Pakistan is currently striving to increase its critical health workforce (from 1.45 to 4.45 health workers per 1,000 persons). The number of nurses, midwives, and Lady Health Workers combined is half the number of doctors, which is short of the recommended proportion of nurses and midwives per doctor. Furthermore, none of the midwifery cadres are trained according to the global standards for midwifery education.

Pakistan fares poorly on gender equality, ranking 154 of 189 countries on the Gender Inequality Index. Deep-rooted social and gender norms and practices continue to be the underlying cause of gender inequalities, affecting women's mobility and autonomy to make decisions related to sexual and reproductive health. The challenges facing women and girls are multifaceted and interconnected – especially the ones related to traditional gender roles, stereotypes and socio-economic disparities – all of which perpetuate gender-based violence and harmful practices, including child marriage. Gender-based violence is pervasive across Pakistan, with significant geographic variations. Some 34 per cent of women and girls who are, or ever have been, married have experienced spousal physical, sexual or emotional violence. Experiences of violence are more common among women who are employed but do not earn cash, are uneducated and form part of the country's poorest households. One in four girls is married before the age of 18, and 34 per cent become mothers before turning 20.

The past two decades have witnessed the adoption of several laws promoting gender equality, mainly in amendments to the penal code, including those related to sexual violence and harassment, protection of inheritance rights and criminalizing domestic violence, forced marriage and honour killings. However, effective implementation remains a challenge. Hence, advancing gender equality and justice requires comprehensive accountability mechanisms for policy implementation and enforcement of laws, adequate financing, and community engagement to address discriminatory gender and social norms.

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

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

Pakistan is highly prone to natural disasters, including droughts, floods and earthquakes, being in one of the world's most active seismic zones. The country ranks fifth among the most adversely affected countries on the 2020 Global Long-Term Climate Risk Index, with the impacts of climate change exacerbated by urbanization and the protracted COVID-19 pandemic. Pakistan has the largest protracted refugee population globally, hosting 2.64 million registered and undocumented Afghan refugees and nationals. This requires strengthened investments in national and subnational resilience frameworks to bridge the humanitarian-development divide by mainstreaming disaster preparedness, mitigation and response.

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

The 18th Amendment to the Constitution of Pakistan devolved considerable administrative and budgetary authority to provincial governments in key sectors, including health, education, population and social welfare, climate change, human rights, and governance. However, the division of responsibilities between federal and provincial governments needs more institutional clarity, hampering the adoption of clear working protocols and accountability mechanisms. In addition, the administrative and financial powers are retained at the provincial level and are not further devolved to districts.

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

An evaluation of the previous country programme highlighted the relevance of the programme interventions to the national priorities, which were aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2018-2022, on the way to achieving the majority of the intended outputs, including breakthroughs in policy advocacy, knowledge management, strategic partnerships and data analytics to advance sexual and reproductive health, and addressing gender-based violence and child marriage. Major

lessons learned from the ninth country programme implementation include the need for: (a) diversifying the partnership base building on the country's commitment to the International Conference on Population and Development (ICPD) agenda; (b) underpinning the focus on high-quality integrated sexual and reproductive health information and services for all, including in the framework of the universal health coverage benefit package, national and subnational policies and plans, domestic financing arrangements and accountability mechanisms; (c) scaling up the focus on high-impact interventions and models to reach the farthest behind first; (d) establishing community-based mechanisms to address discriminatory gender and social norms; (e) advancing the humanitarian-development nexus, with a particular emphasis on resilience building; and (f) enhancing data governance systems to guide policy and programme formulation and implementation at national and subnational levels, monitor disparities and inequalities over time and scale up accountability mechanisms, with a particular focus on sexual and reproductive health and gender inequities.

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

2.2. Country Programme Vision

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

2.3. Country Programme Outcomes, Outputs, Strategies and Key Interventions

The 10th Country Programme draws on the three outcomes of the UNFPA Strategic Plan as follows:

Outcome 1: By 2025, the reduction in unmet need for family planning has accelerated

Outcome 2: By 2025, the reduction of preventable maternal deaths has accelerated

Outcome 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated

The programme is fully aligned with the three outcomes of the United Nations Sustainable Development Cooperation Framework 2023-2027 as follows:

UNSDCF Outcome 1: Basic Social Services

- By 2027, the people in Pakistan, especially the most vulnerable and deprived, have increased equitable access to and utilization of quality, sustainable basic social services.

UNSDCF Outcome 2: Gender Equality and Women's Empowerment

- By 2027, people in Pakistan, especially those at greatest risk of being left behind, will benefit from an enabling environment where women, girls, children, displaced, transgender persons and ethnic minorities are empowered and reach their fullest potential; and their human, social, economic, cultural and political rights are fully protected and upheld

UNSDCF Outcome 5: Governance

- By 2027, the people in Pakistan, especially women, children, the most vulnerable and marginalized, have increased access to fundamental human rights, gender equality and fundamental freedom through inclusive, accountable and effective and evidence-driven governance systems and rule of law institutions at all levels of government, contributing to good governance and stability.

The Programme will also technically contribute to the following outcome of the UNSDCF:.

UNSDCF Outcome 3: Climate Change and Environment

- By 2027, people living in the Indus River Basin will have their lives positively impacted by improved water access, quality and utilization, economic development, livelihoods and climate resilient settlement

Programme Outputs

The six programme outputs are integrated and mutually reinforcing, with interventions related to promoting gender equality and investments in women's and girls' health and well-being, supporting interventions related to sexual and reproductive health, adolescents and youth, gender-based violence and harmful practices, and humanitarian action. Data, analysis and evidence generation will support all outputs and facilitate monitoring of progress towards achieving the transformative results.

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

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

Sexual and Reproductive Health and Reproductive Rights- Problem Analysis

UNSDCF Outcome 1: "By 2027, the people in Pakistan, especially the most vulnerable and deprived have increased equitable access to and utilizat ion of quality, sustainable basic social services
UNSDCF Output 1.1: By 2027, the health system in Pakistan becomes inclusive, resilient, equitable, gender - responsive and accountable for quality h ealth services including sexual & reproductive health, for all people especially the most vulnerable groups within the framework of Universal Health Coverage, and in line with international health standards .

By 2025, reduction in unmet need for family planning has accelerated

By 2025, reduction of preventable maternal deaths has accelerated

By 2025, reduction in gender-based violence and harmful practices accelerated

SP Outputs | **Policy & Accountability** | **Population Change & Data** | **Quality of Care & Services** | **Gender & Social Norms** | **Humanitarian Action** | **Adolescents & Youth**

CP Output 1: Strengthened policy environment, financing and accountability mechanisms for inclusive and rights-based sexual and reproductive health and family planning .

CP Output 2: Strengthened capacity of national and sub-national health systems and institutions to provide high-quality and comprehensive sexual and reproductive health information and services, including emergency obstetric and newborn care, rights-based FP and GBV related services in development and humanitarian settings

Problem Analysis

Consequences

- Only 49 percent of the total demand for modern family planning methods, with high level of unmet need for family planning at 17 percent
- Maternal mortality ratio is 186 per 100,000 live births, with wide variation between provinces, ranging from 224 per 100,000 live births in Sindh to 298 per 100,000 live births in Balochistan
- Huge disparities in SRH indicators and large uncovered areas in SRH and FP services
- High prevalence of obstetric fistula
- High discontinuation rate of modern contraceptives including due to poor quality of SRH and FP counseling and services, among others.
- Stock out of contraceptive commodities at the service delivery level

Problem Analysis

Policies and Regulations
- Poor implementation of policies including pro-women policies
- Lack of provincial/national SRHR strategies and action plans (e.g. Midwifery)
- Limited communications channels and outreach on SRHR/FP especially for those left behind.
- Systematic approach for engaging influencers (parliamentarian, media, CCI)
- Unfavourable environment for CSOs/private sector

Coordination
- Poor Inter-sector & inter-ministerial coordination (Planning, Finance
- Poor Involvement of key players (CSOs, profession associations and INGOs)
- Poor inter-provincial coordination
- Weak accountability system, Monitoring & Evaluation Mechanism

Financial Resources
- Lack of capacity for adequate & timely allocation of resources
- Poor absorption capacity/Lack of capacity for adequate & timely utilization
- Donor Fatigue

Governance:
- Poorly functioning coordination fora/ taskforces
- Lack of working protocols between federal & provincial governments/immature decentralization
- Low motivation and high turnover of all incl. mid-level managers (Secretaries/DGs)
- Lack of accountability

Service Delivery and Health Workforce
- Accessibility/ Affordability
- Quality of care including gender sensitive SRH services
- Structural/Functional Challenges/SRH & FP services not integrated.
- Health Work Force (cadre, capacity & coverage)
- Education & Regulation

Supply Chain Management
- Suboptimal use of cLMIS
- Limited capacities in cLMIS
- Weaknesses in the Last Mile Assurance
- Budget allocation and utilization
- Limited range of modern contraceptives produced locally especially LARCs
- Timely Procurement/Long lead times

Sexual and Reproductive Health and Reproductive Rights- Problem Analysis

UNSDCF Outcome 1: "By 2027, the people in Pakistan, especially the most vulnerable and deprived have i ncreased equitable access to and utilization of quality, sustainable basic social services
UNSDCF Output 1.1: By 2027, the health system in Pakistan becomes inclusive, resilient, equitable, gender - responsive and accountable for quality health services including sexual & reproductive health, for all people especially the most vulnerable groups within the framework of Universal Health Coverage, and in line with international health standards .

By 2025, reduction in unmet need for family planning has accelerated

By 2025, reduction of preventable maternal deaths has accelerated

By 2025, reduction in gender-based violence and harmful practices accelerated

SP Outputs | **Policy & Accountability** | **Population Change & Data** | **Quality of Care & Services** | **Gender & Social Norms** | **Humanitarian Action** | **Adolescents & Youth**

CP Output 1: Strengthened policy environment, financing and accountability mechanisms for inclusive and rights-based sexual and reproductive health and family planning .

CP Output 2: Strengthened capacity of national and sub-national health systems and institutions to provide high-quality and comprehensive sexual and reproductive health information and services, including emergency obstetric and newborn care, rights-based FP and GBV related services in development and humanitarian settings

Sub Output 1.1: Strengthened policy implementation, domestic financing and accountability mechanisms for accelerated delivery of SRHR services in line with human rights standards at national and subnational level

(1) Technical assistance for **establishing accountability mechanisms** for the accelerated implementation of policies and programs supported by strong monitoring system.
(a) High quality technical assistance in strengthening federal and provincial task forces,
(b) Donor coordination fora at national level,
(c) Country engagement working groups at national level with representation from all provinces and regions.
(d) Parliamentary Forum, CSO & media coalitions
(2) **Evidence-informed advocacy for scaling up legal and policy frameworks** in support of domestic financing & enhance subnational capacity for optimal utilization of resources
(a) Support enactment and rollout of progressive SRHR bills/policies,
(b) Support midwifery education and regulatory frameworks, SRH morbidities, EmONC, and improve SRHR/FP service statistics
(3) Technical assistance for the **development of comprehensive policy frameworks on midwifery education and regulations**

Sub Output 1.2: Improved enabling environment for integrated SRHR service delivery in the framework of Universal Health Coverage at sub-national level

(1) **Integration of family planning into SRHR programmes** through all services delivery points of Department of Health at provincial levels.

(2) **Integration of SRHR into the national universal health coverage package** with sufficient resources and adherence to quality standards and LNOB

3) **Strengthen Public Private Partnerships** through improved coordination, supply chain, quality of care and accountability

4) Advocacy and technical support for the **inclusion of SRH and FP within the Govt. health insurance / social safe nets/protection initiatives at national and sub-national levels.**

Sub Output 2.1: Improved provision of high-quality comprehensive sexual and reproductive health and family planning information and services, as part of universal health coverage package

(1) Technical assistance for the development of **national and sub-national sexual and reproductive health and rights strategies, frameworks, guidelines and quality of care standards.**
(2) **Creating and demonstrating integrated SRH service delivery models** to support quality maternal health and family planning at national and subnational levels including in lagging behind districts:
(a) A social and behavior change communication and context-specific social norms change model for demand generation, (b) A public private partnership model based on the national framework, (c) A Model center of excellence for eradication of obstetric fistula (d) A family planning service delivery model for addressing urban inequalities and addressing skewed method mix in urban and per urban areas, (e) A national dashboard for tracking family planning budgetary allocations and expenditures, including supply chain management and procurement processes
(3) Strengthen the public sectors' **reproductive health supply chain, contraceptive commodity security to expand choices, quality assurance and monitoring mechanisms**
(4) Adopting **new technologies, including mobile tools and helplines to expand the provision** of comprehensive SRH information and services.

Sub Output 2.2: Strengthened health system capacity, workforce and infrastructure for delivery of high-quality sexual and reproductive health and family planning information and services in line with human rights standards

(1) **Strengthen the health system capacity, workforce, infrastructure and evidence to provide high-quality voluntary family planning services,** skilled birth attendance, EmONC , RH morbidities, fistula, quality data (MPDSR, DHIS/MIS), HIV/STI integration and GBV related services including in humanitarian settings.

2) **Strengthen national and sub-national capacities to scale up pre-service and in-service trainings of health cadre.**

3) Create and **demonstrate integrated sexual and reproductive health system strengthening models** to support quality maternal health and family planning:
(a) A Model BSc midwifery school,
(b) A model for strengthening monitoring and supportive supervision of lady health workers' programme at a district level
(c) A model Regional Training Institute (RTI) set up to inform the related strategy and roadmap at the provincial level

Modes of engagement: (1) advocacy and policy dialogue; (2) capacity development; (3) knowledge management; and (4) coordination, partnership and South-South and triangular cooperation; (5) service delivery.

Sexual and Reproductive Health and Reproductive Rights- Problem Analysis

UNSDCF Outcome 1: "By 2027, the people in Pakistan, especially the most vulnerable and deprived have increased equitable access to and utilizat ion of quality, sustainable basic social services
UNSDCF Output 1.1: By 2027, the health system in Pakistan becomes inclusive, resilient, equitable, gender- responsive and accountable for quality health services including sexual & reproductive health, for all people especially the most vulnerable groups within the framework of Universal Health Coverage, and in line with international health standards .

By 2025, reduction in unmet need for family planning has accelerated

By 2025, reduction of preventable maternal deaths has accelerated

By 2025, reduction in gender-based violence and harmful practices accelerated

SP Outputs	Policy & Accountability	Population Change & Data	Quality of Care & Services	Gender & Social Norms	Humanitarian Action	Adolescents & Youth

CP Output 1: Strengthened policy accountability mechanisms and enabling environment for inclusive and rights-based sexual and reproductive health and family planning policy and programme development and implementation, including financing, legislative actions, commodity security and private sector engagement.

CP Output 2: Strengthened capacity of national and sub-national health systems and institutions to provide high-quality and comprehensive sexual and reproductive health information and services, including emergency obstetric and newborn care, rights-based FP and GBV related services in development and humanitarian settings

Risks, Assumptions and Partnership

Risks:
- Lack of understanding or capacity within government agencies and other actors on SRH issues; implementation challenges due to COVID-19 pandemic.
- Devolution of provinces/18th amendment
- Cultural beliefs and practices typically place restrictions on women's ability to make decisions over their own health care and that of their children, putting beneficiary gains at risk
- Insufficient number of health workers with midwifery skills stationed in remote areas;
- High SRH human resources turnover

Assumptions:
- Continuity of the political commitment in terms of maintaining the gains, especially in the area of SRH/FP/GBV
- Increased focus on policy implementation and law enforcement and enabling legislative frameworks;
- Sufficient national resources are available for SRH/FP.
- Close coordination between population welfare and health departments at the provincial level towards structural and functional integration.
- Common understanding of human rights standards for delivering quality SRH services;

Partnership:

Federal
Ministry of National Health Services, Regulation & Coordination, Ministry of Planning, Council of Islamic Ideology, President Office, Parliamentarian, NDMA, Ministry of Finance, M/o IPCC, Ministry of Human Rights

Provincial
PWD, DoH, media, think tanks, CSO, Parliamentarians, standing committees, Academies, P&DD

UN Agencies
WHO, UNICEF,
World Bank, BMGF

Key milestones:

CPD Output	Indicators	Milestones
Output 1: Strengthened policy environment, financing and Accountability mechanisms for inclusive sexual and reproductive health, including family planning.	Number of functional accountability mechanisms for sexual and reproductive health policy and programme implementation at national and subnational levels; Baseline: 1 (2021); Target: 5, (2027)	• (2023-2027) Number of FP donor working group meetings at national level Baseline: 0 Target: 4 • (2023-2027) Number of provinces that have functional FP 2030 working groups Baseline: 3 Target: 5 (Sindh, Punjab, KP, GB, Balochistan) • (2023-2027) Functional parliamentarian forum, CSO and media coalition available Baseline: Yes Target: Yes • (2023-2027) Country engagement Working Group (CEWG) under FP2030 revitalized and functional at national level Baseline: 1 Target: 1
	Number of national and subnational sexual and reproductive health bills enacted and rolled out along with comprehensive implementation support plans Baseline: 2 (2020); Target: 5 (2027)	• (2023-2027) National and provincial communications and outreach/community-based campaigns designed and rolled out based on the new rights-based narrative Baseline: 0 Target:3 • (2023-2025) Number of Progressive SRHR bills/policies drafted in the provinces Baseline: 2 Target: 4 • (2023-2024) Action plans of SRHR bills/policies drafted for all four provinces and regions. Baseline: 0 Target: 2 • (2023-2024) Family planning information and services integrated into SRHR programmes including in the framework of the national universal health coverage package, through all service delivery points of the Department of Health at provincial levels Baseline: 0 Target: 4
	Percentage increase in provincial government expenditures on family planning as a core element of the universal health coverage benefit package Baseline: $88.9 million (Rs 14.22 billion) (2020-2021); Target: 6% increase (inflation-adjusted) (2027)	• (2023-2025) A model on Public Private Partnerships designed and rolled out through improved coordination, supply chain, quality of care and accountability Baseline: 0 Target: 1 • (2023-2027) A national dashboard for tracking family planning budgetary allocations and expenditures, including supply chain management and procurement processes developed. Baseline: 0 Target: 1

		• (2024-2027) FP champions among members of new national and provincial assemblies and politicians engaged for FP advocacy and policy dialogue. Baseline: 0 Target:10 • (2023-2027) Key ministries engaged to discuss policy recommendations for advocacy to increase investment under SRH and FP. Baseline: No Target: Yes • (2023-2027) Annual FP expenditure survey report available Baseline: 0 Target: 5
	Comprehensive policy framework on midwifery education and regulation adopted and rolled out Baseline: No (2021): Target: Yes (2027)	• (2023-2024) National Comprehensive policy framework on midwifery education and regulations available Baseline: No Target: Yes • (2023-2027) Technical Advisory Group to develop Midwifery Strategic framework & mechanisms established. Baseline: No Target: Yes • (2024-2025) Provincial Midwifery Action Plan for strengthening midwifery regulation and practice developed Baseline: 0 Target: 2 • (2023-2024) BSc Midwifery curriculum and competency framework refined and finalized Baseline: No Target: Yes • (202302027) Provincial working groups set up and supported the implementation of the regulatory framework. Baseline: 0 Target: 2 • (2023-2027) Local, regional and international Midwifery champions' group identified for implementation of midwifery framework. Baseline: 0 Target: 1 • (2023-2024) National and provincial SOPs for career pathways for midwives developed and endorsed. Baseline: No Target: Yes • (2023-2024) Competency framework for Midwifery tutors developed Baseline: No Target: Yes

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

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

Key Milestones:

CPD Output	Indicators	Milestones
Output 2: Strengthened capacities of national and subnational health systems to provide high-quality rights-based and comprehensive sexual and reproductive health information and services, including emergency obstetric and new-born care, family planning and gender-based violence response services across the humanitarian-development continuum.	Number of strategies, frameworks, quality of care standards and guidelines on sexual and reproductive health developed and endorsed, including maternal health and family planning Baseline: 5 (2021); Target: 11 (2027)	• (2023-2024) Clinical protocols on emergency obstetric and neonatal care developed Baseline: No Target: Yes • (2023-2027) Number of RTIs with updated strategic roadmaps and roll out plans for strengthening the RTIs Baseline: 0 Target: 6 • (2023-2027) Number of Provinces with strategic frameworks and roadmaps for functional or structural integration of population welfare and health departments. Baseline: 1 Target: 3 • (2023-2025) Standardized in-service training package for mid-level service providers on sexual and reproductive health and rights developed Baseline: No Target: Yes • (2023-2025) Number of provinces that adopted guidelines for the health sector's response to

		gender-based violence. Baseline: 1 Target: 4
	Number of models and innovative initiatives for accelerating universal access to sexual and reproductive health and reproductive rights tested and evaluated for further replication and domestic financing Baseline: 2 (2021); Target: 7 (2027)	• A Model BSc midwifery institute established. Baseline: No Target: Yes • (2023-2025) Number of provinces that piloted a model for strengthening monitoring and supportive supervision of lady health workers' programme at district level Baseline: 0 Target: 2 • (2023-2024) Number of model centres of excellence for prevention and eradication of obstetric fistula supported Baseline: 1 Target: 2 • (2023-2024) A family planning service delivery model for addressing urban inequalities and addressing skewed method mix in urban and peri-urban areas Baseline: No Target: Yes • (2023-2024) An informed push model to strengthen FP supply chain management developed and tested for further replication Baseline: No Target: Yes • (2023-2024) A social and behaviour change communication and context-specific social norms change model to influence gender norms and social behaviour change Baseline: No Target: Yes • (2023-2025) An innovative Telemedicine model to extend specialised services to remote areas involving private and public sectors conceptualised, tested and advocated for adoption. Baseline: No Target: Yes • (2023-2025) Number of Provinces with Population programmes such as conditional cash transfer linked with social safety net for the poorest of the poor piloted for adoption to remove the financial barrier to access the SRH and FP services. Baseline: 1 Target: 2
	Percentage of public health facilities in target districts providing high-quality and rights-based family planning services, emergency obstetric and	• (2023) EmONC Assessment completed in selected UHC prioritized districts of Pakistan • (2023-2026) Health facilities prioritized for SRH and FP service provision based on the

	new-born care and gender-based violence response services and referrals Baseline: 0% (2021); Target: 75% (2027)	performance ranking exercise Baseline: No Target: Yes • (2023-2025) Monitoring mechanism established to support the targeted health facilities providing family planning services, emergency obstetric and new-born care and gender-based violence response services and referrals Baseline: No Target: Yes • (2023-2027) A compilation of national, regional and international evidence of best practices for RMNCH adapted in the underserved areas. Baseline: No Target: Yes

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

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

Humanitarian Action and Resilience Building (SRH & GBV)- Problem Analysis

UNSDCF Outcome 1: "By 2027, the people in Pakistan, especially the most vulnerable and deprived have increased equitable access to and utilizaton of quality, sustainable basic social services
UNSDCF Output 1.1: By 2027, the health system in Pakistan becomes inclusive, resilient, equitable, gender- responsive and accountable for quality health services including sexual & reproductive health, for all people especially the most vulnerable groups within the framework of Universal Health Coverage, and in line with international health standards.

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SP Outputs	Policy & Accountability	Quality of Care & Services	Gender & Social Norms	Population Change & Data	Humanitarian Action	Adolescents & Youth

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

Problem Analysis

Consequences

Institutional vulnerabilities and weak institutional resilience with limited preparedness and response capacities during humanitarian crises.
Decision makers and community lack access to information on climate risks and early warnings that prevents effective community and institutional preparedness and disaster risk reduction; Afghan refugees are more vulnerable to external shocks than host communities due to their fragile legal status and exclusion from many social protection initiatives;
Access to basic sexual and reproductive health & FP services is usually the first to be disrupted and very unlikely to be prioritized for immediate assistance. Insufficient supply chain mechanisms, particularly in remote and hard-to-reach areas;
Failures in mainstreaming humanitarian response into national commitments eg. UHC, FP2030, CCI commitments etc.;
Absent Legislative frameworks and systemic weaknesses for prevention and response to GBV during emergencies. GBV related lack of informations and misperceptions contribute to accessibility and acceptability related challenges. ; Communities and individuals unable to protect themselves from shocks; Government Humanitarian response prioritizes allocations only for communicable disease during humanitarian emergencies and SRH and GBV are ignored; Lack of data/ disaggregated data also has a consequence of risk leaving groups behind.

Problem Analysis

Governance:
- Lack of high-quality, up-to-date, disaggregated data of the vulnerable groups to provide complete and reliable information planning, preparedness,/response and impacts of all disasters/CC on reproductive health, FP & GBV.
- Inadequate early warning systems, hazard monitoring and risk communication to inform preparedness and response planning prioritizing SRH and GBV.
- Preparedness and response capacity of the disaster management authorities and relevant government line ministries.
- Lack of resources for emergency preparedness.

Enabling Policies and Regulations
- Lack of SRH and GBV focused disaster risk reduction measures and relevant policies/strategies
- Afghan Refugees excluded from social protection initiatives.
- Lack of evidence informed Health system policies/sector strategies with priority SRHR interventions to enable it to cope with shocks (for instance, COVID 19) and still continue to function reasonably well and provide both basic and critical SRHR and GBV care to the population in a humanitarian crisis.
- Issues related to GBV are not adequately understood and responded to and remain obscure for the most part. The system and services have so far not been able to fully become sensitive and responsive to GBV, which requires efforts at policy, planning, resourcing and implementation levels

Coordination
- Poor Inter-sectoral coordination especially during the time of emergencies
- Weak accountability, Monitoring & Evaluation and Grievance Redressal Mechanism.
- Coordination within the sector between federal and provincial levels is very weak with trickle-down effect to district level

Service Delivery and Health Workforce
- Negative impact of disrupted health systems and services is compounded as individuals and households lack the knowledge and skills to be prepared and protect themselves.
- Health facilities are functioning sub optimally due to poor infrastructure, lack of qualified health staff, interruption of essential medical supplies and equipment.
- Lack of minimum services delivery requirements for SRH and GBV services during emergencies.
- Unmet need for mental health and psychosocial services (MHPSS).
- Fall-back modality for family planning is not known i.e., what types of FP services and commodities need to be provided and how when crises set in.

Financial Resources
Lack of systems to prioritize allocation of community funds to plan and respond to Humanitarian emergencies. No mechanisms for identification and (re)allocation of resources to enable the system to be able to respond and cope with both provision of essential SRH and GBV services and crisis.

Humanitarian Action and Resilience Building (SRH & GBV)- Intervention Logic and Results

UNSDCF Outcome 1: "By 2027, the people in Pakistan, especially the most vulnerable and deprived have increased equitable access to and utilization of quality, sustainable basic social services
UNSDCF Output 1.1: By 2027, the health system in Pakistan becomes inclusive, resilient, equitable, gender- responsive and accountable for quality health services including sexual & reproductive health, for all people especially the most vulnerable groups within the framework of Universal Health Coverage, and in line with international health standards.

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SP Outputs | **Policy & Accountability** | **Quality of Care & Services** | **Gender & Social Norms** | **Population Change & Data** | **Humanitarian Action** | **Adolescents & Youth**

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

Sub Output 3.1: MISP Institutionalization for systems readiness and responsiveness to ensure efficient and effective preparedness and response planning

Advocacy and technical assistance for Institutionalizing MISP for SRH in emergencies:
1. Technical assistance in curriculum design and incorporating MISP in the curriculum of public health universities, medical schools and Midwifery schools- *(Academia)*
2. Integrating MISP into government preparedness and response plans. *(DMAs. NHEPRN/DoH)*
3. Domestic resources allocation for MISP preparedness and response interventions. *(DMAs, NHEPRN/DoH)*
4. Key stakeholders capacity building on MISP *(DMAs, SWDD/WDD, DoH, I/NGOs)*
5. Policy advocacy on Clinical Management of Rape – Intimate partner violence (CMR-IPV) and Mental Health and Psycho-Socio Support *(UN Agencies, DMAs, DoH)*

Integration of SRH and GBV in national and sub national preparedness and response plans including DRR and climate change (CC) policies and strategies:
1. Evidence based advocacy and communications with humanitarian actors on links between CC and SRH and GBV – *(DMAs, Ministry of Climate Change (MoCC) NHEPRN/DoH, SWD/WDD)*
2. Technical assistance and capacity strengthening for integrating SRH and GBV in *national and sub national policies and strategies (DMAs, MoCC, NHEPRN/DoH, SWD/WDD)*
3. Building partnership with women and youth-led organizations for policy influence on integrating SRH and GBV in CC policies and strategies *(I/NGOs, CBOs, LSOs) (Output 5 & 6)*
4. Develop/scale up programmatic models for climate change related preparedness actions on SRH and GBV- *(DMAs, DoH, SWD/WDD)*

Improving the Humanitarian Data Management including RH commodity security: *(DMAs, DoH, UNFPA)*
1. Capacity building of UNFPA staff, partner government and CSOs on COD-PS for humanitarian decision making and action. *(contributing to CP output 6 on Pop data and change)*
2. Review, government existing supply chain and logistics operational processes for preparedness and response focusing on SRH and GBV.
3. Improve and Integrate supply chain and logistics strengthening interventions which include forecasting, supplies planning, quantification, procurement, distribution and monitoring during preparedness and response period of the humanitarian emergency

Sub Output 3.2: Availability of national and sub-national Resilience building strategic frameworks

Technical assistance for the development and implementation of national and sub national resilience building strategic framework: *(DMAs, DoH, PWD, delivering Health & GBV services, SWD/WDD, I/NGOs, Communities, LSOs/CSOs, Academia, Youth Partners)*
1. Evidence based advocacy for consensus building with government and civil society partners in identifying priority actions (Health system strengthening, GBV mainstreaming, youth engagement) within the resilience building strategy framework for 5 years.
2. Technical assistance for development and adaptation of resilience building strategic frameworks at National and subnational level.
3. Establish and strengthen partnership with civil society, women led/youth organizations and vulnerability focused organization to address community resilience issues focusing on SRH and GBV including MHPSS.
4. Strengthening south –south cooperation through sharing best practices and knowledge with key stakeholders on resilience
5. Revise and update DMA's GBV policy and develop an implementation framework for prioritizing GBViE minimum standards.
6. Capacity building of humanitarian stakeholders on GBViE minimum standards.

Sub Output 3.3: Strengthened community and facility based SRH/GBV information & services delivery in Humanitarian Settings

Strengthening the SRH and GBV Interventions during Humanitarian Emergencies:
1. Build institutional capacity of primary and referral level facilities to ensure continuity of maternal health, family planning, HIV prevention and GBV , services including CMR/IPV and MHPSS in humanitarian settings *(DoH, PWD, CSO delivering Health & GBV services)-This also aligned with Quality of Care and Services. CP Output 2.*
2. Capacity building of partners in RH commodities supply chain management including commodities security for Humanitarian emergencies. *(DMAs, DoH, PWD, CSO delivering Health & GBV services)-This also aligned with Quality of Care and Services. CP Output 2.*
3. Capacity Strengthen multi-sectoral GBV coordination mechanisms in line with the handbook for coordinating GBV interventions in emergencies and multi-sectoral GBV referral pathways. *(DoH, PWD, UN agencies, PDMAs, SW/WDDs, I/NGOs, legal and justice system institutions)-Gender Output*
4. Establish and strengthen mobile outreach teams and clinics.

Community based SRH & GBV interventions in Humanitarian Settings:
1. Exploring and strengthening indigenous means for referrals from community to seek lifesaving comprehensive EmONC/SRH/GBV services. *(CSOs/LSOs/Community)*
2. Technical assistance for developing strategies/plans on services delivery shifts (transitioning to community based delivery and identifying new service delivery options- telemedicine/mobile outreach clinics, Women Friendly Health Spaces and GBV/MHPSS) to increase access to integrated SRH and GBV services including CMR in humanitarian settings, *(DoH, PWD, CSO delivering Health & GBV services)-This also aligned with Quality of Care and Services. CP Output 2.*
3. Strengthening community based networks for prevention aspects of S/GBV, information and awareness raising on SRH/FP and mental health and psycho socio support. *(DoH, PWD, CSO delivering Health & GBV services)-This also aligned with Quality of Care and Services. CP Output 2.*

Modes of engagement: (1) advocacy and policy dialogue; (2) capacity development; (3) knowledge management; and (4) coordination, partnership and South-South and triangular cooperation; (5) service delivery.

Humanitarian Action and Resilience Building (SRH & GBV)- Intervention Logic and Results

UNSDCF Outcome 1: "By 2027, the people in Pakistan, especially the most vulnerable and deprived have increased equitable access to and utilization of quality, sustainable basic social services
UNSDCF Output 1.1: By 2027, the health system in Pakistan becomes inclusive, resilient, equitable, gender- responsive and accountable for quality health services including sexual & reproductive health, for all people especially the most vulnerable groups within the framework of Universal Health Coverage, and in line with international health standards.

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SP Outputs	Policy & Accountability	Quality of Care & Services	Gender & Social Norms	Population Change & Data	Humanitarian Action	Adolescents & Youth

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

Sub Output 3.1: MISP Institutionalization for systems readiness and responsiveness to ensure efficient and effective preparedness and response planning

Sub Output 3.2: Developing national and sub-national Resilience building strategic frameworks

Sub Output 3.3: Strengthening community and facility based SRH/GBV information & services delivery in Humanitarian Settings

Risks, Assumption and Partnership

Risks:
- Unpredictability of natural disasters, armed conflicts and tendency for such events to occur in least well provided areas in the country.
- Security related challenges in conflict affected areas/bordering areas with Afghanistan with potential spillover effects of political instability/security in Afghanistan Sensitivities attached to GBV, SRH, and cross-border constitute a challenge resulting in disapproval or late endorsement of such projects by the concerned government institutions Shrinking space for civil society constituents, specially, Women led NGOs because of the mandatory requirement of obtaining No Objection
- Challenges related to complex procedures for custom clearance of humanitarian and development consignments, including SRH commodities. No product, no programme
- SRH and GBV aspects prioritized insufficiently in contingency plans at national and subnational level, including the factors contributing to strong and resilient systems (financial, material, human resources, local health supply mechanisms, planning etc.).
- Limited capacity and understanding of stakeholders working on DRR and how climate hazards and food insecurities impact SRH and GBV.

Assumptions:
- The country is responding to humanitarian emergencies with an active SRH and GBV sub-working groups and having representation of women, young people and other vulnerable population.
- Close coordination between Disaster Management Authorities, Government line ministries responsible for SRH and GBV service and civil society.
- Govt. emergency preparedness, response plans and DRR strategies have integrated and allocated resources for SRH and GBV, including MISP institutionalization at multi sectorial level.
- Government and community commitment to, and acceptance of SRH and GBV information and services.
- Increased allocations to support SRH and GBV in emergencies from domestic resources.

UNFPA Humanitarian Partners:
National Disaster Management Authority (NDMA)
Provincial Disaster Management Authorities (PDMAs)
National Health Emergency Preparedness and Response Network) NHEPRN) under Ministry of National Health Services, regulation and Coordination (MoNHSRC)
Provincial Department of Health (DoH)
Population Welfare Department (PWD),
Women Development Department (WDD),
Social Welfare Department (SWD),
Ministry of Climate Change (MoCC)
Academic institutions (Health Services Academy,
National and International Civil Society Organizations,
Community Based Organizations/Local Support Organizations
UN Agencies

Modes of engagement: (1) advocacy and policy dialogue; (2) capacity development; (3) knowledge management; and (4) coordination, partnership and South-South and triangular cooperation; (5) service delivery.

Key Milestones:

CPD Output	Indicators	Milestone
Output 3: Strengthened national and subnational capacities in resilience programming, emergency preparedness and response to ensure access to life-saving interventions in humanitarian situations, including sexual and reproductive health services and gender-based violence response.	Number of national and subnational resilience-building strategic frameworks with costed implementation plans focusing on sexual and reproductive health and gender-based violence prevention and response, developed and implemented with particular attention to the most vulnerable groups Baseline: 0 (2021); Target: 5 (2027)	• 2023-2024- Engagement of policy makers on the linkages of climate change with SRH and GBV Baseline: No Target: Yes • 2025- SRHR integrated into the national climate change policies Baseline: No Target: Yes • 2025- SRH and GBV incorporated into the Nationally determined contributions of the UN Baseline: No Target: Yes • 2025-2027- Number of Provinces supported to develop costed implementation plans for resilience-building strategic frameworks Baseline: 0 Target: 4 • 2023-2025-Number of advocacy initiatives for consensus building with government and civil society partners in identifying priority actions (Health system strengthening, GBV mainstreaming, youth engagement) within the resilience building strategy framework for 5 years Baseline: 0 Target: 5 • 2023-2024- Number of policy briefs developed by UNFPA and National partners in support of SRH/GBV and Climate change aspects with focus on youth and women Baseline: 0 Target: 5 • 2023-2025- Supply chain and logistics strengthening system (for MOH - National Health Emergency Preparedness and Response Network) related to forecasting, supplies planning, quantification, procurement, distribution and monitoring during preparedness and response period of the humanitarian emergency developed and rolled out. Baseline: No Target: Yes
	Number of national and subnational contingency plans that integrate the Minimum Initial Service Package for sexual and reproductive health in crises	• 2023-2026- A curriculum on MISP finalized and incorporated into the curriculum of public health universities, medical schools and Midwifery schools Baseline: No Target: Yes

	Baseline: 2 (2021); Target: 5 (2027)	• 2023-2025- Number of Provinces that integrated MISP into government preparedness and response plans Baseline: 0 Target: 4 • 2023- GBV policy of disaster management authorities reviewed Baseline: No Target: Yes • 2023-2024- Implementation framework for prioritizing GBViE minimum standards developed and rolled out in priority provinces. Baseline: No Target: Yes
	Number of women, adolescents and youth benefited from life-saving sexual and reproductive health and gender-based violence interventions in humanitarian settings Baseline: 414,000 (2021); Target: 800,000 (2027)	• 2023-2027- Number of referral mechanisms established for communities to seek lifesaving comprehensive EmONC/SRH/GBV services. Baseline: 2 Target: 7 • 2023-2027-Number of models such as telemedicine/mobile outreach clinics, Women Friendly Health Spaces and GBV/MHPSS) to increase access to integrated SRH and GBV services including CMR in humanitarian settings designed and rolled out. Baseline: 3 Target: 5 • 2023-2027- Number of community based networks for prevention of S/GBV as well as information and awareness raising on SRH/FP, mental health and psycho socio support established. Baseline: 40 Target: 140

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

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

Adolescents & Youth- Problem Analysis

UNSDCF Outcome 1: "By 2027, the people in Pakistan, especially the most vulnerable and deprived have increased equitable access to and utilization of quality, sustainable basic social services
UNSDCF Output 1.1: By 2027, the health system in Pakistan becomes inclusive, resilient, equitable, gender- responsive and accountable for quality health services including sexual & reproductive health, for all people especially the most vulnerable groups within the framework of Universal Health Coverage, and in line with international health standards.
UNSDCF Output 1.5: By 2027, Education system in Pakistan has improved capacities to deliver more inclusive, equitable, gender-responsive, quality education and skills development, including transferable skills, to children and youth, particularly girls and those residingin disadvantaged areas, including during humanitarian and emergency situations.

By 2025, reduction in unmet need for family planning has accelerated

By 2025, reduction of preventable maternal deaths has accelerated

By 2025, reduction in gender-based violence and harmful practices accelerated

SP Outputs | **Policy & Accountability** | **Quality of Care & Services** | **Gender & Social Norms** | **Population Change & Data** | **Humanitarian Action** | **Adolescents & Youth**

CP Output 4: Strengthened skills and opportunities for adolescents and youth to realize their sexual and reproductive health and rights and to ensure their leadership and participation in policy making and programming

Problem Analysis

Consequences

Non existing youth focused SRH/FP services; Limited knowledge of young people on SRHR; Lack of necessary life skills among young people; absence of active participation of young people in policy dialogue on youth development agenda; Limited opportunites for adolescents/youth engagement; limited to no capacities of young people to make their voice heard in power corridors; Lack ofunderstanding of life long health consequences (including mental health) of child marriage, harmful practices, GBV etc.

Problem Analysis

Access to SRH&R services for young people

- Local cultural context (access to services are tied to marital status);
- Environmental factors (geographical location– mobility/ limited financial resources);
- Absence of policy and framework supporting adolescents/youth SRH & R;
- Limited capacities of Institutions & healthcare sector ;
- Source of information, timings of BHUs, household responsibilities ;
- Presence of few AYFHCs nationwide;
- Lack of infrastructure support (SOPs, procedures, protocols, coordination mechanism);
- Not a priority for health sector– evident from non-allocation of funding;
- Limited availability of FP products;
- Large number of out of school adolescents;
- Adverse effects of COVID-19 on SRH and mental health of young people;
- Increasing trend of child marriages especially girl child marriage and increased cases of GBV in the aftermath of pandemic.

Youth Leadership & Engagement

- Socio economic factors: poverty, health & wellbeing, occupation for young people especially young girls.
- Lack of strategy or framework in place;
- Lack of opportunities and enabling environment to encourage young people (SOPs, protocols etc.);
- Limited capacities of Institutions to develop future leaders ;
- Lack of infrastructure support and political will;
- Limited/lack of opportunities for skills development;
- Brain Drain;
- Low levels of educational attainment, particularly in case of young girls/ vulnerable adolescents & youth;
- Lack of gender balanced role models for young people; Urban / rural divide
- Lack of diversity, leading to intolerance among youth groups
- Interventions are mostly focused on most accessible youth groups
- Limited platforms available, to bring young people together
- Urban / rural divide
- Lack of opportunities and enabling environment to encourage youngpeople especially girls to participate in policy forums
- Lack of infrastructure to institutionalize/ support engagement (sports complex, recreational centers)
- Lack of policy and framework support with regard to implementation– Youth Policies
- Lack of awareness of young people fundamental rights
- Micro level: Limited knowledge of young people on social issues/ drug abuse/ competing priorities

Human Capital Development

- Socio economic factors: poverty, health & wellbeing, occupation;
- Lack of infrastructure support ;
- Lack of policy and framework support with regard to implementation;
- Limited capacities of Institutions to implement LSBE ;
- Child labor; Gender disparities;
- High number of school dropout rates, particularly in case of young girls;
- Low prevailing literacy rate; Prevailing increasing trend in child marriages;
- Large number of out of school adolescents
- Absence of legal framework/ dedicated policy on integration of LSBE in national/ sub-national curricula.

Adolescents & Youth- Intervention Logic and Results

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SP Outputs	Policy & Accountability	Gender & Social Norms	Quality of Care & Services	Population Change & Data	Humanitarian Action	Adolescents & Youth
Intervention linkages with other components	4.1.1 (1,2,3) , 4.1.2 (1,2)	4.1.4 (1,2), 4.2.1(1,2,3), 4.2.2 (1,2,3,4,5)	4.1.3 (3,4,5,6), 4.1.4 (1,2)	4.1.1 (1,2,3)	4.1.3 (1,2,3), 4.1.1 (1)	

ned skills and opportunities for adolescents and youth to realize their sexual and reproductive health and rights and to ensure their leadership and participation in policy making and programming

Sub Output 4.1: An enabling environment is created for sustained and inclusive policy development and institutional mechanisms at federal & provincial levels for advancing adolescents and youth (A&Y) SRHR and societal engagement, including through A&Y-led and innovative platforms across the humanitarian-development continuum.

4.1.1 Evidence generation to support policy and accountability frameworks for youth policy reforms and increased investments on adolescents and youth sexual and reproductive health and rights
1. Study/assessments on AYSRHR supporting policy decisions, improving delivery of SRH services & education / health strategies, role of youth in emergency response services etc. young people engagement in data analysis process
2. Conduct political economy assessment to inform policy reforms
3. Construction of Youth Development Index (YDI) to strengthen youth accountability frameworks

4.1.2 Policy advice and technical support for the development and implementation of adolescents and youth engagement strategies and action plans integrating sexual and reproductive health and rights in partnership with PM Office – Kamyab Jawan Program, Youth Affairs & Sports Dept., Pakistan Girl Guides & Boy Scouts Association, TEVTA, Punjab Vocational Training Council, Pakistan Institute for Parliamentarian Support, UN agencies, youth-led org. & civil society:
1. Strengthen institutional mechanisms for development & implementation of A/Y focused policies, youth engagement strategies & frameworks including; AY SRHR/Outreach strategies & Health/wellbeing Frameworks & construction of Youth Development Index for accountability, performance appraisal & provincial funds allocation for AY development.
2. Strengthen youth caucus, for engagement of young people with the parliamentarians to support legal reforms related to AYSRHR.

4.1.3. scaling up adolescents & youth-led innovative initiatives & adolescents & youth participation, engagement opportunities and accelerate efforts for SRHR and HIV/AIDS integrated services in partnership with MoH, Population Welfare Departments, academia, UN agencies and civil society:
1. Scale up youth-led innovative initiatives & engagement platforms, including National Youth Council – developing linkages with emergencies preparedness efforts & relief work.
2. Support youth-led organizations on SRHR to advocate for integrated SRHR and HIV/AIDS services & building resilience for humanitarian action.
3. Strengthen community engagement mechanism and AYFS structures, ensuring accessibility of vulnerable young people (gender/ religious/ ethnic minorities, persons with disability, NEET girls, young girls & boys, refugees/IDPs, etc).
4. Scale up efforts for adoption of integrated SRH and HIV/AIDS health care services, ensuring access to key population.
5. Support LHW Programme, to increase community outreach on adolescents/youth SRHR.
6. Mobilize the private sector through multi-sectoral public-private partnerships, for increased investment in adolescents/youth SRHR.

4.1.4 Adopting new technologies, including youth-friendly online applications and helplines
1. Pilot models on engaging adolescent boys/men & religious faith leaders against child marriages, social gender norms & assessment, while ensuring necessary safeguarding measures in place.
2. Adopt new technologies – Fem-tech tools/ services & non-technology-based approaches; including youth-friendly online applications and helplines on A&Y SRHR, child marriages, gender and social norms.

Sub Output 4.2: Increased national & subnational capacity to operationalize /institutionalize inclusive, age appropriate & gender sensitive life skills-based education (LSBE) guidelines & curricula for in-school adolescents/ youth & to develop & roll out out-of-school LSBE guidelines & packages.

4.2.1 Strengthening national and sub-national capacities to advance life skills based education for in-schools; in partnership with MoE, Provincial Education Departments, Private Sector Schools Association, academia and civil society:
1. Advocacy and development of inclusive gender sensitive, age appropriate LSBE national/sub-national curricula, to be taught as a standalone subject in private and public educational institutes for in school adolescents and youth.
2. Teachers training on gender sensitive LSBE content including; social emotional learning. on provincial and federal level, enabling teachers to coach & mentor young people in institutional set-up.
3. Review and update of contextualized LSBE content, reflected in Single National Curriculum.

4.2.2 Strengthening national and sub-national capacities to advance life skills based education for out-of-schools in partnership with PM Office – Kamyab Jawan Program/ Social Welfare Department, MoHR, MoE, Education Departments, academia, NDMA, UN agencies, youthled organizations & civil society:
1. Strengthen institutional mechanisms for adoption of gender sensitive, age appropriate LSBE resources for out of school adolescents/youth.
2. Scale up efforts to increase outreach of digitalized gender sensitive LSBE content.
3. Develop and roll out inclusive comprehensive guidelines/package on gender sensitive, contextualized LSBE, for out of school adolescents/youth.
4. Development and roll out of key resources for out of school adolescents/youth/ instructors/parents and other community members.
5. Development of gender sensitive, inclusive LSBE outreach strategy for out of school adolescents/ youth, to inform and generate demand from communities.
6. Brokering partnerships between civil society/community-based organizations and government institutions to reach out to communities on LSBE, for out of school AY.

Adolescents & Youth- Intervention Logic and Results

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SP Outputs | **Policy & Accountability** | **Gender & Social Norms** | **Population Change & Data** | **Humanitarian Action** | **Adolescents & Youth**

CP Output 4: Strengthened skills and opportunities for adolescents and youth to realize their sexual and reproductive health and rights and to ensure their leadership and participation in policy making and programming

Risks, Assumption and Partnership

Risks:

- Unfavorable socio-cultural challenges faced by young people, especially towards accessing SRHR services.
- Limited understanding of the national partners on issues related to youth engagement and empowerment.
- Inadequate capacity affecting community outreach & peer education; Limited availability of data on adolescents & youth SRH
- Lack of dedicated budget allocation for adolescents & youth SRHR

Assumptions:

- Favorable policy & political environment towards advancing adolescent SRHR
- Enabling legislative frameworks with required resources available
- Partnership opportunities and sufficient resources for community engagement.
- Ecological model used to address adolescent and youth well-being, human rights standards for delivering quality SRH services and life skills based education as well as adolescent friendly services;

Partnerships:

- Prime Minister's Office – Kamyab Jawan Program,
- Ministry of Education,
- Youth Affairs Departments,
- Provincial/regional Education Departments,
- Ministry of Human Rights,
- Social Welfare Departments,
- Ministry of National Health Services Regulation and Coordination
- UN Agencies,
- INGOS, Civil Society, Academia, youth-led organisations
- TVETA, Punjab Vocational Training Council, Institute for Parliamentarians Support, Pakistan Girl Guides and Boy Scouts Association.

Modes of engagement: (1) advocacy and policy dialogue; (2) capacity development; (3) knowledge management; and (4) coordination, partnership and South-South and triangular cooperation; (5) Service Delivery/ community engagement

Key Milestones:

CPD Output	Indicators	Milestones
	Number of national and provincial adolescents and youth engagement strategic frameworks and action plans integrating adolescents and youth SRH developed and implemented across the humanitarian-development continuum Baseline: 0 (2021); Target: 5 (2027)	• 2023-2027 - Number of studies/ assessments on AYSRHR including marginalised young people; supporting policy decisions, improving delivery of SRH services & education / health strategies including mental and psychological health, role of youth in emergency response services. Baseline: 1 Target: 5 • 2024 - Political economy assessment on rights and needs of youth conducted to inform policy reforms. Baseline: 0 Target: 1 • 2024 - Youth Development Index (YDI) developed and the progress monitored to strengthen youth accountability frameworks. (2024) Baseline: 1 Target: 2 • 2023-2024 Number of Provinces and regions with costed plans to support the implementation and monitoring the progress of Youth Policies Baseline: 3 Target: 6 • 2024-2027 - Number of provinces and regions supported with the implementation plans/ M&E framework to integrate marginalized young people (transgender persons and persons with disabilities). Baseline: 2 Target: 6 • 2024 - Youth engagement model on resilience building rolled out for the implementation of the National Volunteerism Strategy. Baseline: No Target: Yes
	Number of youth-led platforms, including national youth council, parliamentary caucus and innovation hubs in support of their leadership and participation in policymaking and programming. Baseline: 1 (2021); Target:6 (2027)	• 2024-2025 - Institutional mechanism available for development, coordination & implementation of A/Y focused policies, youth engagement strategies & frameworks. Baseline: 1 Target: 2 • 2024-2027 - Parliamentary youth caucus established and notified. Baseline: 0 Target: 1 • 2024-2027 - Number of national and sub national platforms (Sub-committees/ working groups etc.) engaged in advocating for AYSRHR and youth development agenda by the parliamentary youth caucus. Baseline: 0 Target: 2

		• 2024-2027 - Number of youth-led organizations on SRHR to advocate for integrated SRHR and HIV/AIDS services & building resilience for humanitarian action Baseline: 2 Target: 10 • 2023-2024 - Adolescents and youth SRH integrated outreach strategy key recommendations implemented. Baseline: No Target: Yes • 2023-2027 - Number of community engagement mechanisms and AYFS structures established Baseline: 20 Target: 50 • 2023-2027 - A partnership with private sector established through multi-sectoral public-private partnerships, for increased investment in adolescents/youth SRHR Baseline: No Target: Yes • 2024-2027 - Pilot models on engaging adolescent boys/men, & religious faith leaders against child marriages, social gender norms & assessment, while ensuring necessary safeguarding measures in place. Baseline: 0 Target: 2 • 2023-2027 - Number of innovative initiatives including non-technology-based approaches; including youth-friendly online applications and helplines on A&Y SRHR, child marriages, gender and social norms Baseline: 2 Target: 10
	Number of inclusive, age-appropriate and gender-responsive national and subnational life-skills-based education guidelines operationalized for in-school adolescents and youth Baseline:0 (2021); Target: 5(2027)	• 2023-2027 - Gender sensitive, age appropriate LSBE curricula designed as a standalone subject in private and public educational institutes for in school adolescents and youth on national/provincial level. Baseline: No Target: Yes • 2024 - Teachers training module on gender sensitive, age appropriate LSBE content including; social emotional learning designed and rolled out on provincial and federal level. Baseline: No Target: Yes • 2023-2027 - Supplementary resources on LSBE for in school adolescents and youth including story books developed and rolled out. Baseline: No Target: Yes
	Inclusive, age-appropriate and gender-responsive out-of-school life-skills-based education guidelines and related packages developed and rolled out	• 2023-2024 - Institutional mechanism established for adoption of gender sensitive, age appropriate LSBE resources for out of school adolescents/youth. Baseline: No Target: Yes

	Baseline: No (2021); Target: Yes (2027)	• 2024-2027 - Number of initiatives to increase outreach of digitized gender sensitive, age appropriate LSBE content designed and rolled out (story books, videos, IEC material). Baseline: 1 Target: 5 • 2023 - Inclusive comprehensive guidelines/package on gender sensitive, age appropriate contextualized LSBE content developed and disseminated for out of school adolescents/youth, under the informal education system. Baseline: No Target: Yes • 2023-2024 - LSBE outreach strategy for out of school adolescents/ youth developed to inform and generate demand from communities. Baseline: No Target: Yes • 2023-2027 - Number of provinces/regions with need assessments of out of school adolescents and youth on access to basic social services including; education, health, employment and engagement concluded. Baseline: 0 Target: 6

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

This output will contribute to UNSDCF outcome 2 on gender equality and women's empowerment, especially output 3 related to addressing gender-based violence and harmful practices. It will contribute to other country programme outputs through: (a) advocacy for strengthening policy and legal frameworks related to gender based violence and harmful practices, including child marriage; (b) strengthening institutional capacities of gender machineries and accountability mechanisms at national and subnational levels for the implementation of policy and legal frameworks that relate to advancing gender equality and the empowerment of women and girls, and addressing gender-based violence and harmful practices; (c) strengthening national and subnational gender-based violence referral mechanisms and administrative data systems in line with the international standards; (d) establishing and strengthening multi-sectoral coordination mechanisms for gender based violence prevention and response across the humanitarian and development continuum; (e) generating evidence on barriers and documenting impactful strategies and interventions to transform discriminatory gender and social norms, and scaling up the provision of survivor-centred multi-sectoral prevention and response services, in line with international guidelines, across the humanitarian-development continuum; and (f) strengthening civil society, including community-based networks and organizations, women-led organizations and other stakeholders and gatekeepers, to promote positive gender-equal norms and empower women and girls to exercise their agency and rights. The theory of change for this output is illustrated below:

Gender and Social Norms Change- Problem Analysis

UNSDCF Outcome 3: By 2027, people in Pakistan, especially those at greatest risk of being left behind, will benefit from an enabling environment where women, girls, children, displaced, transgender persons and ethnic minorities are empowered and reach their fullest potential; and their human, social, economic, cultural and political rights are fully protected and upheld.
UNSDCF Output 3.1: Vulnerable and marginalised sections/groups including women, girls, and transgender persons, actively contribute to resilientand empowered communities able to operate in safe spaces and harassment-free environments, protected from gender based violence and violence against women and other harmful practices and have equitable access to services and information

By 2025, reduction in unmet need for family planning has accelerated

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SP Outputs | **Policy & Accountability** | **Gender & Social Norms** | **Population Change & Data** | **Humanitarian Action** | **Adolescents & Youth**

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

Problem Analysis

Consequences

Low budgetary allocations to address GBV, low conviction/rate- slow and delays in justice, Unethical reporting of GBV cases in media, Heightened risk and cases of GBV in humanitarian settings; Women's increased vulnerability to violence especially women with disabilities, transgender, religious minorities; Acceptance of domestic violence among women and men resulting in weak demand of GBV prevention and response services as well as low help seeking behavior of GBV Survivors, high stigmatization for single and divorced women, Intersectional Vulnerabilities factors that follow people through their life cycles and are transmitted across generation; Lack of Agency- Social, Economic, SRHR

Health consequences (teenage pregnancies, maternal mortality, fistula, infant mortality, malnutrition, STIs);
Drop out from schools, Low economic development;
Low Labour force participation,
Susceptibility to violence (domestic violence, sexual, emotional, psychological;
Burdening child bride, women's low socio-economic status and agency

Problem Analysis

Gender Based Violence (Domestic Violence, Sexual Violence, & Sexual Harassment)

Structural
- Patriarchal customary laws, norms, practices & stigma,
- Restricted mobility of women and access to services
- Power inequalities/imbalance in both formal and informal structures
- Violence & discriminatory practices

Institutional and system
- Weak capacities of the gender machineries at national and sub-national levels (lack of role clarity, overlaps; low in hierarchy and overly mandated; no ministry at federal level)
- Lack of evidence based policy making & programming; lack of awareness and capacity within government,
- Lack of data, skills and system for disability inclusion

Physical
- No Systematic GBV data
- Limited education and employment opportunities
- Women empowerment interventions mostly address immediate needs, not long-term strategic interest
- Lack of prevention and response services and mechanisms
- Lack of coordinated GBV services, lack of access to opportunities and services
- Women parliamentarians- power inequalities
- GBV not prioritized during emergency response including COVID-19

Legal
- Lack of laws to protect women /VGs
- Lack of awareness of rights/ pro-women laws
- Discriminatory laws
- Weak implementation of pro-women laws & policies
- Lack of accountability/oversight of duty bearers that leads to impunity
- Behavioral/ attitude of justice

Ending Child Marriage

Structural
- Gender inequality and control of adolescent girls' sexuality; social norms
- Religious misconceptions related to age of marriage
- Adolescent pregnancy as a push and pull factor for child marriage
- Socio/cultural traditions place a little value on girls, enforce patriarchal norms, hegemonic
- Child marriage- a protectionist approach
- Lack of agency- Social, Economic and SRHR

Physical
- Limited opportunities due to poverty
- Limited education
- Limited/inadequate services, information and skills essential to empowering girls
- Lack of community and youth engagement in protecting the rights of girls and boys
- Conflict and emergencies- Child marriage as negative coping

Legal
- Lack of laws and policies related to child marriages
- Weak legal and policy frameworks
- Lack of enabling environment for legal frameworks
- Behavioral/ Attitude of justice

Gender and Social Norms Change- Intervention Logic and Results

UNSDCF Outcome 3: By 2027, people in Pakistan, especially those at greatest risk of being left behind, will benefit from an enabling environment where women, girls, children, displaced, transgender persons and ethnic minorities are empowered and reach their fullest potential; and their human, social, economic, cultural and political rights are fully protected and upheld.
UNSDCF Output 3.1: Vulnerable and marginalised sections/groups including women, girls, and transgender persons, actively contribute to resilientand empowered communities able to operate in safe spaces and harassment-free environments, protected from gender based violence and violence against women and other harmful practices and have equitable access to services and information

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

Sub Output 5.1: Institutional Strengthening: Strengthened institutional capacities and mechanisms for policy formulation and implementation, with subsequent legislative reforms and enforcement to end gender based violence and harmful practices including child marriage across the humanitarian and development continuum.

Strengthening pro-women policies, legal and accountability frameworks and support implementation

- Strengthening pro-women policy, legal and accountability frameworks and mechanisms (Sexual Violence, Domestic Violence, Sexual Harassment, Child Marriage) at provincial and federal level.
  - *increase awareness, knowledge and capacity among relevant government stakeholders to implement existing laws and policies*
  - *monitoring of existing laws and policies related to gender-based violence and harmful practices including child marriage*
  - *Advocacy with parliamentarians for legislations on child marriage at federal and provincial levels*
  - *strengthen parliamentary oversight in support of pro-women legislations and implementation at provincial level and federal level.*
- Create enabling legal and policy environment and strengthened national and subnational capacities to eliminate harmful practice including child marriage particularly for vulnerable groups

Institutional Strengthening of gender machineries at national and sub-national levels

- Strengthening capacities (system, data,) of gender machineries (women development departments, social welfare departments and CSWs) at provincial and federal levels

Strengthen multi-sectoral GBV coordination mechanism for prevention and response to gender based violence

- *develop high-quality, human rights-based comprehensive, GBV information and services (through strengthening of GBV helplines, shelter home, PSS, GBV case management, GBV data standardization, monitoring and referral) across the development and humanitarian continuum, especially for the most vulnerable and marginalized women & girl at provincial level*
- *accessibility and disability mainstreaming in GBV services at provincial and federal level*
- *increase the capacity of law enforcement agencies to deliver multi-sectoral survivor-focused services*
- Strengthen health sector's response to GBV through CMR, referrals, Health MIS

Evidence Generation to inform policy making and programming on GBV and child Marriage (including for persons with disabilities)

- Technical assistance for evidence generation on gender-based violence (including VAW survey, barriers and costing of GBV, child marriage, gender and social norms)
  - *Technical support on data collection, evidence-based research and analysis, to understand the dynamics of violence, harmful practices and social norms and associated risk factors; and to support reporting against international commitments.*
- Strengthening national and sub-national administrative data systems on gender-based violence

Sub Output 5.2: Social norms change : Inclusive community based networks and mechanisms strengthened to address gender based violence and harmful practices, including child marriage across the humanitarian and development continuum.

Interventions:

Evidence Generation to inform social norms change (including for persons with disabilities)

- Evidence generation on perception and attitudes related gender and social norms
  - *Political Economy Analysis on child marriage*
  - *Evidence on delay/barriers in seeking help for SRH and GBV survivors*
  - ***Social norms change package on GBV and child marriage***

Strengthening community-based networks and mechanisms to create social and behavioral change to strengthen the prevention of gender-based violence, harmful practices and social norms among targeted communities, services providers and media.

- Testing and scaling up community based model including LSBE related to harmful norms, positive masculinity, norms that perpetuate GBV.
- Engage men and boys' organizations and networks in promoting positive masculinity for combating GBV and child marriage (through linking with Youth Development Council, Health Workers, media)
- **Community based mechanism for access to SRH and GBV services**

Modes of engagement: (1) advocacy and policy dialogue; (2) capacity development; (3) knowledge management; and (4) coordination, partnership and South-South and triangular cooperation.

Gender and Social Norms Change- Intervention Logic and Results

UNSDCF Outcome 3: By 2027, people in Pakistan, especially those at greatest risk of being left behind, will benefit from an enabling environment where women, girls, children, displaced, transgender persons and ethnic minorities are empowered and reach their fullest potential; and their human, social, economic, cultural and political rights are fully protected and upheld.
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SP Outputs

Policy & Accountability

Gender & Social Norms

Population Change & Data

Humanitarian Action

Adolescents & Youth

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

Risks, Assumption and Partnership

Risks:

- Lack of accountability towards implementation of the policies both by public and private institutions
- Women and girls' lack of awareness and access about the existing laws and social safety nets
- Lack of capacities, dedicated human resource with technical skills and abilities to work on gender equality and women and girls agency
- Deviation or re-appropriation of funds from gender equality to any humanitarian crisis
- Lack of collaborative framework with government departments working on GEWE and other social sectors
- Existing deep rooted gender stereotypes and discrimination resulting in exclusion of vulnerable andmarginalised groups
- Lack of sex and age disaggregated data leading to lack of evidence based gender sensitive and transformative policy making and planning
- Lack of inter-sectoral/multi-sectoral collaborations towards addressing gender based violence
- The risk of a clash between Conservatism and poorly calculated actions in sensitive areas (SE, GBV, CM) which might result in the reversal of gains
- Inadequate capacity affecting community outreach and peer education;

Assumptions:

- Gender mainstreaming and interventions remain a key focus area for the government.
- Political commitment post 2023 elections.
- Policy and decision makers as well as religious leaders support progressive approach and agenda on gender equality and women's empowerment and child marriage.
- Partnership opportunities and sufficient resources for community engagement.
- Government counterparts recognize the importance of data generation and use as evidence to inform interventions that promote the rights of marginalized groups
- Security situation remain stable, allowing programme activities
- COVID-19 pandemic does not bring longer term shifts of Government priorities
- Other development partners and UN agencies are also contributing in the area of gender equality

Partnerships:

- Federal : Nnational Commission on the Status of Women, M/O Human Right, WPC, Ministry of Law and Justice, National Assembly, Planning, development and reform ministry, health ministry, federal police, National Disaster Management Authority, Ombudsperson office, media, Council of Islamic Ideology
- Provincial : Women and Social Welfare Departments, Provincial Commissions on the Status of Women, Departments of Health, BoS, Academia, media, think tanks, Ombudsperson offices, HR directorates, CSO, DPOs, Parliamentarians, WPCs, standing committees, Judicial academies, Home Department, P&DD, PDMA, Law department, PSCA, PWDs, media, child protection commissions
- UN Agencies: WHO, UN WOMEN, UNODC, UNDP, UNICEF
- Community: survivors, youth, activists, Faith leaders, community gate keepers, Nikah Khawans

Key Milestones:

CPD Output	Indicators	Milestones
Output 5: Strengthened institutional capacities and community-based mechanisms to advance gender equality and women's empowerment and address gender-based violence and harmful practices, including child marriage, across the humanitarian-development continuum	Number of comprehensive action plans for the implementation of national and subnational policy and legislative frameworks on gender-based violence and harmful practices, including child marriage Baseline:3 (2021); Target:12 (2027)	2023-2025: Number of provinces with Sexual Violence Response Frameworks developed Baseline: 1 Target: 3 (KP, Punjab and federal levels) 2023-2026: Number of provinces with domestic violence roadmaps developed and rolled out Baseline: 2 Target: 4 (Sindh and Balochistan) 2023-2024: National Framework on Child Marriage available. Baseline: No Target: Yes 2023-2027: Number of Provinces that institutionalised GBV Case Management Curriculum roadmaps Baseline: 0 Target: 4 2023-2027: Number of Provinces with Gender Management Information System (GMIS) established and functional Baseline: 1 Target: 3 2023-2026: Number of women related policy, legal and accountability frameworks (Sexual Violence, Domestic Violence, Sexual Harassment, Child Marriage) available at provincial and federal level. Baseline: 0 Target:2 2023-2027: A parliamentary oversight mechanism established in support of women related legislations and implementation at provincial level and federal level Baseline: No Target: Yes
	Number of provinces that established comprehensive and standardized administrative data systems on gender-based violence in alignment with survivor-centred principles and international best practices Baseline: 0 (2021); Target: 3 (2027)	2023-2027: Number of multi-sectoral coordination mechanisms on gender-based violence that are functional at the sub national level. Baseline: 2 (Sindh, KP) Target: 4 (Sindh, Punjab and GB) 2023-2026: GBV response services (helplines, shelter home, PSS, GBV case management, GBV data standardization, monitoring and referral) strengthened across the development and humanitarian continuum. Baseline: No Target: Yes 2023-2026: Number of provinces that standardised GBV data for women shelters Baseline: 0 Target: 3 (KP, Sindh and Punjab provinces) 2023-2026: Number of provinces with GBV helplines functional Baseline: 2 Target: 4

	Number of inclusive community-based action research papers and models for gender and social norms change to address gender-based violence and harmful practices, including child marriage Baseline: 1 (2021); Target: 4 (2027)	• 2023-2025: Training module on gender-focused socio-cultural research developed and piloted; Baseline: No Target: Yes • 2023-2026: Number of provinces with evidence generated on barriers in seeking help for SRH and GBV services Baseline: 1 Target: 4 • 2023-2025: Social norms change package on GBV and child marriage available. Baseline: No Target: Yes • 2023-2026: Community based model incorporating LSBE, SRH and GBV integrated approaches to address harmful norms that perpetuate GBV & Child Marriage, promote positive masculinity, designed and rolled out Baseline: 0 Target: 2 • 2023-2026: Partnerships established with men and boys' organizations and networks in promoting positive masculinity for combating GBV and child marriage Baseline: No Target: Yes

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

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

Population Change and Data- Problem Analysis

UNSDCF Outcome 5: By 2027, the people in Pakistan, especially women, children, the most vulnerable and marginalized, have increased access to fundamental human rights, gender equality and fundamental freedom through inclusive, accountable and effective and evidence driven governance systems and rule of law institutions at all levels of government, contributing to good governance and stability;
UNSDCF Output 5.1: Democratic governance of state institutions and systems, including, legislative bodies, local governments and electoral management bodies, strengthened to be effective and responsive to people's needs, for transparent and equitable service delivery, with a focus on data governance systems & digital solutions;

By 2025, reduction in unmet need for family planning has accelerated

By 2025, reduction of preventable maternal deaths has accelerated

By 2025, reduction in gender-based violence and harmful practices accelerated

SP Outputs	Policy & Accountability	Quality of Care & Services	Gender & Social Norms	Population Change & Data	Humanitarian Action	Adolescents & Youth

CP Output 6: Strengthened 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

Problem Analysis

Consequences

Limited opportunities to use the demographic intelligence especially towards harnessing the benefits of demographic dividend
Limited disaggregated data to inform national and sub-national polices, plans and programmes to reach the furthest behind firstparticularly at the lower geographical levels
Limited integration of population dynamics into policies, strategies and development plans
Limited budget allocation from the Government for regular data collection through household surveys
Acceptability of data by the provinces and experts– creation of controversy around data

Problem Analysis

Access to Data

- Limited access to data
- Data gaps to identify the needs of population affected by humanitarian crises
- Self adapted data confidentiality policy especially between federal and provincial governments.
- Non- Availability of data on emerging population issues i.e. urbanization and migration.
- Limited enabling environment for data collection and dissemination
- Non-availability of data dissemination strategy.

Use to Data

- Limited enabling environment for data use to inform policies and programmes and improve emergency preparedness
- Lack of trained human resources on how to use data for development programs.
- Non-availability of expertise in line-Ministries for data analysis and use.

Lack of awareness

- Limited Population Based Planning
- Limited interest of the government to focus on emerging population issues i.e. urbanization and migration with no policy interventions.
- Limited evidence based development planning including linking population policies with development.
- Lack of awareness of policy/decision makers

Data Governance

- Limited capacity of the statistical institutions especially in data analysis
- Poor coordination mechanisms for data generation and use of data for evidence-informed development plans
- High turn over of technical staff and management.
- Data security and confidentiality issues particularly during census exercise.
- Lack of data sharing between Line Ministries and departments
- Lack of Resources
- No centralized data system

Digitization

- Lack of digital platforms/ dashboard to support use of data
- Lack of big data systems
- Lack of dedicated information technology section within the statistical institutions especially at the sub-national levels.
- Lack of utilization of technology

Population Change and Data- Intervention Logic and Results

UNSDCF Outcome 5: By 2027, the people in Pakistan, especially women, children, the most vulnerable and marginalized, have increased access to fundamental human rights, gender equality and fundamental freedom through inclusive, accountable and effective and evidence driven governance systems and rule of law institutions at all levels of government, contributing to good governance and stability;
UNSDCF Output 5.1: Democratic governance of state institutions and systems, including, legislative bodies, local governments and electoral management bodies, strengthened to be effective and responsive to people's needs, for transparent and equitable service delivery, with a focus on data governance systems & digital solutions;

By 2025, reduction in unmet need for family planning has accelerated

By 2025, reduction of preventable maternal deaths has accelerated

By 2025, reduction in gender-based violence and harmful practices accelerated

SP Outputs | **Policy & Accountability** | **Quality of Care & Services** | **Gender & Social Norms** | **Population Change & Data** | **Humanitarian Action** | **Adolescents & Youth**

CP Output 6: Strengthened 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

Sub Output 6.1: Strengthened national/provincial capacity and data governance system to advance quality data collection, access and use for informed policy & decision-making and foster sustainable development.

Strengthening national and sub-national capacities to produce key population data outputs
1. Technical assistance in producing sub-national population projections;
2. Produce in-depth analytical report based on census and household surveys, and population mega-trends including demographic shifts, mobility, urbanization and climate vulnerability;
3. Technical assistance for establishing common operational datasets on population statistics
4. Strengthen National and Provincial Statistical System for population & development indicators and SDG reporting, especially on UNFPA mandated indicators

Strengthening national capacities to plan and conduct population and housing census and household surveys, with a special focus on digital transformation
1. Support to census and post-census activities, mainstreaming of demographic data collection in on-going survey tools, and stand-alone surveys, especially at the Provincial and District Levels with a special focus on digital transformation.
2. Long-term trainings and link training institutions through South-South and triangular Cooperation.

Strengthening national civil registration and vital statistics system.
1. Strengthening comprehensive Civil Registration and Vital Statistics Systems (CRVS) at Central and Provincial Levels.
2. Routine vital and civil registration statistics reports

Sub Output 6.2: Strengthened Policies, strategies and Enabling Environment for evidence-based policy analysis on emerging population trends and their interlinkages with Economic, Social and Environmental Development.

Conducting a population situation analysis on population dynamics and diversity and the impact of mega-trends, including climate change, on achieving the three transformative results and ICPD Programme of Action;
1. Supporting policy dialogue at national and sub-national levels for improved understanding of inter-linkages between population trends and sustainable development.
2. Advocating for mainstreaming demographic intelligence to analyse correlations between demographic changes and socio-economic development processes and to inform policies, plans and programmes and their monitoring

Establishing a national knowledge hub on population dynamics and sustainable development;
1. Strengthening capacities for data utilization to support evidence-based advocacy and policy development;
2. Produce and disseminate human rights-based research agenda on emerging and on-going issues for policymakers influence and national policy debate

Technical assistance to harness the benefit of demographic dividend using youth policies and youth development index
1. Support demographic dividend through youth development policies and index support at the federal and Provincial levels:

Modes of engagement: (1) advocacy and policy dialogue; (2) capacity development; (3) knowledge management; and (4) coordination, partnership and South-South and triangular cooperation

Population Change and Data- Intervention Logic and Results

UNSDCF Outcome 5: By 2027, the people in Pakistan, especially women, children, the most vulnerable and marginalized, have increased access to fundamental human rights, gender equality and fundamental freedom through inclusive, accountable and effective and evidence driven governance systems and rule of law institutions at all levels of government, contributing to good governance and stability;
UNSDCF Output 5.1: Democratic governance of state institutions and systems, including, legislative bodies, local governments and electoral management bodies, strengthened to be effective and responsive to people's needs, for transparent and equitable service delivery, with a focus on data governance systems & digital solutions;

By 2025, reduction in unmet need for family planning has accelerated

By 2025, reduction of preventable maternal deaths has accelerated

By 2025, reduction in gender-based violence and harmful practices accelerated

SP Outputs	Policy & Accountability	Quality of Care & Services	Gender & Social Norms	Population Change & Data	Humanitarian Action	Adolescents & Youth

CP Output 6: Strengthened 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

Risks, Assumption and Partnership

Risks:
Politicization of Data/Census resulting in delayed release of census results
Limited disaggregated data available on SDGs (55%),
Limited integration of evidence-based analysis on population change into polices and strategies and linkages with other development sectors.
Lack of coordination among data producing agencies at federal and sub-national levels to address data gaps to reach furthest behind

Assumptions:
There are no significant political shifts in key government positions that impact policy and continuity of programming at the strategic level.
Political leadership remains willing and able to work on improving policy and data governance systems and structures including digital solutions to improve governance mechanisms.
Sociocultural and political environment is conducive to the development of policies around population change.

Partnerships:
Pakistan Bureau of Statistics; Provincial Bureau of Statistics; Ministry of Planning, Development and Special Initiatives; Provincial Departments of planning; National Institute of Population Studies; Pakistan Institute of Development Economics-PIDE; Ministry of Health; Provincial Population Welfare Departments; civil society organizations, non- governmental organizations; academic and research institutes; United Nations organizations

Key Milestones:

CPD Outputs	Indicators	Milestones
Output 6: Strengthened data systems and knowledge platforms on population changes and other megatrends to inform development policies and programmes, especially those related to sexual and reproductive health, gender-based violence and harmful practices, with particular attention to vulnerable and marginalized groups.	Number of analytical reports produced and disseminated based on Population and Housing Census and household/ population surveys and studies Baseline: 4 (2021); Target: 10 (2027)	• 2024 - 2025: PDHS 2023-2024 conducted and report available at National and Provincial level Baseline: PDHS 2017-18 Target: PDHS 2023-24 • 2023: Population and Housing Census conducted Baseline: PHC 2017 Target: PHC 2023 • 2025 - 2027: Number of In-depth analytical reports produced and disseminated based on Population and Housing Census, DHS and other household/ population surveys and studies Baseline: 4 (2021); Target: 10 (2027) • 2026 - 2027: Number of Population situation analysis available on population dynamics and diversity and the impact of mega-trends, including climate change, on achieving the three transformative results and ICPD Programme of Action Baseline: 2 Target: 3 • 2023 - 2025: Number of Common operational datasets on population statistics established. Baseline: 0 Target: 1 • 2024 - 2026: Number of south-south and triangular cooperation initiatives Baseline: 0 Target: 2 • 2025 - 2026: Number of UNFPA mandated SDG indicators reported in the VNR Baseline: 2 Target: 3 • 2024 - 2025: National Transfer of Accounts (NTA) report updated based on new available data sources Baseline: No Target: Yes • 2024 - 2026: Number of relevant provincial /federal government's departments have strengthened capacity in data collection, analysis, projection, dissemination and use of population data to promote evidence-based programming and planning. Baseline: 2 Target: 5 • National and provincial plan of actions on reaping the demographic dividend developed and agreed Baseline: Yes Target: No • Composite youth index and youth focused policies available to support National and provincial

		governments to reap the benefits of the demographic dividend Baseline: No Target: Yes
	Availability of a functional National Knowledge Hub on population changes and other megatrends at the Ministry of Planning, Development and Special Initiatives Baseline: No (2021); Target: Yes (2027)	• 2023 - 2027: A functional National Knowledge Hub on population changes and other megatrends established at the Ministry of Planning, Development and Special Initiatives Baseline: No (2021) Target: Yes (2027) • 2023 - 2025: Data for Development Working Group (DWG) established and supported for timely availability of harmonised population statistics Baseline: 0 Target: 1 • 2023 - 2026: Number of research institutions/Centres/academia at federal/provincial levels supported in strengthened capacity in research, studies and demographic analysis to promote evidence-based policy formulation. Baseline: 0 Target: 4 • 2023 - 2026: Number of high-level policy documents including policy briefs /research papers to deep drive into the population and specific SDGs priority issues including demographic shifts, mobility, urbanization and climate vulnerability and specific SDG priority issues produced for evidence based programming and decision making Baseline: 4 Target: 8
	Number of provinces that have piloted and validated strengthened procedures for civil registration and vital statistics in line with the established and best-practice international standards Baseline: 0 (2021); Target: 2 (2027)	• 2024 - 2027: Number of model districts implementing the reformed Comprehensive Civil Registration and Vital Statistics System (CRVS) Baseline:0 Target: 2 • 2025 - 2027: Number of reports on civil registration and vital statistics available for evidence based decision making Baseline: 0 Target: 2 • 2024: CRVS reforms Act finalized and rolled out. Baseline: 0 Target: 1 • 2023: CRVS interface software for CRVS registration and recording developed and rolled out. Baseline: 0 Target: 1

2.4 CPD Results and Resources Framework

National priority: Sustainable Development Goals 3, 4, 5, 10, 16 and 17.
UNSDCF Outcome 1 (Basic Social Services): By 2027, the people in Pakistan, especially the most vulnerable and deprived, have increased equitable access to and utilization of quality, sustainable basic social services.
Indicator: Coverage of essential health services, including sexual and reproductive health, into the national universal health coverage package with sufficient resources and adherence to quality standards and leaving no one behind Baseline: UHC Package; Target: Progressive budgetary allocation for SRHR under UHC package

UNFPA Strategic Plan Outcomes	Country programme output(s)	Output indicators, targets and baselines, as well as means of verification	Implementing Partners	Indicative resources by output (per annum, Million USD)					
				Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5	Total
SP Outcome 1: By 2025, reduction in unmet need for family planning has accelerated. SP Outcome 2: By 2025, reduction in unmet need for family planning has accelerated. SP Outcome 3: By 2025, reduction in gender-based violence and harmful practices accelerated.	**Output 1:** Strengthened policy environment, financing and accountability mechanisms for inclusive sexual and reproductive health, including family planning.	Output indicators: 1-1 Number of functional accountability mechanisms for sexual and reproductive health policy and programme implementation at national and subnational levels; Baseline: 1 (2021); Target: 5, (2027) 1-2 Number of national and subnational sexual and reproductive health bills enacted and rolled out along with comprehensive implementation support plans Baseline: 2 (2020); Target: 5 (2027) 1-3 Percentage increase in provincial government expenditures on family planning as a core element of the universal health coverage benefit package Baseline: $88.9 million (Rs 14.22 billion) (2020-2021); Target: 6% increase (inflation-adjusted) (2027) 1-4 Comprehensive policy framework on midwifery education and regulation adopted and rolled out Baseline: No (2021): Target: Yes (2027)	Ministry of National Health Services, Regulations and Coordination, Ministry of Planning, Development and Special Initiatives, President Office, Parliamentarian, Ministry of Finance, Ministry of Inter-Provincial Coordination, National Disaster Management Authority, Provincial Departments of Population Welfare and Health, provincial planning and development departments, parliamentarians, the media, think tanks, civil society organizations, standing committees, academia, WHO, UNICEF, World Bank, Bill & Melinda Gates Foundation	Regular Resources					
				$ 0.5 M	$ 0.5 M	$ 0.5 M	$ 0.5 M	$ 0.5 M	**$2.5 M**
				Other Resources					
				$ 0.9 M	$ 0.9 M	$ 0.9 M	$ 0.9 M	$ 0.9 M	**$4.5 M**
	Output 2: Enhanced national and sub-national	Output indicators:		Regular Resources					

	capacity to provide integrated sexual and reproductive health services, particularly for marginalized and affected population in humanitarian settings	2-1 Number of strategies, frameworks, quality of care standards and guidelines on sexual and reproductive health developed and endorsed, including maternal health and family planning Baseline: 5 (2021); Target: 11 (2027) 2-2 Number of models and innovative initiatives for accelerating universal access to sexual and reproductive health tested and evaluated for further replication and domestic financing Baseline: 2 (2021); Target: 7 (2027) 2-3 Percentage of public health facilities in target districts providing high-quality family planning services, emergency obstetric and new-born care and gender-based violence response services and referrals Baseline: 0% (2021); Target: 75% (2027)		$ 1.4 M	$ 1.4 M	$ 1.4 M	$ 1.4 M	$ 1.4 M	**$7.0 M**
				Other Resources					
				$ 1.9 M	$ 1.9 M	$ 1.9 M	$ 1.9 M	$ 1.9 M	**$ 9.5 M**
	Output 3: Strengthened national and subnational capacities in resilience programming, emergency preparedness and response to ensure access to life-saving interventions in humanitarian situations, including sexual and reproductive health services and gender based violence response	Output indicators: 3-1 Number of national and subnational resilience-building strategic frameworks with costed implementation plans focusing on sexual and reproductive health and gender-based violence prevention and response, developed and implemented with particular attention to the most vulnerable groups Baseline: 0 (2021); Target: 5 (2027) 3-2 Number of national and subnational contingency plans that integrate the Minimum Initial Service Package for sexual and reproductive health in crises Baseline: 2 (2021); Target: 5 (2027)	National and provincial disaster management authorities; National Health Emergency Preparedness and Response Network; Ministry of Climate Change; Provincial Departments of Health and Population Welfare; Women Development Department, Social Welfare Department, Health Services Academy, civil society organizations, academia, UNHCR, WFP, OCHA and UNICEF	Regular Resources					
				$ 0.68 M	$ 0.68 M	$ 0.68 M	$ 0.68 M	$ 0.68 M	**$ 3.4 M**
				Other Resources					
				$ 1.7 M	$ 1.7 M	$ 1.7 M	$ 1.7 M	$ 1.7 M	**$ 8.5 M**

		3-3 Number of women, adolescents and youth benefited from life-saving sexual and reproductive health and gender-based violence interventions in humanitarian settings; Baseline: 414,000 (2021); Target: 800,000 (2027)							
	Output 4: Strengthened skills and opportunities for adolescents and youth to realize their sexual and reproductive health and ensure their leadership and participation in policymaking and programming	Output indicators: 4-1 Number of national and provincial adolescents and youth engagement strategic frameworks and action plans integrating adolescents and youth SRH developed and implemented across the humanitarian-development continuum Baseline: 0 (2021); Target: 5 (2027) 4-2 Number of youth-led platforms, including national youth council, parliamentary caucus and innovation hubs in support of their leadership and participation in policymaking and programming. Baseline: 1 (2021); Target:6 (2027) 4-3 Number of inclusive, age-appropriate and gender-responsive national and subnational life-skills-based education guidelines operationalized for in-school adolescents and youth Baseline: 0 (2021); Target: 5(2027) 4-4 Inclusive, age-appropriate and gender-responsive out-of-school life-skills-based education guidelines and related packages developed and rolled out Baseline: No (2021); Target: Yes (2027)	Ministry of Education; Ministry of Human Rights, Ministry of National Health Services, youth affairs departments; provincial and regional education departments; social welfare departments, civil society organizations, including youth-led organizations, vocational training councils, parliamentarians, Girl Guides and Boy Scouts Association; academia; UNICEF, UNDP, UNAIDS	Regular Resources					
				$ 0.5 M	$ 0.5 M	$ 0.5 M	$ 0.5 M	$ 0.5 M	**$ 2.5 M**
				Other Resources					
				$ 0.6 M	$ 0.6 M	$ 0.6 M	$ 0.6 M	$ 0.6 M	**$ 3.0 M**
National priority: Sustainable Development Goals 3, 4, 5, 10, 16 and 17. **UNSDCF outcome 2 (Gender):** By 2027, people in Pakistan, especially those at greatest risk of being left behind, will benefit from an enabling environment where women, girls, children, displaced, transgender persons and ethnic minorities are empowered and reach their fullest potential; and their human, social, economic,									

<table>
<tr><td colspan="8">cultural and political rights are fully protected and upheld.
Indicator: Proportion of women and girls aged 15 years and older subjected to physical, sexual or psychological violence in the previous 12 months. Baseline: 24.8%; Target: 23%</td></tr>
<tr><td rowspan="3">SP Outcome 1:
By 2025, reduction in unmet need for family planning has accelerated.

SP Outcome 2:
By 2025, reduction in unmet need for family planning has accelerated.

SP Outcome 3: By 2025, reduction in gender-based violence and harmful practices accelerated.</td><td rowspan="3">Output 5: Strengthened institutional capacities and community-based mechanisms to advance gender equality and women’s empowerment and to address gender based violence and harmful practices, including child marriage across the humanitarian and development continuum.</td><td rowspan="3">Output indicators:
5-1 Number of comprehensive action plans for the implementation of national and subnational policy and legislative frameworks on gender-based violence and harmful practices, including child marriage
Baseline:3 (2021); Target:12 (2027)
5-2 Number of provinces that established comprehensive and standardized administrative data systems on gender-based violence in alignment with survivor-centred principles and international best practices
Baseline: 0 (2021); Target: 3 (2027)
5-3 Number of inclusive community-based action research papers and models for gender and social norms change to address gender-based violence and harmful practices, including child marriage
Baseline: 1 (2021); Target: 4 (2027)</td><td rowspan="3">Ministry of Human Rights, Ministry of Law and Justice, Ministry of Planning and Development, National and Provincial Commissions on the Status of Women, National Assembly, Offices of the Ombudsperson, National Disaster Management Authority, women development departments, social welfare departments, health departments, child protection commissions, Council of Islamic Ideology, parliamentarians, judicial academies, the media, home departments, standing committees, academia, WHO, UN-Women, UNODC, UNDP, UNICEF</td><td colspan="6">Regular Resources</td></tr>
<tr><td>$ 0.5 M</td><td>$ 0.6 M</td><td>$ 0.5 M</td><td>$ 0.5 M</td><td>$ 0.5 M</td><td>$ 2.6 M</td></tr>
<tr><td colspan="6">Other Resources</td></tr>
<tr><td>$ 1.0 M</td><td>$ 1.5 M</td><td>$ 1.5 M</td><td>$ 1.0 M</td><td>$ 1.0 M</td><td>$ 6 M</td></tr>
<tr><td colspan="8">National priority: Sustainable Development Goals 3, 4, 5, 10, 16 and 17.
UNSDCF outcome 5 (Governance): By 2027, the people in Pakistan, especially women, children, the most vulnerable and marginalized, have increased access to fundamental human rights, gender equality and fundamental freedom through inclusive, accountable and effective and evidence-driven governance systems and rule of law institutions at all levels of government, contributing to good governance and stability
Indicator: Proportion of total government spending on essential services, including health and education; Baseline: 1.1% of GDP on health, 2.3% of GDP on education (2021); Target: Increase by 4% by 2027</td></tr>
<tr><td rowspan="2">SP Outcome 1:
By 2025, reduction in unmet need for family</td><td rowspan="2">Output 6: Strengthened data systems and knowledge platforms on population changes and other megatrends to</td><td rowspan="2">Output indicators:
6-1 Number of analytical reports produced and disseminated based on Population and Housing Census and household/ population</td><td rowspan="2">National and provincial bureaus of statistics; Ministry of Planning, Development and Special Initiatives; Provincial</td><td colspan="6">Regular Resources</td></tr>
<tr><td>$ 0.6 M</td><td>$ 0.6 M</td><td>$ 0.6 M</td><td>$ 0.6 M</td><td>$ 0.6 M</td><td>$ 3.5 M</td></tr>
</table>

planning has accelerated. SP Outcome 2: By 2025, reduction in unmet need for family planning has accelerated. SP Outcome 3: By 2025, reduction in gender-based violence and harmful practices accelerated.	inform development policies and programmes, especially those related to sexual and reproductive health, gender-based violence and harmful practices, with particular attention to vulnerable and marginalized groups.	surveys and studies Baseline: 4 (2021); Target: 10 (2027) 6-2 Availability of a functional National Knowledge Hub on population changes and other megatrends at the Ministry of Planning, Development and Special Initiatives Baseline: No (2021); Target: Yes (2027) 6-3 Number of provinces that have piloted and validated strengthened procedures for civil registration and vital statistics in line with the established and best-practice international standards Baseline: 0 (2021); Target: 2 (2027)	Departments of Planning; National Institute of Population Studies; Pakistan Institute of Development Economics; Ministry of Health; provincial population welfare departments; civil society organizations, non-governmental organizations; academic and research institutes; UNDP, UNICEF, WHO						
				Other Resources					
				$ 1.5 M	$ 1.0 M	$ 1.0 M	$ 0.5 M	$ 0.5 M	**$4.5 M**

2.5. Planning, Monitoring and Evaluation Annual Cycle of Events

The Planning, Monitoring and Evaluation Annual Cycle of Events is shown in Annex A. The Annex highlights the key monitoring and evaluation events to be undertaken quarterly, annually and throughout the CPD period. These events are crucial as they provide opportunities to reflect on the results achieved and evaluate how well the CP is performing. The M&E cycle of events facilitates collaboration and coordination of monitoring and evaluation activities among the implementing partners, stakeholders, and donors. The key events in the table include:

- **Annual Review and Planning Meeting:** At the end of each year, an annual review and planning meeting, led by Economic Affairs Division, will be held to review the progress made during that year and to develop the plans for the following year. Key to this meeting is to have a clear picture of the annual targets and the outputs that each outcome is contributing to, based on M&E Framework, as this will guide the development of the subsequent work plans. The report of these annual review and planning meetings will be reviewed and endorsed by Programme Coordinating Committee and Joint Steering Committee Meeting as applicable.

- **Quarterly and Mid-year and Annual Review Meetings:** There will be quarterly progress review meetings with implementing partners to examine the programme implementation processes. IPs are required to prepare and submit cumulative progress reports for the meeting. These reports will highlight the results, challenges and the next quarter activities. The meetings will provide an opportunity to discuss the status of implementation of the CPD to determine whether the annual outputs and targets are on track, and may propose actions for addressing identified issues affecting the implementation of the various projects during the corresponding quarter.

  Joint mid-year/annual review meetings with implementing partners (and with Programme Coordination Committee, if requested) will be held to assess the programme implementation processes and foster experience sharing and lessons learning among each other.

- **Field Monitoring Visits:** Quarterly/ bi-annual monitoring plans will be prepared to monitor the performance of the programme. The joint field visits will be attended by key IPs and the UNFPA staff as and when required. Field visit reports will be prepared to provide valuable information on progress of implementation and also to inform the progress review meetings. For donor funded projects, joint field monitoring visits may also be conducted with donors to keep them abreast of and appreciate the progress being made and the results achieved on the ground.

- **Country Programme Evaluation:** The end of programme cycle evaluation will be undertaken to ascertain whether the CP Outcomes have been achieved or not. It will establish to what extent the four Outcome areas have achieved their intended targets for the CP and also draw lessons learnt. The evaluation will also help to strategize the development of the next Country Programme direction and expected results. The evaluation will be conducted by a team of independent consultants towards the end of the Country Programme cycle in 2026.

- **UNSDCF Reviews and Evaluation:** The Economic Affairs Division and UN agencies will be expected to participate in the UNSDCF Annual Reviews and an Evaluation organized under the auspices of the UN Resident Coordinator Office. The UNSDCF review process, through the Joint Steering Committee mechanisms, is expected to assess progress towards the achievement of the UNSDCF results, adequacy of management and coordination mechanisms and contribution of UNSDCF to national capacity development process. Conclusions and results from the evaluation will also inform UNFPA to plan accordingly for the subsequent years and to adjust UNFPA and UNSDCF M&E calendars.

Chapter 3: Planning, Monitoring and Evaluation

3.1. Introduction

The Planning, Monitoring and Evaluation framework of the 10th GoP/UNFPA Country Programme is based on the principles of Results-Based-Management. The Framework enhances the efficiency and effectiveness of the CPD by providing data for planning, the details of how the Action Plan will be monitored and evaluated. The Framework aims to include the indicators with milestones, field monitoring and evaluation plan, programme coordination mechanisms, quarterly, midyear and annual review plan, reporting plan and the end of programme indicators as of 2027.

The mechanisms for planning, monitoring and evaluation of the 10th Country Programme will consider the following aspects: coordination, data collection, levels of reporting, and quality control. The mechanisms will seek to strengthen the PM&E and learning system for effective flow of information, as well as to make the PM&E plan an integral part of CPD.

3.2. Data Collection and Management

The means of data collection and management will be determined by various types of data and types of indicators. Levels of programme performance and accountability will determine the responsible party for data collection.

Implementing Partners will collect information on process indicators relevant to the activities they are implementing. This information will be reported as indicated in the reporting tools, which will be standardized for the purposes of ease of data entry and analysis. It is appropriate that data on strategies be harmonized and analysed collectively. It is therefore the collective responsibility of the IPs and UNFPA programme staff to report on harmonized data collection tools. The data will be collected as follows:

- **Mid-year and annual progress reports:** These reports will be presented during the Annual Review and Mid-Term Review meetings and will be the basis for designing the following year work plans, budget, and indicators for planned activities. These reports will also help evaluating the impact of the programme, reviewing deliverables, responding to new opportunities and emerging issues, reviewing leading indicators and making assumptions as indicated in the M&E plan.

- **Quarterly progress reports:** Implementing Partners will prepare and submit the quarterly progress reports. These reports will be presented during the quarterly progress review meetings. The meeting will review progress, assess and harmonize quality of data related to the implementation of the programme and re-strategize as appropriate.

- **Field monitoring visit reports:** Field monitoring visits will be undertaken by UNFPA, and Implementing Partners. The reports of these visits will provide valuable qualitative and quantitative information.

- **Implementation status report:** UNFPA's standard tracking systems (ATLAS, COGNOS, QUANTUM) will be used for tracking of implementation status. This tracking system will determine the efficiency of the programme and will be monitored on a monthly basis.

3.3. Monitoring and Evaluation Tools and Guidelines

Standardized tools and guidelines have been developed and adopted for planning, monitoring, and evaluation of CPD and implementation of work plans. The purpose and function of each of the tools is elaborated below:

1. **Annex 1: Monitoring and Evaluation Calendar:** The Monitoring and Evaluation Calendar will be maintained using a google drive to ensure easy access to the monitoring reports repository. As shown in annex A, the M & E calendar will provide a list of key annual monitoring and evaluation events to track progress. The M&E calendar will also facilitate collaboration and coordination of the overall Programme implementation. It provides timelines for the key review, research, and evaluation tasks.

2. **Annex 2: Reporting Guidelines:** Reporting guidelines have been developed and adapted for programme activity reporting to provide a snapshot of main reporting responsibility and other related tasks for IPs and UNFPA.

3. **Annex 3: Programme Coordination Committee/ Joint Steering Committee:** In order to provide strategic guidance for coordinated programme planning, implementation, monitoring and reporting of UNFPA supported interventions towards achievement of results, programme coordination committee will be established. The detailed TORs for the Programme Coordination Committee have been annexed.

4. **Annex 4: Indicator Protocol Sheets:** The indicator protocol sheets are designed to give an overview of all the indicators that are designed under the CP10. It gives detail into how the data will be collected and analysed, risks and assumptions of the indicators, data collection timeframe and analysis. It will help in accurately tracking progress on the indicators.

5. **Annex 5: Work plan Quarterly Progress Reports:** The work plan progress report will be used by the IP and UNFPA IP managers to report quarterly progress of activities implemented, budget utilized, and target achieved against annual work plan indicators. The report will also include factors that facilitated and/or constrained achievement of results, including emerging risks and internal factors. It will also help in tracking expenditures related to the achievements of outputs.

6. **Annex 6: Field Monitoring Visits Report:** A field monitoring report format will be completed for each visit undertaken. The findings will be shared and discussed with key stakeholders and actions taken thereafter.

7. **Annex 7: Work plan Monitoring/ Review Report:** As per the policy and procedures for Programme and Financial Monitoring and Reporting, each programme supported by UNFPA must be monitored to ensure that funds are spent for intended purposes, resources are managed efficiently, results are being achieved and programmes are adjusted based on lessons learnt and evidence collected through monitoring of activities. Work plan monitoring/review report will be submitted by Programme Officer/ IP manager after conducting progress reviews of IP at the end of each quarter to document key issues, work plan adjustments and follow up actions.

8. **Annex 8: Country Programme Evaluation:** The CP10 evaluation will be conducted by an external team of evaluators. The evaluation team will concentrate its efforts on assessing output indicators and targets of the CP. Outcome indicators will be obtained from reports of major national surveys e.g. DHS, MICS. Annex 6 provides a sample Terms of Reference for evaluation and the outlines of an evaluation report. The Evaluation Report of the Ninth Country Programme will be used as a baseline to measure the progress of the 10th Country Programme.

9. **Annex 9: Financial Requests and Report Formats:** Financial requests and reports are the responsibility of the Implementing Partners. In order to receive the advance funds, IPs are required to duly fill in and report on expenditures at the end of each quarter. Implementing partners will need to fill in the electronic Funding Authorization and Certificate of Expenditure (eFACE). The eFACE form should be correctly filled and dated and signed by the authorized person and submitted to UNFPA for the release of funds.

Chapter 4: Operation Plan

4.1. Basis of relationship

The Programme described herein is based on the Agreement concluded between the Government of Islamic Republic of Pakistan and the United Nations Special Fund on 25 February 1960 (the "Basis Agreement") as well as the United Nations Development Programme standard annex to project documents ("Standard Annex"), appended hereto as Annex 10 and forming a part of this M&E and Operational Guide. Mutatis mutandis apply to the activities and personnel of UNFPA in Pakistan. This M&E and Operational Framework together with any work plan concluded hereunder, which shall form part of this document and is incorporated herein by reference, constitutes the Plan of Operation as referred to in the Standard Annex. All references in the Basic Agreement and the Standard Annex to "Executing Agency" shall be deemed to refer to "Implementing Partner" as such term is defined in the Financial Regulations of UNFPA and used in this M&E and Operational Framework and any work plans concluded hereunder.

4.2. Partnership Strategy

UNFPA Pakistan will continue to work with a range of stakeholders in order to achieve the outputs and outcomes of the 10th Country Programme as outlined in the CO Integrated Partnership and Resource Mobilization Plan. Partners will include Government, Parliament, private sector, NGOs and other civil society organizations, media, UN agencies and development partners. UNFPA Pakistan will support expansion of government partnerships with civil society and the private sector to ensure that family planning information and services reach the most marginalized and hard to reach.

New partnerships will be established and existing partnerships will be strengthened for advocacy and policy dialogue with policy planners, especially those in health, social and economic development, education, CSOs and youth led organizations, Parliament and media partners.

Collaboration with other UN agencies will be strengthened through the joint work plans, joint programmes and initiatives as well as other UN inter-agency coordination structures under the UN Pakistan Sustainable Development Framework (UNSDF) for 2023-2027.

An Integrated Partnership and Resource Mobilization Strategy has been developed as part of the Country Programme Document that outlines how partnerships will specifically contribute towards achieving UNFPA Pakistan CO's programme results and has been annexed here to the M & E and Operational Framework.

4.3. Programme Management

4.3.1. Coordination

The programme will be executed under the overall coordination of Economic Affairs Division (EAD), Ministry of Economic Affairs, Government of Islamic Republic of Pakistan.

A Programme Coordination Committee (PCC), will be established to provide the overall strategic guidance and to enable coordinated planning, implementation, monitoring and reporting. The PCC will be chaired by EAD, with UNFPA providing secretariat support. Core members will be the relevant government ministries and departments at federal and provincial levels, as well as other main stakeholders.

PCC will meet annually (or bi-annually, if requested); however, the chair may call ad-hoc meetings as and when required. (The terms of reference of PCC are attached as annex 3.)

In addition to the Programme Coordination Committee, Joint Steering Committee chaired by the EAD and attended by provincial and regional government stakeholders will remain functional under the auspices of the UN Sustainable Development Cooperation Framework.

4.3.2. Programme Implementation

Selected Government ministries and departments, public and private research and academic institutions, NGOs and CSOs, INGOs, other UN system agencies will, together with UNFPA, implement the programme activities at federal, provincial and regional levels including areas administered by the Federal Government as per the provisions of the Country Programme. For humanitarian response interventions, UNFPA will liaise closely with EAD and relevant Government Departments to facilitate access to affected areas.

UNFPA will implement the programme in accordance with its rules, regulations and procedures. UNFPA will sign a standard Implementing Partner Agreement and work plan with all Implementing Partners (IP) of the programme.

4.3.2.1. Implementing Partners

UNFPA financial rules and regulation define an implementing partner (IP) as “an entity to which Executive Director has entrusted the implementation of UNFPA programme activities specified in a signed document, along with the assumption of full responsibility and accountability for the effective use of UNFPA resources and the delivery of outputs as set forth in such programme documentation”.

UNFPA will follow its policy and procedures for the selection, assessment and registration of implementing partners. As the focus of the programme is on upstream political advocacy, policy dialogue, knowledge generation and national capacity development, UNFPA will select IPs who can deliver the programme at a strategic level and in the most efficient and effective manner. UNFPA will develop broader and complimentary partnerships and alliances; however, a strategic partner may not necessarily be an IP of UNFPA.

UNFPA, together with UNDP and UNICEF has adopted the Harmonized Approach to Cash Transfer (HACT) which is a set of principles, procedures and tools for risk-based programme management and a common approach to working with IPs. UNFPA will hire the services of a professional audit firm to conduct micro assessment of selected IPs as per HACT framework. The micro assessment is conducted once in a programme cycle. The IP will take appropriate actions against the recommendations of HACT micro assessment. A macro assessment may also be conducted once during the programme cycle to assess the country's overall Public Financial Management System.

UNFPA will sign its standard Implementing Partner Agreement with all IPs before the start of work plan implementation. The agreement will be valid for the whole programme period; however, it will not be an obligation for UNFPA to sign a work plan with the IP every year. If government funding is required for work plan activities, government procedures (including development of PC1) will be followed too.

In addition to HACT micro assessment and the process of selecting an NGO/INGO as IP, UNFPA will ensure it is registered with the Ministry of Interior, Government of Pakistan.

UNFPA will conduct a pre-screening (using a UNFPA internal tool) for any partnership with an entity in the private sector.

UNFPA Pakistan CO has adopted the IA harmonized tool on PSEA for IP assessment, which has further led to developing a capacity development plan for IPs to ensure compliance with eight indicators on PSEA.

4.3.2.2. Preparation and implementation of work plans

UNFPA will develop an annual roadmap for work plan preparation, monitoring and progress review. The yearly programme priorities per CPD indicators and milestones will be agreed upon by PCC/ JSC during the annual review and planning meetings.

Work plans are the fundamental tool for programme implementation and will be developed jointly with IPs, ensuring that they are results-based and reflect value for money. UNFPA will also institutionalize the internal peer review of all draft work plans, involving the UNFPA programme, operations staff, and management.

All work plans will be managed in the Global Programming System (GPS) under ATLAS Enterprise Resource Planning System as per UNFPA policy and procedures and required to be approved by 15 December of every year for timely implementation in the following year. The CO will maintain the CO work plan focal points and outputs managers to facilitate the smooth implementation and coordination of the work plans.

The work planning process will be revised in line with the new corporate ERP tools and updated work plan preparation, management and monitoring guidelines.

4.3.2.3. Programme structure in UNFPA Enterprise Resource Planning system (ATLAS)

The Global Programming System (GPS) is the UNFPA electronic work plan management tool which facilitates results-based programming, budgeting, control and reporting. GPS project IDs are created for a granular and accurate activity coding system. All activities are clustered under the corresponding project ID and are tagged against five mandatory predefined attributes; (i) CPD output, (ii) UNFPA global strategic plan output, (iii) relevant intervention area, (iv) mode of engagement, and (v) the contribution of activity towards gender equality.

The programme will follow the detailed Guidance Note on Programme Cycles, Project ID and Activity ID Creation and Closure to manage activities in the GPS.

The programme will be structured in GPS under six main project IDs.

CPD output	Project ID
Output 1: Strengthened policy environment, financing and accountability mechanisms for inclusive sexual and reproductive health, including family planning.	PAK10ADV
Output 2: Strengthened capacities of national and subnational health systems to provide high-quality rights-based and comprehensive sexual and reproductive	PAK10SRHR

health information and services, including emergency obstetric and new-born care, family planning and gender-based violence response services across the humanitarian-development continuum	
Output 3: Strengthened national and subnational capacities in resilience programming, emergency preparedness and response to ensure access to life-saving interventions in humanitarian situations, including sexual and reproductive health services and gender-based violence response.	PAK10HUM
Output 4: Strengthened skills and opportunities for adolescents and youth to realize their sexual and reproductive health and ensure their leadership and participation in policymaking and programming.	PAK10YTH
Output 5: Strengthened institutional capacities and community-based mechanisms to advance gender equality and women's empowerment and to address gender-based violence and harmful practices, including child marriage across the humanitarian and development continuum.	PAK10GBV
Output 6: Strengthened data systems and knowledge platforms on population changes and other megatrends to inform development policies and programmes, especially those related to sexual and reproductive health, gender-based violence and harmful practices, with particular attention to vulnerable and marginalized groups.	PAK10DPD
Programme Coordination and Assistance	PAK10PCA

Note: Funds transferred to UNFPA Pakistan country office under any UNFPA's global or regional intervention are not considered part of the country programme and, therefore, will be reflected separately under their own programme cycle, outputs and project IDs.

4.3.2.4. Work plan activities

Activities are actions planned to undertake to achieve a result, and are defined at a higher level and not the inputs e.g. travel, salaries etc. In the work plan activities are defined at three levels. (1) Activity description: describes the detail of activity and should reflect clearly what to do, when, where and what will be achieved by implementing this activity. (2) Activity title: This is a shorter description of activity. (3) Activity ID: It consists of only 15 characters and appears in all project monitoring reports. The activity ID should be programmatic to convey the essence of the activity it represents.

The following guidance will be followed to standardize the activity IDs for all projects.

i. Each activity ID will start with a sequencing number (1, 2, 3, 4, 5…).
ii. Add a specific character to define the type of implementing partner, which will be 'P' for Government, 'N' for NGO/INGO, 'D' for other UN agencies and 'U' for UNFPA.
iii. Followed by a key programmatic word representing the essence of the activity.
iv. Each work plan will have a dedicated work plan monitoring activity ID.

4.3.2.5. Work plan budget

The work plan is a fundamental tool for implementing activities and utilize the budget. This is an agreement between IP and UNFPA prior to any activity or funds transfer. The work plan consists of direct programme and support costs. Budgets are estimated resources required to implement the activities to achieve results. To prepare a realistic budget, IPs will provide detailed cost breakup for each activity to ensure the optimal utilization of resources.

UNFPA programme and operations staff will critically review the budget proposed as per UNFPA policy and guidance on implementing partner's eligibility for direct and support costs. Salary supplements for personnel of government implementing partners are not allowed for the implementation of UNFPA work plans, and salaries of all project personnel hired by the government must be in line with the established government salary scale for project or staff on a service contract.

UNFPA may provide assistance to cover critical and technical human resource capacity gaps of an IP. However, this will be for a short period and based on IP's commitment to addressing such a gap through its internal resources.

NGO IPs are eligible for the reimbursement of support costs at an agreed rate (i.e. 0 – 12 percent). They will be reimbursed only in proportion to the amount of actual expenditure incurred on work plan activities. UNFPA will negotiate the rate of support cost with the IP following a rigorous process by among others, reviewing the details of direct programme cost. A note to file will be prepared when support cost rate is more than 7 percent.

UNFPA will conduct a quarterly budget review of all work plans and take appropriate decisions including re-appropriation of funds against the non-progressing activities.

UNFPA programme officers will be responsible for ensuring the programmatic and technical robustness of work plans, their timely and effective implementation and results-based reporting quarterly and annually.

UNFPA will conduct annual orientation and training on UNFPA policies and procedures and on results-based management and reporting for the programme and operations staff of IPs involved in the implementation of UNFPA work plan.

4.3.2.6. Transfer and Management of UNFPA Funds

On the basis of HACT micro assessment results, UNFPA will decide the most appropriate mode of cash transfers to the implementing partners. Following are the three cash transfer modalities:

Direct cash transfers – Funds are transferred by UNFPA to the IP before IP incurs obligations and expenditures to implement activities agreed in the work plan;

Direct payments – Funds are paid by UNFPA directly to the vendors and other third parties for obligations and expenditure incurred by the IP to implement activities agreed in the work plan;

Reimbursements – Funds are provided by UNFPA to the IP for obligations made and expenditure incurred for the implementation of activities agreed in the work plan.

Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. UNFPA shall not be obligated to reimburse expenditure made by the Implementing Partner over and above the authorized amounts, or on activities which are not agreed in the work plan.

Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNFPA, or refunded to UNFPA. This is also applicable to any fund released for more than 6 months to an IP for activities which are not implemented or completed.

Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of micro assessment.

UNFPA may revise the frequency of cash transfer and modality, the size of quarterly disbursement and overall level of advance available, and the scope and frequency of assurance activities as per UNFPA policy and procedures for programme and financial monitoring and reporting.

UNFPA will use electronic Funding Authorization and Certificate of Expenditure (FACE) form and UNFPA Direct Payment Form signed by the authorized officer of IP (as indicated in the IP agreement) along with relevant appropriate supporting documents to process funds disbursement requests, acceptance of reported expenditure and making of direct payments to the vendors on behalf of the IPs.

UNFPA programme and operations staff will conduct periodic programme and financial spot checks of IPs during work plan implementation. UNFPA will also organize a third party HACT audit of IPs as per HACT audit terms of reference. In the beginning of each year UNFPA Country Office will prepare an assurance plan and coverage. The type and frequency of assurance activities is guided by the overall risk rating associated with the IP, as determined through the micro assessment. The activities which are implemented by UNFPA directly or on behalf of IP, will not be subject to cash transfer protocols for IPs.

4.3.3. Human Resources

Taking into consideration the evolving opportunities in the external environment and partnership potentials for the completion of the unfinished agenda, the 10th country programme will step up its focus on the socio-economic, geographic, gender and individual disparities and diversity to reach the furthest behind first and invest in harnessing the demographic dividend.

In order to deliver on this, UNFPA will need the required skill-mix among staff, based on CPD outputs and strategies. UNFPA will review its human resource plan with the technical assistance of UNFPA headquarters and Asia and Pacific Regional Office (APRO). The exercise will strengthen the existing structure of UNFPA country office and its programmes and presence in the provinces to deliver on the ambitious plan.

As per approved office typology to ensure effective programme delivery, UNFPA will assign an experienced senior managers team, recruit or hire national and international experts equipped with policy and advocacy skills and support staff. UNFPA may also draw upon technical expertise from APRO, UNFPA headquarters, other UN agencies, Junior Professional Officers and UN Volunteers to strengthen the programme implementation. UNFPA will invest in the capacity development of its staff to ensure delivery of programme results.

UNFPA will require support from the Economic Affairs Division and Ministry of Foreign Affairs for granting visas and clearance of international staff and consultants recruited by UNFPA. UNFPA will ensure timely submission of required documents.

UNFPA will support the participation of key Government officials and staff of implementing partners in the regional and global meetings, workshops and in any other fora for the exchange of knowledge and expertise. As per directives, UNFPA will continue to seek guidance and endorsement of EAD for the nominations of Government officials to participate in such international events.

4.3.4. Resource Mobilization

The Integrated Partnership and Resource Mobilization Plan for the 10th Country Programme is based on the lessons of the previous Country Programme, ODA trends and a donor mapping that was conducted by the UN Resident Coordinator's Office to inform the One UN Programme resource mobilization efforts. To implement this Strategy, three approaches will be adopted: i) identification of a broader stakeholder-base to expand partnerships including with non-traditional donors; ii) targeted policy advocacy; iii) strategic communication; iv) partnership management; and v) reporting. All resources mobilized from various partners will be according to provisions of the UN Pakistan Sustainable Development Cooperation Framework and UNFPA CP10 that have been approved by the government of Pakistan and are reflected in these documents as other resources, in addition to UNFPA core resources.

4.4. Commitments of Government, UNFPA and Implementing Partners

Commitments of UNFPA

UNFPA Pakistan has commitment of $23 million from UNFPA regular resources (RR) to the Government of Pakistan, subject to the availability of funds, for the period 1 January 2023 to 31 December 2027, in support of the Country Programme. UNFPA Pakistan will also seek additional funding to support the implementation of the CP, referred therein as other resources, to an amount equivalent to $ 36 million from various partners. The availability of these funds will be subject to donor awareness of, and interest in the proposed programme. Resource mobilization efforts will be intensified, building on the positive experience from CP9, the evolving economic and political environment and the capacity of the Country Office. Therefore, the total estimated resources for the CP10 are $ 59 million. Budget allocation across the thematic areas will be based on the UNFPA Strategic Plan guidance and approved CPD allocation.

UNFPA support for the development and implementation of activities included within this CP may include supplies and equipment, especially for the model creation initiatives in targeted districts as well as humanitarian response. UNFPA will also support advocacy and communication, research and studies, consultancies for specialized areas, programme development, coordination, monitoring and evaluation, audits, and training activities. UNFPA will hire programme staff and consultants (where necessary) for programme development, programme support and technical assistance as well as monitoring and evaluation activities. Some funds will be provided to NGOs, INGOs, academic institutions and research centres within the framework of the agreed work plans.

The funds will support priority programmes as identified in the Results and Resources Framework (RRF) attached to this document (Matrix 1). Changes in the programme activities are subject to periodic reviews by UNFPA in consultations with the Government and other partners. Funds will be

committed on annual or multi-year basis, according to the work plan to be signed by the respective Implementing Partners and UNFPA. Disbursement of funds will be made on a quarterly basis following UNFPA financial rules and procedures. Specific details on the allocation and yearly phasing of UNFPA's assistance in support of the Country Programme will be reviewed by the Programme Coordination Committee and UNFPA, and further detailed through the preparation of the work plans. UNFPA funds are distributed by calendar year. During the quarterly review meetings that will discuss the progress of work plans, Implementing Partners together with UNFPA will examine the rate of implementation for each programme component. Subject to the conclusions made in the review meetings, if the rate of implementation in any programme component is substantially below the estimates, funds may be re-allocated by mutual consent between the IP and UNFPA to other programme priorities.

UNFPA may carry out activities directly to support nationally executed activities by Implementing Partners. Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing may be undertaken jointly or coordinated with those UN agencies.

UNFPA maintains the right to request the return of any cash, equipment or supplies furnished by it, which are not used for the purpose specified in the work plan.

UNFPA will keep the Government informed about UNFPA Executive Board policies and any changes occurring during the programme period.

In the case of cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner. In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner, or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within specified reasonable period of time. UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.

Commitments of the Government and Implementing Partners

The Implementing Partners will implement the Country Programme in conformity with the laws and policies of the Government of Pakistan and UNFPA policies and procedures. The Government, through the Economic Affairs Division and the collaborating line ministries, is responsible for providing UNFPA with information regarding its laws and policies and any changes occurring during the programme period.

As the programme will contribute to the achievement and implementation of national and sub-national priorities and policies, the Government will provide the necessary support to UNFPA and concerned implementing agencies. The Government is committed to support UNFPA in its efforts to raise funds required to meet the priority needs of the Country Programme.

The Government is also committed to organize annual PCC/JSC programme review and planning meetings and to facilitate the participation of donors and NGOs where appropriate and agreed.

The Government should recognize the important role of academia, INGOs, NGOs, and other civil society organizations, including community-based organizations, as strategic partners of the CP10 and provide the support required for these entities to participate in, and contribute to programme planning, implementation, management, monitoring and evaluation. This includes allocation of funds from this programme directly executed by UNFPA or through the Implementing Partners. INGOs and NGOs should adhere to the Government and UNFPA regulations and guidelines governing the programme.

UNFPA assisted authorities and institutions shall maintain proper accounts, records and documentation in respect to funds, supplies, equipment, vehicles and other assistance provided under this Country Programme. Authorized officials of UNFPA shall have access to all relevant accounts, records and documentation concerning the procurement and distribution of supplies, equipment and other materials, as well as the disbursement of funds. The Government shall also permit UNFPA officials, experts on mission, and persons performing services for UNFPA, to observe and monitor all phases of the Programme implementation.

All supplies and equipment procured by UNFPA for the Government shall be title-transferred to the Government immediately upon receipt. Final legal transfer shall be considered accomplished upon delivery to UNFPA of a signed government receipt. The Government will be responsible for clearance, receipt, warehousing, distribution and accounting of supplies and equipment. The procurement of supplies and equipment by the government will be executed through the general accounting procedures of the Government, which will provide such information as required by UNFPA. Should any of the supplies and equipment thus transferred not be used for the purposes for which they were provided as outlined in the work plans, UNFPA may require the return of those items, and the Government will make such items freely available to UNFPA.

In line with the Convention on the Principles and Immunities of the United Nations (Privileges and Immunities Act 1948), UNFPA is exempted from all direct taxes and custom duties. In this regard all procurement financed by UNFPA should be made without payment of Value Added Taxes (VAT) and other direct taxes or customs duties. The Government shall provide the necessary assistance to ensure that this Convention is applied.

The Implementing Partner shall consult UNFPA as to the disposition of non-expendable property provided by UNFPA during the course of the programme. Title to such property shall normally be transferred to the Implementing Partner (or an entity nominated by it) when such equipment is required for the continued operation of the programme, or for related activities. Decisions on transfer of property will be made during the programme review meetings.

A standard Funding Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the work plan, will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay on behalf of IPs for planned expenditure. The Implementing Partners will use the FACE to report on the utilization of cash received.

The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner. Cash transferred to Implementing Partners should be spent for the purpose of activities as agreed in the work plans only.

Cash received by Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the work plans, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within three months after receipt of the funds. Where any of the national regulations, policies and procedures are not consistent with international standards, the UNFPA regulations, policies and procedures will apply.

To facilitate scheduled and special audits, each Implementing Partner that receives cash from UNFPA will provide timely access to:

- All financial records which establish the transactional record of the cash transfers provided by UNFPA.
- All relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.
- The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will furthermore:
- Receive and review the audit report issued by the auditors.
- Provide a timely statement of the acceptance or rejection of any audit recommendation to the UNFPA that provided cash.
- Undertake timely actions to address the accepted audit recommendations.
- Report on the actions taken to implement accepted recommendations to the UN agencies on a quarterly basis.

With respect to the use of programme funds, UNFPA and the heads of Implementing Partners as indicated in the work plans, will sign separate UNFPA standard partnership agreements and approval providing details on accountability, use of funds provided by UNFPA, banking arrangements, accounting and financial reports, audit and control mechanisms, and closing procedures. The IP shall designate the names, titles and account details of the recipients authorized to receive such funds. Responsible officials will utilize such funds/assistance in accordance with Government regulations and UNFPA regulations and rules, in particular ensuring that funds are spent against prior approved work plan budgets and ensuring adequate reporting as specified below. Any balance of funds unutilized or which could not be used according to the original plan shall be reprogrammed by mutual consent between the Government and UNFPA, or returned to UNFPA. Failure to do so will preclude UNFPA from providing further funds to the same recipient. Funds used for travel, DSA and other costs shall be set at rates commensurate with those applied in the country, but not higher than those applicable to the United Nations System, as stated in the International Civil Service Commission (ICSC) circulars.

The Government will be responsible for dealing with any claims, which may be brought by third parties against UNFPA and its officials, advisors and agents. UNFPA and its officials, advisors and agents will

not be held responsible for any claims and liabilities resulting from operations under this agreement, except where it is mutually agreed by Government and UNFPA that such claims and liabilities arise from gross negligence or misconduct of UNFPA advisors, agents or employees. Without prejudice to the generality of the foregoing, the Government shall ensure or indemnify UNFPA from civil liability under the law of the country in respect of programme vehicles under the control of or use by the Government.

The Government will support UNFPA's efforts to raise funds required to meet the financial needs of the Programme of Cooperation, including all components detailed in this CPAP, and will cooperate with UNFPA by encouraging potential donor governments to make available to UNFPA the funds mentioned in the CP document related to other resources.

4.5. Other Provisions

This document and its annexes will be understood to cover programme activities to be implemented during the period 1 January 2023 through 31 December 2027.

This document and its annexes may be modified through mutual consent of the Government and UNFPA, based on the outcome of annual reviews, the mid-term review, or compelling circumstances.

Nothing in this document shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the Convention on Privileges and Immunities of the United Nations adopted by the General Assembly of the United Nations on 13 February 1946, to which the Government of Pakistan is a signatory.

Annex 1: CPD Monitoring and Evaluation Calendar (2023-2027)

	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Year 5 (2027)
SURVEYS / STUDIES	**Activity**: Demographic Health Survey **Focus:** Support NIPS to conduct the DHS. **Time Frame**: Dec 2023 **Activity:** Housing and Population Census 2023 Focus: Support to Pakistan Bureau of Statistics to conduct the Census activities. **Timeframe:** 2023 **Activity:** Finalize Youth Development Index **Focus:** Support Ministry of Planning, Development and Reforms to compute Youth Development Index **Time frame:** June 2023	**Activity:** In-depth analysis of DHS **Focus:** Conduct in-depth analysis of DHS in four thematic areas out of twelve presented in DHS. **Time frame:** Oct 2024 **Activity:** Research Studies **Focus:** Gender, Youth, population dynamics **Time frame**: Oct 2024	**Activity:** Monographs **Focus:** Develop three thematic reports/monographs on urbanization & rurality, minorities and population projection. **Time frame:** Oct 2025 **Activity:** In-depth analysis of DHS **Focus:** Conduct in-depth analysis of DHS in four thematic areas out of twelve presented in DHS. **Time frame:** Oct 2025	**Activity:** Population Situation Analysis **Focus:** To synthesize the findings of existing assessments, reports and other documents and provide an integrated appraisal of SRH, population dynamics and their relationship with social, economic, political and cultural processes in the country **Time frame:** Dec 2026	
MONITORING SYSTEMS	**Activity:** Monitor progress in implementing activities & expenditures of each IP through WPs and FACEs **Focus:** output results **Partners:** IPs & UNFPA **Time Frame:** Quarterly **Activity:** Monitoring of milestones through	**Activity:** Monitor progress in implementing activities & expenditures of each IP through WPs and FACEs **Focus:** output results **Partners:** IPs & UNFPA **Time Frame:** Quarterly **Activity:** Monitoring of milestones through	**Activity:** Monitor progress in implementing activities & expenditures of each IP through WPs and FACEs **Focus:** output results **Partners:** IPs & UNFPA **Time Frame:** Quarterly **Activity:** Monitoring of milestones through	**Activity:** Monitor progress in implementing activities & expenditures of each IP through WPs and FACEs **Focus:** output results **Partners:** IPs & UNFPA **Time Frame:** Quarterly **Activity:** Monitoring of milestones through Strategic Information System **Focus:** output monitoring	**Activity:** Monitor progress in implementing activities & expenditures of each IP through WPs and FACEs **Focus:** output results **Partners:** IPs & UNFPA **Time Frame:** Quarterly **Activity:** Monitoring of milestones through Strategic Information System **Focus:** output monitoring

	Strategic Information System **Focus:** output monitoring **Partners:** IPs and UNFPA **Time Frame**: Quarterly	Strategic Information System **Focus:** output monitoring **Partners:** IPs and UNFPA **Time Frame**: Quarterly	Strategic Information System **Focus:** output monitoring **Partners:** IPs and UNFPA **Time Frame**: Quarterly	**Partners:** IPs and UNFPA **Time Frame**: Quarterly	**Partners:** IPs and UNFPA **Time Frame**: Quarterly
EVALUATIONS		**Activity:** Programme level evaluation **Focus:** Final Evaluation of the programme titled, "Provision of Life-Saving maternal and Reproductive Health, Protection Support Services for Women and Girls in Khyber Pakhtunkhwa, including tribal Districts and Host communities in Baluchistan" **Time Frame: Mar- Sep 2024**	**Activity:** Country Programme Evaluation **Focus:** To develop TORs for CPE and get them approved by APRO and Evaluation Office **Time frame: Sep- Dec 2025**	**Activity:** Country Programme Evaluation **Focus:** To provide evidence of Programme performance on planned results and to inform the development of the 10th Country Programme. The evaluation will assess relevance of the country programme with government priorities, and its efficiency, effectiveness and sustainability. **Time Frame: Jan-Sep 2026** **Activity:** One UN Programme (Delivering as One) Evaluation **Focus:** To provide evidence of One Programme (UN Pakistan Partnership Framework 2023-2027) performance towards expected outcomes set in the results framework. **Time Frame: Dec 2026**	

REVIEWS	**Activity:** Quarterly, mid-term and annual review of work plans **Focus:** progress in implementation of CP components **Partners:** PCC, JSC, IPs, UNFPA **Time Frame:** i. Quarterly Review (within 10 days after completing the quarter ii. Bi-annual Review: July iii. Annual Review: November	**Activity:** Quarterly, mid-term and annual review of work plans **Focus:** progress in implementation of CP components **Partners:** PCC, JSC, IPs, UNFPA **Time Frame:** i. Quarterly Review (within 10 days after completing the quarter ii. Bi-annual Review: July iii. Annual Review: November	**Activity:** Quarterly, mid-term and annual review of work plans **Focus:** progress in implementation of CP components **Partners:** PCC, JSC, IPs, UNFPA **Time Frame:** i. Quarterly Review (within 10 days after completing the quarter ii. Bi-annual Review: July iii. Annual Review: November	**Activity:** Quarterly, mid-term and annual review of work plans **Focus:** progress in implementation of CP components **Partners:** PCC, JSC, IPs, UNFPA **Time Frame:** i. Quarterly Review (within 10 days after completing the quarter ii. Bi-annual Review: July iii. Annual Review: November	**Activity:** Quarterly, mid-term and annual review of work plans **Focus:** progress in implementation of CP components **Partners:** PCC, JSC, IPs, UNFPA **Time Frame:** i. Quarterly Review (within 10 days after completing the quarter ii. Bi-annual Review: July iii. Annual Review: November
MONITORING/ SUPPORTIVE ACTIVITIES	**Activity:** Field Monitoring Visits/spot-checks **Focus:** Monitoring of Country Programme performance **Partners:** IPs, UNFPA **Time Frame:** Quarterly	**Activity:** Field Monitoring Visits/spot-checks **Focus:** Monitoring of Country Programme performance **Partners:** IPs, UNFPA **Time Frame:** Quarterly	**Activity:** Field Monitoring Visits/spot-checks **Focus:** Monitoring of Country Programme performance **Partners:** IPs, UNFPA **Time Frame:** Quarterly	**Activity:** Field Monitoring Visits/spot-checks **Focus:** Monitoring of Country Programme performance **Partners:** IPs, UNFPA **Time Frame:** Quarterly	**Activity:** Field Monitoring Visits/spot-checks **Focus:** Monitoring of Country Programme performance **Partners:** IPs, UNFPA **Time Frame:** Quarterly

USE OF INFORMATION	**Activity:** Preparation of SIS Annual Report **Focus:** Results based report by the CO **Partners:** UNFPA CO **Time Frame:** Jan 2023 **Activity:** Preparation of WPs **Focus:** Planning for programme implementation **Partners:** IPs, UNFPA **Time Frame:**Q4 2022	**Activity:** Preparation of SIS Annual Report **Focus:** Results based report by the CO **Partners:** UNFPA CO **Time Frame:** Jan 2024 **Activity:** Preparation of WPs **Focus:** Planning for programme implementation **Partners:** IPs, UNFPA **Time Frame:**Q4 2023	**Activity:** Preparation of SIS Annual Report **Focus:** Results based report by the CO **Partners:** UNFPA CO **Time Frame:** Jan 2025 **Activity:** Preparation of WPs **Focus:** Planning for programme implementation **Partners:** IPs, UNFPA **Time Frame:**Q4 2024	**Activity:** Preparation of SIS Annual Report **Focus:** Results based report by the CO **Partners:** UNFPA CO **Time Frame:** Jan 2026 **Activity:** Preparation of WPs **Focus:** Planning for programme implementation **Partners:** IPs, UNFPA **Time Frame:**Q4 2025	**Activity:** Preparation of SIS Annual Report **Focus:** Results based report by the CO **Partners:** UNFPA CO **Time Frame:** Jan 2027 **Activity:** Preparation of WPs **Focus:** Planning for programme implementation **Partners:** IPs, UNFPA **Time Frame:**Q4 2026
CPD Development				**Activity:** CPD Development (11th CP) **Focus:** Strategic Direction for the next cycle **Partners:** GoP, IPs, stakeholders, UNFPA APRO, UNFPA HQ UNFPA CO **Time frame:** Q3 and Q4 2026	**Activity:** CPD Development (11th CP) **Focus:** Strategic Direction for the next cycle **Partners:** GoP, IPs, stakeholders, UNFPA APRO, UNFPA HQ UNFPA CO **Time frame:** Q1 and Q2 2027

Annex 2: Implementing Partner Workplan Development Critical Activities and Timelines

	Activity	Responsibility/Lead	Guidance Notes/Remarks	Timelines
1	**Internal Review and Prioritization Meetings**	All team leads, programme team, Operations, Programme Associate, M & E	Internal extensive Programme team meetings to brainstorm on high impact interventions.	**Week 1 Nov**
1.1	Conduct Output wise Programme team meetings to prioritize the milestones for the next year and identify key interventions.		Each output team agrees on certain times during the week to do the brainstorming, review the lessons from the previous years, analyse the partnership base and identify the priorities for the next year. These Internal output team meetings will be led by Output Team Leads.	
2	**Bi-lateral meetings with IPs**	**All Programme Analysts/ specialists**	**All Programme team to lead the discussions with IP**	**Week 2 -4 Nov**
2.1	Conduct bilateral meetings with implementing partners		IP focal points to initiate bi-lateral meetings to discuss and agree on the priorities with the partners and ensure ownership.	
2.2	Budget breakdown exercise with IPs		IP focal points with the support of respective Programme Assistants prepare a realistic budget breakdown with all IPs.	
2.3	Review and finalize Budget Break down exercise with Operations		Finalized budgets to be submitted to PMU and operations unit for final review.	

3	**Work Plan Review and finalization**	**All Programme Analysts/ Specialists/ Management**	**Final Review and quality assurance by CO Management followed by revisions and finalization of the work plans.**	**Week 1 Dec**
3.1	Draft work plans submitted to CO Management for review		IP focal points in consultation with the respective Output leads submit the draft workplans to the CO Management for review.	
3.2	Finalization of the draft workplans in light of the feedback by the CO Management			
3.3	Submission of Finalized workplans 2021 for Operations Review			
4	**Annual Review and Planning Meetings with Partners**	**All Programme Analysts/ Specialists/ Management**		
4.1	Meeting of Annual Review and Planning for the following year with partners in the Provinces			
5	**Management Meetings to Review WPs**	**Management**		**Week 4 Dec**
6	**Work Plan Signing**	**All Programme Analysts/ Specialists/ Management**		**Week 4 Dec**

Annex 3: Guidelines for Reporting Requirements and Timelines

Beginning of the year (latest by 15 Jan)	End of the First Quarter (latest by 15 April)	End of the Second Quarter (latest by 15 July)	End of the Third Quarter (latest by 15 October)	End of the Fourth Quarter (latest by 15 Jan following year)
By Implementing Partner				
- IP Agreement - WP Planning tools for all IPs - Signed Annual work plans for IPs - Funding Authorisation and Certificate of Expenditure (FACE) (Request for 1st Quarter advance plus supporting documents)	- Quarterly progress report: (cover all activities up to first Quarter of the Work plan) plus supporting documents (notifications, training reports, workshop reports, monitoring reports if applicable) - FACE – Expenditure of the first Quarter and request for the second Quarter advance plus supporting documents - Bank Reconciliation Statement (for the first quarter) - Detailed transactions list (in case of combined bank accounts) - Activity-wise ledger	- Quarterly progress report: (cover all activities up to second Quarter of Work plan plus supporting documents (notifications, training reports, workshop reports, monitoring reports if applicable) - FACE – Expenditure of the second Quarter and request for the third Quarter advance plus supporting documents - Bank Reconciliation Statement (for the second quarter) - Detailed transactions list (in case of combined bank accounts) - Activity-wise ledger	- Quarterly progress report: (cover all activities up to third Quarter of the Work plan) plus supporting documents (notifications, training reports, workshop reports, monitoring reports if applicable) - FACE – Expenditure of the third Quarter and request for the fourth Quarter advance plus supporting documents - Bank Reconciliation Statement (for the third quarter) - Detailed transactions list (in case of combined bank accounts) - Activity-wise ledger - Certified last page of cash book	- Quarterly progress report: (cover all activities up to Fourth Quarter of the Work plan) plus supporting documents (notifications, training reports, workshop reports, monitoring reports if applicable) - FACE – Expenditure of the fourth Quarter plus supporting documents - Bank Reconciliation Statement (for the fourth quarter) - Detailed transactions list (in case of combined bank accounts) - Activity-wise ledger - Certified last page of cash book

	- Certified last page of cash book - Refund amount against the aged OFA	- Certified last page of cash book - Refund amount against the aged OFA	- Refund amount against the aged OFA	- Refund amount against the aged OFA
By UNFPA workman/IP Manager				
	-Consolidated output level progress report by IP Manager -Work plan review report for each IP	-Consolidated output level progress report by IP Manager -Work plan review report for each IP	-Consolidated output level progress report by IP Manager -Work plan review report for each IP	-Consolidated output level results report by IP Manager (latest by 15 December) -Work plan review report for each IP

Annex 4: TORs for Programme Coordination Committee

Background and Purpose:

- The mandate of the United Nations Population Fund (UNFPA) is to "*deliver a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled*". UNFPA is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity.

- UNFPA signed its first Country Programme (CP) agreement with the Government of Pakistan in 1970 and is currently on the 9th cycle, which concludes in 2022. The 10th CP (2023-2027) was approved by the Executive Board in September 2022.

- At the UN-level, Pakistan adopted the UN Delivering-As-One (DaO) modality in 2008, and is currently on the fourth cycle of the One Programme (OPIV). In line with Pakistan's 18th Constitutional Amendment, the One Programme has a strong focus on implementation at the sub-national level. One Programme was signed on behalf of the Government by the Economic Affairs Division (EAD).

- To enable strategic oversight by Government on CP10 and as approved by the Government, a Programme Coordination Committee (PCC) will continue to provide overall oversight of the programme under the leadership of the Economic Affairs Division.

Mandate/Key responsibilities:

The PCC will:

- Provide overall strategic guidance for coordinated programme planning, implementation, monitoring and reporting of UNFPA supported interventions towards achievement of results envisaged in the Country Programme Document (CPD).
- Lead the Annual Review and Planning meetings to take stock of progress and identify priorities for the following year.
- Identify and address issues which may impede programme delivery and make recommendations on the most appropriate approaches and mechanism for CP implementation.
- Advocate for, and facilitate coordination among sectors/departments at federal and provincial levels to enhance alignment and coherence of population policies and programmes.
- Foster national ownership of UNFPA's assisted programmes to ensure sustainability of interventions.
- Facilitate regular exchange of information, sharing of good practices and factors constraining or facilitating UNFPA's programme delivery.
- Explore and facilitate opportunities for joint advocacy initiatives to raise the profile of population issues.

- Support and guide the development of the new Country Programme, and facilitate expeditious endorsement/approval of the CPD/CPAP by Government.
- Provide quality assurance to the final evaluation of the Country Programme.

Membership:

Core members

- Economic Affairs Division (Chair)
- UNFPA (Secretariat)
- Ministry of Foreign Affairs (MoFA) (1 member)
- Ministry of Planning (1 member)
- Ministry of National Health Services, Regulation and Coordination (1 member)
- Provincial Additional Chief Secretary (Development) (4 members)
- Provincial Planning and Development Departments (4 members)
- Provincial Departments of Population Welfare (4 members)
- Provincial/Regional Departments of Health (4 members)
- Partner NGOs (2 members, proposed by UNFPA and approved by EAD)
- Partner academia/research institutions (2 members, proposed by UNFPA and approved by EAD)

Additional members: These may be co-opted from government ministries/departments, development and implementing partners according to the specific needs of the PCC.

Work Process:

- The PCC will meet at least annually and preferably bi-annually. The Chair may convene ad-hoc meetings as required.
- The Annual Review and Planning meeting will be held in October/November each year. The Chair assisted by the Secretariat will send invitations with agenda and relevant information to the selected participants.
- Meetings will be documented through Minutes (signed by the Chairperson) and action points with assigned responsibilities and timelines.

Annex 5: Indicator Reference Protocols

UNSDCF OUTCOME: By 2027, the people in Pakistan, especially the most vulnerable and deprived have increased equitable access to and utilization of quality, sustainable basic social services

Indicator 1: Coverage of essential health services including sexual and reproductive health into the national universal health coverage package with sufficient resources and adherence to quality standards and leaving no-one behind	
Baselines: UHC Package, UHC Investment case and UHC Index;	**Target:** Progressive budgetary allocation for SRHR under UHC package
Description	
Definition: Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population). The indicator is an index reported on a unit-less scale of 0 to 100, which is computed as the geometric mean of 14 tracer indicators of health service coverage. The index of health service coverage is computed as the geometric means of 14 tracer indicators. The 14 indicators are listed below and detailed metadata for each of the components is given in Annex 1. The tracer indicators are as follows, organized by four broad categories of service coverage: I. Reproductive, maternal, newborn and child health 1. Family planning: Percentage of women of reproductive age (15–49 years) who are married or in-union who have their need for family planning satisfied with modern methods 2. Pregnancy and delivery care: Percentage of women aged 15-49 years with a live birth in a given time period who received antenatal care four or more times 3. Child immunization: Percentage of infants receiving three doses of diphtheria-tetanus-pertussis containing vaccine 4. Child treatment: Percentage of children under 5 years of age with suspected pneumonia (cough and difficult breathing NOT due to a problem in the chest and a blocked nose) in the two weeks preceding the survey taken to an appropriate health facility or provider II. Infectious diseases 5. Tuberculosis: Percentage of incident TB cases that are detected and treated 6. HIV/AIDS: Percentage of people living with HIV currently receiving antiretroviral therapy 7. Malaria: Percentage of population in malaria-endemic areas who slept under an insecticide-treated net the previous night [only for countries with high malaria burden] 8. Water and sanitation: Percentage of households using at least basic sanitation facilities III. Non-communicable diseases 9. Hypertension: Age-standardized prevalence of non-raised blood pressure (systolic blood pressure <140 mm Hg or diastolic blood pressure <90 mm Hg) among adults aged 18 years and older 10. Diabetes: Age-standardized mean fasting plasma glucose (mmol/L) for adults aged 18 years and older 11. Tobacco: Age-standardized prevalence of adults >=15 years not smoking tobacco in last 30 days (SDG indicator 3.a.1, metadata available here) IV. Service capacity and access 12. Hospital access: Hospital beds per capita, relative to a maximum threshold of 18 per 10,000 population 13. Health workforce: Health professionals (physicians, psychiatrists, and surgeons) per capita, relative to maximum thresholds for each cadre (partial overlap with SDG indicator 3.c.1, see metadata here) 14. Health security: International Health Regulations (IHR) core capacity index, which is the average percentage of attributes of 13 core capacities that have been attained (SDG indicator 3.d.1, see metadata here)	
Unit of Measure: Index	
Disaggregated by: Country	
Plan for Data Acquisition	
Method of computation: This indicator will be computed every year by calculating the number of coordination and accountability frameworks at the national and sub-national levels as compared to 2021 baseline.	

Data Source: Many of the tracer indicators of health service coverage are measured by household surveys. However, administrative data, facility data, facility surveys, and sentinel surveillance systems are utilized for certain indicators. Underlying data sources for each of the 14 tracer indicators are explained in more detail in Annex 1. In terms of values used to compute the index, values are taken from existing published sources. This includes assembled data sets and estimates from various UN agencies. This is summarized in the above link.
Frequency and Timing of Data Acquisition: 3-5 years

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

Indicator 1.1: Number of functional accountability mechanisms for sexual and reproductive health policy and programme implementation at national and subnational levels	
Baselines: 1 (national)	**Target:** 5 (1 national and 4 provincial) (cumulative)
Description	
Definition: This indicator refers to the establishment and/or revamping of accountability mechanisms to improve the monitoring and oversight of the programme and policy implementation. These accountability mechanisms will be established at national and provincial level, comprising of government departments and key civil society stakeholders within the SRH/FP and Population sectors working directly or indirectly contributing to the achievement of Pakistan's national and international commitments including the Council of Common Interest Recommendations, ICPD agenda and SDGs. By accountability mechanism mainly refers to the Federal Task Force for Family Planning and Population and provincial/regional task forces, the Country Engagement Working Group and SHR Working group at Federal level and counterparts at provincial/regional level especially the FP2030 groups. Members for all task forces and working groups are representatives of government departments and civil society stakeholders in specified sectors, such as health, population, finance, religious affairs, education, planning and development, youth, working together to ensure their respective mandates and commitments are addressed. By functional: ToRs and actions are in place to ensure regular convening of meetings and monitoring mechanisms in place to ensure implementation of policies and programmes.	
Purpose: Improve coordination and effective and timely implementation of policies	
Unit of Measure: Number	
Disaggregated by: National and Provinces	
Plan for Data Acquisition	
Method of computation: This indicator will be computed every year by calculating the number of accountability frameworks at the national and sub-national levels as compared to 2021 baseline.	
Data Source: Reports, Government Notifications	
Frequency and Timing of Data Acquisition: Annual	

Indicator 1.2: Number of national and sub-national sexual and reproductive health bills enacted and rolled out along with comprehensive implementation support plans	
Baselines: 2 (SRHR Bill Sindh, 2019; SRHR Bill Khyber Pakhtunkhwa, 2020)	Target: 5 (cumulative) (SRHR Bill Punjab, SRHR Bill Balochistan, SRHR Bill Gilgit Baltistan)
Description	
Definition: This indicator refers to development and implementation of comprehensive bills to ensure universal availability of the sexual and reproductive health including family planning by all healthcare facilities in public and private sector as per the Universal Health Coverage package. Building on the past accomplishments and lessons learned, this indicator will focus on the implementation of bills that have already passed while providing technical support to additional provinces/regions for drafting the SRH Bills	

in consultation with relevant stakeholders and departments including DOH and getting it vetted from Law Division / Department
Purpose: The overall purpose of enactment of the RH bills is to ensure universal availability of sexual and reproductive health and family planning especially to those most vulnerable and marginalized.
Unit of Measure: Number
Disaggregated by: SRH Bills in Provinces and regions
Plan for Data Acquisition
Method of computation: This indicator is a simple count of number of bills in all provinces and regions.
Data Source: Government notifications,
Frequency and Timing of Data Acquisition: Annual

Indicator 1.2: Percentage increase in provincial government expenditures on family planning as a core element of the universal health coverage benefit package;	
Baseline: $ 88.9 million/Rs 14.22 billion (2020-2021 allocation);	**Target**: 6% inflation-adjusted increase.
Description	
Definition: The increase in the provincial government expenditure is the total count of all Provincial government expenditures on family planning programmes that show an increase of at least 10% compared to the baseline. By provincial government expenditure, it includes all inflation adjusted expenditures of population welfare departments in all four provinces. It does not include incremental increase.	
Purpose: The overall purpose of enactment of the RH bills is to ensure universal availability of sexual and reproductive health and family planning especially to those most vulnerable and marginalized.	
Unit of Measure: Percentage	
Disaggregated by: Provinces	
Plan for Data Acquisition	
Method of computation: This indicator will be computed every year by calculating the proportion increase in provincial expenditure on FP programme compared to 2020-2021 baseline.	
Data Source: Government notifications, Budget, Annual Development plans, Population Welfare Departments.	
Frequency and Timing of Data Acquisition: Annual	

Indicator 1.3: Comprehensive policy frameworks on midwifery education and regulation adopted and rolled out.	
Baseline: No (2021)	Target: Yes (2027)
Description	
Definition: This indicator measures the adoption of updated midwifery policy framework and strategy at the national level to improve regulations and education for transforming midwifery practice and midwifery education as per global standards and practices. The national level framework will be subsequently adopted by the provinces. UNFPA will assist the government to put in place a comprehensive midwifery strategy and model schools for BSc in midwifery. By comprehensive policy framework: a new national midwifery strategy and framework endorsed by the federal and provincial governments to guide education, regulation and association practices as per international standards.	
Purpose: The purpose of having a national midwifery strategy is to ensure standardized midwifery practice including regulation, education and association and ultimately strengthen the midwifery health workforce as a critical resource for achieving the three transformative goals.	
Unit of Measure: Number	
Disaggregated by: Provinces	
Plan for Data Acquisition	
Method of computation: This indicator will be calculated based on the key milestones achieved such as: 1. Establishment of the task force	

2. Development of the regulatory framework 3. Finalization of the midwifery curriculum and competency framework 4. Availability of the comprehensive policy framework on midwifery
Data Source: Government Notifications, Midwifery curriculum, national midwifery strategy
Frequency and Timing of Data Acquisition: Annual

Output 2: Strengthened capacity of national and sub-national health systems to provide high-quality rights-based and comprehensive sexual and reproductive health information and services, including emergency obstetric and new-born care, family planning and gender-based violence response services in development and humanitarian continuum.

Indicator 2.1. Number of strategies, frameworks, quality of care standards and guidelines on sexual and reproductive health and rights, including maternal health and family planning developed and endorsed	
Baselines: 5	**Target**: 11 *(Cumulative)*
Description	
Definition: This indicator measures the development and endorsement of the strategies, frameworks, standards and guidelines at the national and sub national levels. As per the baseline, the following strategic frameworks have been endorsed so far; *1. Task sharing and task shifting strategy and guidelines on family planning; 2. Guidelines on pre-marital counselling; 3. Postpartum family planning strategy; 4. Public-private partnership frameworks on family planning; 5. curriculum on human rights-based approach for family planning*) Thus, the indicator will target the development and endorsement of the following strategies, guidelines, standards and framework: *1. Clinical protocols on emergency obstetric and neonatal care; 2. A strategy and roadmap for strengthening the role of regional training institutes; 3. Provincial strategic frameworks and roadmaps for functional or structural integration of population welfare and health departments; 4. Up-to-date curricula for pre-service training of lady health workers and midwifery students; 5. Standardized in-service training package on sexual and reproductive health and rights; (6) guidelines for health sector response to gender-based violence adopted by all provinces.*	
Unit of Measure: Number	
Disaggregated by: Strategies, frameworks, standards, guidelines	
Plan for Data Acquisition	
Method of computation: This indicator will be computed every year by calculating the number of strategies, frameworks, standards and guidelines developed and endorsed by the respective government institutions at the national and provincial levels.	
Data Source: Notifications, programme reports,	
Frequency and Timing of Data Acquisition: Annual	

Indicator 2.2: Number of models and innovative initiatives for accelerating universal access to sexual and reproductive health and reproductive rights tested and evaluated for further replication and domestic financing	
Baselines: 2 (2021)	**Target**: 7 (Cumulative) (2027)
Description	
Definition: This indicator measures number of models and innovative initiatives for accelerating universal access to sexual and reproductive health and reproductive rights tested and evaluated for further replication and domestic financing. Through this initiative, UNFPA will support the rollout of Universal Health Coverage Package by creating evidence based, technology supported and cost effective/innovative integrated sexual and reproductive health service delivery models for increasing service availability and uptake targeting the most underserved population. UNFPA will specifically support the design and implementation of the following models (1) a social and behaviour change communication and context-specific social norms change model for demand generation,	

(2) a public private partnership model based on the national framework, (3) model centre of excellence for eradication of obstetric fistula established, (4) a family planning service delivery model for addressing urban inequalities and addressing skewed method mix in urban and per urban areas, (5) a national dashboard for tracking family planning budgetary allocations and expenditures, including supply chain management and procurement processes for ensuring reproductive health commodity security.
Purpose: Accelerate programme implementation through cost effective and scalable models for the achievement of the three transformative goals.
Unit of Measure: Number
Disaggregated by: model and innovative initiatives
Plan for Data Acquisition
Method of computation: This is a simple count of the number of models that will be tested. The indicator target is cumulative which means additional five models will be tested and scaled up.
Data Source: Reports, Notifications, dissemination seminars.
Frequency and Timing of Data Acquisition: Annual
Plan for Data Analysis, Review & Reporting
Data Analysis: Data analysis will be done by Ministry of Health and Population Welfare and UNFPA from programme expenditure reports of the government.

Indicator 2.3: Percentage of public health facilities in target districts providing high-quality and rights-based family planning services, emergency obstetric and newborn care and gender-based violence response related services and referrals	
Baselines: 0%	**Target**: 75%
Description	
Definition: Considering Pakistan is now in tier-1 classification and the strategic shift of the next country programme to provide comprehensive and integrated sexual and reproductive health and rights agenda. This indicator measures the improvement of provision of service delivery in public health facilities for right-based family planning, emergency obstetric and new-born care, and gender-based violence related services to address the unmet need and prevention of maternal death in targeted, left-behind districts identified by set criteria based on composite index of inequalities and disparities. The following quality criteria will be further refined and used to measure the progress on the indicator. FP Services: ● % Clients getting method of choice (sample exit interviews) ● % health facilities with no stock out of contraceptive commodities at least three methods (cLMIS, web portal) Emergency obstetric and new-born care ● % of Basic Health Units (BHU) and Rural Health Centres (RHC) providing management of labour and delivery for low-risk women (BEmONC), including initial treatment of obstetric or delivery complications prior to transfer (Source: Towards Universal Health Coverage through Primary Health Care: Pakistan Investment Case for 2021-2026) ● % of First Level Care Facilities providing management of labour and delivery for high-risk women, including operative delivery (CEmNOC) (Source: Towards Universal Health Coverage through Primary Health Care: Pakistan Investment Case for 2021-2026) Gender-based violence response related services and referrals ● % of health facilities offering first line support services - the minimum level of (primary psychological) support and validation of their experience that should be received by all women who disclose violence to a health care (or other) provider. It shares many elements with what is being called "psychological first aid" in the context of emergency situations involving traumatic experiences (source: ESP for Women and Girls Subject to Violence Module 2).	
Unit of Measure: Accelerate comprehensive and integrated sexual and reproductive health service delivery in targeted districts	

Disaggregated by: Health facilities,
Plan for Data Acquisition
Method of computation: Number of public health facilities provided services in the targeted district divided by the total public health facilities in the targeted district
Data Source: Government Budgets, Annual development plans
Frequency and Timing of Data Acquisition: Annual

Output 3: Strengthened national and sub-national capacities in resilience programming, emergency preparedness and response to ensure access to life-saving interventions in humanitarian situations, including sexual and reproductive health servic

es and gender-based violence response.

Indicator 3.1: Number of national and sub-national resilience building strategic frameworks and related costed implementation plans with the main focus on sexual and reproductive health and gender-based violence prevention and response based on disaggregated data on the most vulnerable groups rolled out	
Baselines: 0	**Target**: 5 (1 at national level and 4 at provincial levels)
Description	
Definition: Resilience is the ability of systems and communities to resist, absorb, accommodate and recover from calamities so that the communities can continue to survive and thrive. The objective behind developing UNFPA CO resilience strategic framework is to enable resilient institutional and community systems to ensure that minimum service delivery levels are maintained to provide universal access to comprehensive sexual and reproductive health, to end gender-based violence and harmful practices, to provide youth opportunities, and to improve population-related data systems and financing across the development and humanitarian nexus.	
Purpose: The purpose behind Resilience Building Strategic Framework is to build resilience of the systems/institutions and communities and individuals in order to prepare for and respond to crises with a focus on Sexual and Reproductive Health and GBV including Clinical Management of Rape/Intimate Partner Violence (CMR/IPV) and Mental Health and Psychosocial support (MHPSS), and maintain core functions across the development – humanitarian nexus. The Strategic Plan signals a new reality by calling for strategies that shift to empowering individuals and communities, strengthening national systems to withstand and recover from shocks, and including women, girls and young people as agents of change to build resilience and ensure sustainability. A range of global and regional initiatives in recent years have established a strong global environment in which to establish the Pakistan Resilience Framework. Covering Health, Sexual and Reproductive Health/Family Planning, Gender-based violence and Youth across the development – humanitarian nexus, these include, but are not limited to Sustainable Development Goals, Universal Health Coverage, ICPD Program of Action Global Commitments, FP 2020/2030 Commitments, Pakistan, ICPD 25+ Commitments, National Disaster Management Plan, Pakistan Development Plan, Council of Common Interest Population Priorities, WHO Self Care Guidelines, WHO Health Emergency Disaster Risk Management, Sendai Framework for Disaster Risk Reduction 2015-2030, Asia Pacific Action Plan 2021-2024, UN Response Plan to Support Country Preparedness and Response, WHO's Operational Framework for Building Climate Resilient Health Systems, Minimum Initial Service Package (MISP) And MISP Readiness Assessment (MRA) Tool UNFPA Programming Interventions are aimed to promote a continuum approach to build the resilience of individuals, communities, institutions and national levels under the Pakistan CPD including strengthening the local capacity, localization of the capacity, strengthening health systems, promoting supportive policy development and social and gender norms. UNFPA will support the building of an adaptive resilience system that is able to predict and respond to emergencies while adapting to providing a reduced set of priority (essential) healthcare services at the same time. These essential services are continuously provided unless there is complete physical obstruction to the health workforce and/or infrastructure due to the severity of calamity. The Resilience Framework will reduce vulnerability related challenges through addressing Diversity, Disparity and Dividend. The Resilience Framework works across the development – humanitarian nexus, ensuring minimum levels of quality service delivery whether in stable times or in a humanitarian crisis. The set of interventions will focus on allocation of domestic resources to ensure ownership of the output level interventions by local systems.	
Unit of Measure: Number, # of Resilience Building Strategic Frameworks at national and sub-national levels # of Costed Implementation Plans against each resilience building strategic framework.	
Disaggregated by: Provinces and national level since each resilience building framework as well as Costed Implementation Plan will be developed at national and sub-national level.	

Plan for Data Acquisition
Method of computation: Simple count of resilience building framework and implementation plans
Data Source: Government notifications
Frequency and Timing of Data Acquisition: Annual

Indicator 3.2: Number of national and sub-national contingency plans that integrate Minimum Initial Service Package for Sexual and Reproductive Health in crisis situations.	
Baselines: 2 (2021)	**Target:** 5 (1 Federal and 4 Provincial)
Description	
Definition: MISP institutionalization is a process that involves MISP readiness assessment, integrating MISP in government contingency/preparedness plans, domestic resources allocation and capacity building on MISP and GBV.	
Purpose: The purpose behind MISP institutionalization is to strengthen the capacity of disaster management authorities including the public health systems to prepare for and respond to disasters with Minimum Initial Service Package (MISP) for SRH and GBV interventions and quickly return to comprehensive SRH service delivery. This also includes systems readiness for humanitarian supplies chain management. Moreover, institutionalization also aims at enabling the public systems to prepare for funding to financing. UNFPA plans to institutionalize the MISP training through inclusion to existing training curriculum for public health education. This will ensure the quality and sustainability of the investment to health cadres' capacity building and integration of SRH and GBV aspects in humanitarian health programs. Moreover, institutionalization also aims at enabling the public systems to prepare for funding. UNFPA will focus on supporting of key areas of MISP implementation through variety of interventions including Minimum Readiness Assessment, advocacy for mobilizing the resources under national and subnational contingency preparedness plans, strengthening the local capacity, ensuring effective supply chain mechanisms to preposition of basic SRH and GBV supplies, service delivery and integration of internationally conformed humanitarian Health and GBV guidelines and protocols. Furthermore, women, youth and adolescents and young girls being the key stakeholders should be engaged as key partners to ensure that the preparedness and response interventions are demand driven.	
Unit of Measure: Number	
Disaggregated by: 1 national and 4 provincial contingency plans	
Plan for Data Acquisition	
Method of computation: This indicator is a simple count of the contingency plans developed by provinces and the federal level.	
Data Source: Contingency Plans, Government Notifications.	
Frequency and Timing of Data Acquisition: Annual	

Indicator 3.3: Number of women, adolescents and youth benefited from essential and life-saving interventions in humanitarian settings, with the main focus on sexual and reproductive health and gender-based violence prevention and response	
Baselines: 4,14,000 (Beneficiaries reached in the 9th Country Programme)	**Target:** 8,00,000 (Cumulative target for 2023-2027)
Description	
Definition: The Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in crisis situations is a series of crucial, lifesaving activities required to respond to the SRH needs of affected populations at the onset of a humanitarian crisis. The MISP can be broken down into three main areas: Coordination with national stakeholders (objective 1), Four clinical services (objectives 2-5), which are the minimum medical service components of the MISP, and Transitioning to comprehensive SRH (CSRH) services (objective 6). Providing comprehensive, high-quality SRH services in humanitarian settings requires a multi-sectoral, integrated approach. The best way to ensure that SRH services meet the needs of the affected population is to involve the community in every phase of the development of those services; only then will people benefit from services specifically tailored to their needs and demands and only then will they have a stake in the future of those services.	
Purpose: During humanitarian emergencies, critical, life-saving, SRH and GBV interventions must be implemented simultaneously with other life-saving activities. Neglecting these interventions in humanitarian settings has serious consequences which include maternal and new-born deaths; sexual violence and subsequent	

trauma; sexually transmitted infections; unintended pregnancies and unsafe abortions; and the possible spread of HIV. Crisis-affected communities have a right to access these services and a right to comprehensive SRH information so they can make free and informed choices. The MISP for SRH is essential to reducing death, illness, and disability, while protecting the right to life with dignity.
Unit of Measure: Number
Disaggregated by: Women, girls, men, boys, persons with disability, transgender
Plan for Data Acquisition
Method of computation: Count of women, girls, men, boys, persons with disability, transgender
Data Source: UNFPA Management Information System
Frequency and Timing of Data Acquisition: Annual

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

Indicator 4.1: Number of National and Provincial Adolescents & Youth Engagement Strategic Frameworks and Action Plans integrating adolescents and youth SRHR across the humanitarian-development continuum developed and rolled out	
Baselines: 0	**Target:** 5 (1 national and 4 provincial/regional)
Definition: The indicator measures the number of adolescents and youth sectoral strategy/framework/policy/ action plans that integrates sexual and reproductive health of adolescents and youth, including those who are marginalized being implemented on federal and provincial/regional level.	
Purpose: In Pakistan, provincial/regional Youth Policies; some finalised (Sindh - 2018, Punjab - 2012, KP - 2016) while others (GB, AJK, Balochistan) being drafted and tabled for approval with support from UNFPA, have faced numerous challenges with the implementation; whereas, at national level, the National Youth Development Framework (2020), has been actively implemented by the Prime Minister's Office through implementation of the 'Kamyab Jawan Program', which UNFPA has supported actively through development of adolescents and youth focused frameworks, strategies and roadmap - integrating adolescents and youth SRHR in National Youth Development Framework. The Youth Policies, being the primary source of policy on adolescents and youth development on national/provincial/regional level, it is imperative to scale up efforts to strengthen capacities of the adolescents and youth focused ministries/departments, via technical assistance and budget allocation for the implementation of adolescents/youth focused policies/strategies/frameworks, while ensuring that accountability frameworks are developed and implemented, through evidence generation and active youth engagement (via youth platforms) to advance adolescents and youth sexual reproductive health, rights and access.	
Unit of Measure: Number	
Disaggregated by: National, Provinces	
Plan for Data Acquisition	
Method of computation: This indicator is calculated as a simple count of provinces in which at least two of the following sectors (education, finance/economic development, gender, youth, labour) have at least one strategy/policy that integrates sexual and reproductive health of adolescents and youth, including those who are marginalized, and meets following conditions: **1.** Recognizes impact of adolescent and youth sexual and reproductive health and rights (AYSRHR) on the outcomes of that sector in the background analysis or theory of change, and **2.** Includes one or more adolescent and youth sexual and reproductive health and rights-specific intervention/s **3.** Importance of reaching marginalized adolescents and youth is specifically mentioned in the policy or strategy.	
Data Source: Government Notifications,	
Frequency and Timing of Data Acquisition: Annual	

Indicator 4.2: Number of youth-led platforms, including national youth council, parliamentary caucus and innovation hubs in support of their leadership and participation in policy making and programming.	
Baselines: 1	Target: 6
Definition: This indicator measures the number of youth-led solutions in support of leadership and participation of adolescents and youth. These solutions will be developed by adopting new technologies, online applications, digital SRHR toolkits, Femtech products on adolescents and youth SRHR. Furthermore it also corresponds to the national youth-led and innovation platforms, establishment of youth parliamentary caucus; facilitating youth engagement in policy making.	
Purpose: The main purpose is to reach out to young people on critical SRHR information and services in privacy through technology and non-technology based, innovative community based solutions; bridging the digital gap.	
Unit of Measure: Number	
Disaggregated by: Federal and Provinces	
Plan for Data Acquisition	
Method of computation: The aggregate number of youth-led innovative digital/non-digital community based solutions developed and implemented to address young people's SRHR challenges including; child marriage, gender based violence, men's engagement in FP and gender norms etc. It further takes into account the national youth led platform (National Youth Council) as a baseline, which will continue to be supported; whereas the establishment of a national youth parliamentary caucus and the number of youth-led innovative initiatives and establishment of an innovative platform constitutes the target.	
Data Source: Programme Reports, Government Notifications	
Frequency and Timing of Data Acquisition: Annual	

Indicator 4.3: Number of inclusive, age appropriate and gender responsive national and sub-national life-skills-based education guidelines operationalized for in-school adolescents and youth	
Baselines: 0 (2021)	**Target:** 5 (2027)
Definition: This indicator measures the existence of operationalized school-based LSBE curricula in accordance with international standards. LSBE/Comprehensive sexuality education is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with the knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider the well-being of others that are affected by their choices; and understand and ensure the protection of their rights throughout their lives.	
Purpose: To build critical life skills among young people, enabling them to make right choices for themselves and their families while raising awareness on SRHR including; child marriage, gender based violence, harmful practices and child protection, through capacity building and provision of technical assistance to the Ministry of Federal Education and Professional Training and the Provincial Education and associated Departments. A comprehensive National Guidelines on adoption of LSBE has been developed and disseminated by the Ministry of Federal Education and Professional Training with technical assistance from UNFPA, building on which age appropriate, gender sensitive LSBE content has been integrated in 'Single National Curriculum'. Subsequently, a teachers training manual on LSBE has also been developed, followed by teachers training on national and provincial/regional level. Furthermore, LSBE as a Standalone subject has also been piloted in ICT. Moving forward, UNFPA will build on its existing achievements and milestones and will scale up efforts to develop and roll out age appropriate, gender sensitive LSBE curriculum/ guidelines to be taught as a standalone subject or adopting an integrated approach on national and provincial/regional level. Furthermore, teachers training manuals will be reviewed and updated, content for textbooks will be developed and formal assessments will be advocated for. Supplementary resources (additional reading material in form of short stories etc.) will also be developed.	
Unit of Measure: Number of provinces and federal level with guidelines and curricula	
Disaggregated by: National, Provinces	
Plan for Data Acquisition	
Method of computation: **1.** Revising the CSE/LSBE will ensure it is completely aligned to international standards: **.** is human rights-based; **a.** has an integrated focus on gender; **b.** includes thorough and scientifically accurate information. **2.** Improving the learning environment to make it safer and healthier: **.** zero tolerance for harassment, bullying and discrimination,	

a. teachers and staff in both formal and non-formal educational settings are held accountable when they breach professional codes of conduct **3.** Including referrals to sexual and reproductive health services and other protective programmes Using participatory teaching methods for personalization of information and strengthened skills in communication, decision-making and critical thinking. Using participatory teaching methods for personalization of information and strengthened skills in communication, decision-making and critical thinking. The indicator captures the number of national/provincial/regional curricula, reflecting integrated age appropriate, gender sensitive LSBE content for primary, middle and secondary school level. This would include national (ICT, GB and AJK), Punjab, Sindh, Balochistan, KP
Data Source: Revised national/ provincial curricula, Programme Reports, Government Notification, Guidelines and Frameworks, Teachers Training Resources, Supplementary resources/ learning material, endorsement letter.
Frequency and Timing of Data Acquisition: Annual

Indicator 4.4: Inclusive, age appropriate and gender responsive out-of-school life-skills-based education guidelines and related package developed and rolled out	
Baselines: No	**Target**: Yes
Definition: A national mechanism or strategy in place to deliver out-of-school LSBE in accordance with international standards, including a comprehensive out of school LSBE outreach package.	
Purpose: During the 9th Country Programme Cycle, UNFPA focused on advocacy and integration of age appropriate and gender sensitive LSBE content in Single National Curriculum, for in school adolescents and youth, while advocating for the need for institutionalization of LSBE package for out of school adolescents and youth. Building on the UNFPA's advocacy initiatives, during the next programme cycle; efforts will be accelerated to inculcate critical life skills among out of school adolescents and youth.	
Unit of Measure: Guidelines, Modules, Training Manual, Additional Resources (short story books, video etc	
Disaggregated by: National,	
Plan for Data Acquisition	
Method of computation: This indicator is calculated to meet all of the following conditions: **1.** National mechanism or strategy is data- and evidence-based; **2.** Specifies which sub-populations of out-of-school young people will be reached (such as key populations, young people with low literacy, married adolescent girls, young people with disabilities); **3.** Defines the curriculum/topics to meet the needs of the young people to be reached; **4.** Defines the delivery mechanism and associated workforce (for example, delivered at community centres by community health workers or other trained and qualified providers/staff); **5.** Builds referrals between LSBE and integrated SRH services; **6.** Specifies who is responsible for the organizational, financial, and technical implementation/operationalization of the strategy; **7.** Has measurable objectives and targets.	
Data Source: Revised national/ provincial curricula, Programme Reports, Government Notification, Guidelines and Frameworks, Training Resources, Supplementary resources/ learning material, endorsement letter.	
Frequency and Timing of Data Acquisition: Annual	

UNSDCF Outcome: By 2027, people in Pakistan, especially those at greatest risk of being left behind, will benefit from an enabling environment where women, girls, children, displaced, transgender persons and ethnic minorities are empowered and reach their fullest potential; and their human, social, economic, cultural and political rights are fully protected and upheld

Indicator 1: Proportion of women and girls aged 15 years and older subjected to physical, sexual or psychological violence in the previous 12 months,	
Baselines: 24.8%	**Target**: 23%
Definition: This indicator measures the percentage of women and girls aged 15 years and older who have experienced physical, sexual or psychological violence by a current or former intimate partner, in the previous 12 months. Concepts: According to the UN Declaration on the Elimination of Violence against Women (1993), violence against women is "Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. Violence against women shall be understood to encompass, but not be limited to, the following: Physical, sexual and psychological violence occurring in the family. https://undocs.org/en/A/RES/48/104 The different forms of violence included in the indicator are defined as follows: 1. Physical violence consists of acts aimed at physically hurting the victim and include, but are not limited to, acts like pushing, grabbing, twisting the arm, pulling hair, slapping, kicking, biting or hitting with a fist or object, trying to strangle or suffocate, burning or scalding on purpose, or threatening or attacking with some sort of weapon, gun or knife. 2. Sexual violence is defined as any sort of harmful or unwanted sexual behaviour that is imposed on someone, whether by use of physical force, intimidation or coercion. It includes acts of abusive sexual contact, forced sexual acts, attempted or completed sexual acts (intercourse) without consent (rape or attempted rape), non-contact acts such as being forced to watch or participate in pornography, etc. In intimate partner relationships, sexual violence is commonly operationally defined in surveys as: being physically forced to have sexual intercourse, having sexual intercourse out of fear for what the partner might do or through coercion, and/or being forced to so something sexual that the woman considers humiliating or degrading. 3. Psychological violence consists of any act that induces fear or emotional distress. It includes a range of behaviours that encompass acts of emotional abuse such as being frequently humiliated in public, intimidated or having things you care for destroyed, etc. These often coexist with acts of physical and sexual violence by intimate partners. In addition, surveys often measure controlling behaviours (e.g., being kept from seeing family or friends, or from seeking health care without permission). These are also considered acts of psychological abuse	
Unit of Measure: Proportion	
Disaggregated by: Provinces	
Plan for Data Acquisition	
Method of computation: Data are collated by the WHO on behalf of the Inter-Agency Working Group on Violence against Women Data from publicly available survey data or data provided by National Statistics Offices or other relevant national entities through the consultation process with countries. For efficiency, some data are collated using existing data-compiling online platforms	
Data Source: Demographic Health Survey.	
Frequency and Timing of Data Acquisition: Every 5 year	

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

Indicator 5.1: Number of comprehensive action plans for the implementation of national and sub-national policy and legislative frameworks on gender based violence and harmful practices, including child marriage.	
Baselines: 3 (2021)	Target: 12 (2027)
Definition: This indicator refers to the development and implementation of policies, action and legal frameworks to address harmful practices including child marriage and prevent, protect and respond to the survivors of gender-based violence in an inclusive manner (while leaving no one behind) by relevant departments including Social Welfare Departments, Health Departments, Home Departments (police and prosecution), Law Departments, Commission on the Status of Women and parliamentary fora through parliamentary oversight.	

This progress against this indicator will be building on the work done for National Framework on child marriage, support to government ministries and departments for the implementation of the Anti-Rape legislations, the domestic violence, sexual harassment and sexual violence frameworks. This also includes technical support to relevant government entities and departments to establish oversight mechanisms to monitor the implementation of the existing legislations, judgments and policies, and also support legislative reform.

UNFPA will also support evidence generation (inclusive and disaggregated) on harmful practices including child marriage and gender based violence to inform policies, programmes and legislative actions.

This includes 3 Sexual Violence Response Frameworks (federal, KP, Punjab), 2 domestic violence roadmaps (KP, Punjab), National Framework on Child Marriage, 4 GBV Case Management Curriculum institutionalization roadmap (KP, Punjab), 2 Gender Management Information System (GMIS).

Purpose: Policies, laws and regulations aligned with international human rights standards in place and implemented to address gender based violence and harmful practices including child marriage at national and sub-national levels.

Unit of Measure: Number

Disaggregated by: Provinces, Action Plans

Plan for Data Acquisition

Method of computation: This indicator will be computed every year by calculating the number of comprehensive action plans, frameworks, policies and laws standards and guidelines developed and endorsed by the respective government institutions at the national and provincial levels

Data Source: Reports, Notifications, dissemination seminars.

Frequency and Timing of Data Acquisition: Annual

Indicator 5.2: Number of provinces that established comprehensive and standardized administrative data system on gender-based violence in alignment with survivor cantered principles and international best practices.

Baselines: 0 (2021)	Target: 3 (2027)

Definition: This indicator refers to support for administrative data, which includes the development/ strengthening of Gender Management Information Systems (GMIS) and Gender Parity Reports at the provincial level. This indicator also measures the strengthening and standardization of GBV data from multiple secondary sources such as shelter homes, GBV helplines, police and the health sector. The standardization will be undertaken using the violence against women (VAW) indicators framework of the National Commission on the Status of Women.

This includes GBV helplines in 4 provinces, GBV data standardization for women shelters in KP and Punjab and support to the Ministry of Law and Justice Insaaf Watch Initiative.

Purpose: Strengthened GBV data sources and standardization of GBV data at provincial level, so that the GBV data coming from multiple sources, is comparable and is in alignment with survivor cantered principles and international best practices.

Unit of Measure: Number

Disaggregated by: Provinces

Plan for Data Acquisition

Method of computation: Number of GMIS established, and helplines and other data sources aligned with VAW indicators framework and survivor cantered principles.

Data Source: Gender parity reports, helpline and other reports

Frequency and Timing of Data Acquisition: Annual

Indicator 5.3: Number of inclusive community-based action research and models for gender and social norms change to addressing gender-based violence and harmful practices, including child marriage

Baselines: 0 (2021)	Target: 4 (2027)

Definition: This indicator refers to UNFPA work (under new CPD) on engaging with community and community based organizations to change discriminatory social norms, practices and attitude. This will enable social norms and behavioural change communication, and locally owned and context specific, community based strategies to strengthen prevention of gender-based violence, and harmful practice of child marriage.

The principles of leaving no one behind, focusing on women, girls, youth, persons with disabilities, transgender, men and boys, and minorities are central to the community level interventions. This indicator also measures the development of evidence generation and strategy to inform social norms change interventions in different settings with different segments of society.
Purpose: Strengthened GBV data sources and standardization of GBV data at provincial level, so that the GBV data coming from multiple sources, is comparable and is in alignment with survivor cantered principles and international best practices..
Unit of Measure: Number
Disaggregated by: Provinces and specific groups such as minorities, PWDs, Youth, transgender, men and boys and geographic areas
Plan for Data Acquisition
Method of computation: This indicator will be computed every year by assessing immediate changes in behaviour, but the long term social norm change will be compute at the end of country programme
Data Source: Qualitative studies
Frequency and Timing of Data Acquisition: Annual and end of CPD

UNSDCF Outcome 5: By 2027, the people in Pakistan, especially women, children, the most vulnerable and marginalized, have increased access to fundamental human rights, gender equality and fundamental freedom through inclusive, accountable and effective and evidence-driven governance systems and the rule of law institutions at all levels of government, contributing to good governance and stability

Indicator 1. Proportion of total government spending on essential services including health and education	
Baselines: 1.1% Of GDP on Health, 2.3% of GDP on Education (2021)	**Target:** Increase by 4% by 2027
Definition: This indicator measures the level of increase on the allocation of resources to essential services like Health and Education.	
Purpose: Currently the share of health and education is minimal for which extensive advocacy is required. The increase in the health and education share will improve the overall availability of the SRH services at the sub-national levels.	
Unit of Measure: Number, Budget	
Disaggregated by: Annual Development plans	
Plan for Data Acquisition	
Method of computation: This indicator will be calculated as part of the review of the annual develop plan budgets.	
Data Source: Annual Development Plans	
Frequency and Timing of Data Acquisition: Annual	

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

Indicator 6.1. Number of analytical reports produced and disseminated based on Population and Housing Census and 2023 Demographic and Health Survey and other surveys and studies.	
Baselines: **4 (2021)**	Target: **10 (2027)**
Definition: This indicator is a simple count of UNFPA supported analytical reports to display a detailed analysis of the information collected through different Household surveys including next round of Demographic Health Survey, Census, different studies etc. that reflect key population issues and impacts for policy development. Baseline: The programme has conducted and disseminated in-depth analysis of demographic health survey on (1) gender, (2) Unmet need for family planning and (3) issues related to family planning. More over a comprehensive Population Situation Analysis was also conducted in 2020.	

Target: The next country programme will focus on conducting additional six analytical reports in the thematic areas relevant to UNFPA mandate informed by surveys and censuses.
Purpose: The further in-depth analyses of the data beyond the published reports of household surveys, census, research or studies is essential for transforming data into information. The findings of these analyses then can be accessed, understood and assimilated by policy-makers for evidence-based policy formulation.
Unit of Measure: Number
Disaggregated by: Thematic areas, surveys, census, studies etc.
Plan for Data Acquisition
Method of computation: This indicator will be calculated as a simple count of in-depth thematic analysis of different household surveys including DHS 2023, Census 2022, Panel study and other studies.
Data Source: UNFPA and IPs Reports
Frequency and Timing of Data Acquisition: Annual

Indicator 6.2. **Availability of a functional National Knowledge Hub on population changes, and other mega trends established at the Ministry of Planning, Development and Special Initiatives**	
Baselines: **No**	Target: **Yes**
Definition: The Planning Commission being the apex planning and coordination body is establishing a Pakistan Demographic Resource Centre (PDRC) with support of UNFPA with the aim to serve as a National Knowledge Hub, whereby strengthening the timely availability of population and development statistics and improving the quality and reliability of population related database and information (covering diversity and disparity and mega trends including climate change) for evidence guided decision- making, programs and policy reviews. **Knowledge Hub:** for compilation and analysis of knowledge products in the area of population and development, sexual and reproductive health and rights, adolescents and youth, gender equality, education, economic growth etc.	
Purpose: The goal of establishing the Knowledge Hub (i.e. PDRC) is the in-depth analysis of data, leading to the creation of high-level policy documents for decision-making. This will address the urgent needs for data analysis and modelling and facilitate the development of evidence-based policies and programs in the area of population and development. Advanced data analytics and modelling are essential requirements to provide a solid evidence base for the government's policies and the impact of these policies. Timely decision-making and intervention is key to addressing many of the population and development issues facing Pakistan, including the response to the pandemic, and reliable data, complemented with rapid state-of-the-art modelling, with a focus on diversity and disparity, are the only appropriate basis for these.	
Unit of Measure: No/Yes	
Disaggregated by: National	
Plan for Data Acquisition	
Method of computation: S**imple count of existence of PDRC**	
Data Source: UNFPA and IP Reports	
Frequency and Timing of Data Acquisition: **At the end of CP-10**	

Indicator 6.3. **Number of district level Civil Registration and Vital Statistics models set up and functional**	
Baselines: **0**	Target: **2**
Definition: Civil registration is the significant act of recording important events in people's lives, such as births, marriages, divorces, adoptions, deaths, and causes of deaths. It provides individuals with the official recognition and documentation necessary to establish legal identity, family relationships and civil status. The generation, dissemination and use of statistics from civil registration data is called Vital Statistics and is crucial for policy-making/planning across various public and private sectors. The government of Pakistan is in the process of transforming several districts to "Model CRVS Districts" in collaboration with UNFPA and various other development partners to strengthen and revamp its CRVS in the country.	

Purpose: The key objective is to establish a robust CRVS system leading to a central hub for information repository, standardization, and quality. This hub will promote evidence-based decision making, policy formulation, and health systems research. The will establish the revamped model in CRVS model districts by instituting reformed vital events registration processes and flows, demand generation and linking of social services with vital events registration, and enabling legislation which bridges the existing gaps, weaknesses and lacunas in CRVS system to achieve Universal Vital Events Registration in these model districts.
Unit of Measure: **Number of districts**
Disaggregated by: **Districts**
Plan for Data Acquisition
Method of computation: This indicator is an affirmation of the existence of/ or creation of number of CRVS model districts
Data Source: **IP Reports**
Frequency and Timing of Data Acquisition: **Annual**

Annex 6: Work plan Quarterly Progress Report

Workplan between IP and UNFPA	
Workplan Progress Report:	**Report No.**

Implementing Partner:			
UNFPA Department:	**Pakistan - Islamabad (B6260)**		
WP Start Date:		**WP End Date:**	

Output

Workplan Indicators

Indicator	Baseline	Target	Actual Value	Comments (optional)

Activities

Project ID / Activity ID	*Activities*	*WP Amount (USD)*	*Progress in the implementation of the activity*	*% Programmatic Completion*

Action:	Action by:	Date:

GPS WPR ID:

Annex 7: Field Monitoring Visit Report

Reported by:	**Date of report:** .../.../...
Title:	**Location:**
Date of visit:	**Date of last visit:**
Member(s) of Mission from UNFPA (if any):	**Name:** **Title/ Organization:**
Member(s) of Mission from IP/ Other Agencies (if any):	**Name:** **Title/ Organization:**

Purpose of Visit (Specify the tasks that had to be accomplished)

Methodologies used (specify data collection methods used during the field visits such as focus group discussions, interviews, observation, document reviews etc. Attach completed checklists, if any.)

Key Findings: (Document key findings of the mission)

Recommendations and follow-up action		
Recommended Action	**Responsible Party**	**Proposed Time frame**

Distribution list:

Annex 8: Work plan monitoring/ review report

Reported by:	***[Name of person submitting report]***	Date of report:	
Signature(s):	*[Signature of the person(s) submitting the report]*	**Name of Implementing Partner:**	
Submitted to:	*[Key audience/readers or users of report (Representative, Operations Manager, the implementing partner, etc.)]*		
Objectives of monitoring	*[Write the objectives of the monitoring. Note if part of a joint programme.]*		
Type of monitoring:	*[Note approach used: visit to project site or the office of the implementing partner, or other.]*		

Location of monitoring:	**Date(s) of monitoring:**

Monitoring team	
Name	**Title/Organization**

Persons Met (not on the team)	
Name	**Title/Organization**

Describe monitoring activities
[Specify data collection methods used including with whom, and where, discussions, interviews, observation, document reviews etc. Attach/file copy of questions prepared for interviews, if any.]

Monitoring findings, recommendations follow-up action				
Findings ***Summarize findings related issues identified during last monitoring, if any.***	**Recommended Actions**	**Responsible party for follow up**	**Deadline for follow up**	**Progress update** Describe actions taken to implement recommendation
[Example of areas to cover: -Assessment of the work plan target and indicators, and the likelihood that results will be achieved on time - Status of implementation of activities - Assessment of implementing partner's own monitoring of activities: Is the IP appropriately monitoring and managing its own performance? - Assessment of IP's supporting documentation for UNFPA funded expenditure, and check of audit trail from IP's records to submitted FACE forms]				

Annex 9: Country Programme Evaluation

Sample Evaluation Terms of Reference[1]

Instruction: The CO Evaluation Manager prepares draft terms of reference (ToR) in consultation with major stakeholders and finalizes them in collaboration with the Evaluator(s) before the start of the evaluation. Following is the suggested content of ToR, to be adjusted to the particular needs and context:

1. **Title** of the Evaluation
2. **Background**: Provide information on the setting and/or circumstance surrounding the programme component or thematic areas being evaluated.
3. **Evaluation Purpose**: State why the evaluation is being undertaken; what the evaluation will investigate; how the evaluation results will be used and by whom (who are the stakeholders).
4. **Evaluation Questions**: Identify questions that stakeholders want answered and standards against which information will be collected (for instance CP RRF indicators).
5. **Location**: State where the evaluation will take place.
6. **Evaluation Methodology**: Identify data gathering approaches and instruments. List documents to be provided to the evaluator(s).
7. **Documentation:** List background documentation that will be provided to the evaluator(s)
8. **Evaluation team composition**: Specify the number of team members and profiles required. Indicate who the team leader is.
9. **Evaluation management and activities**: Specify who is overall responsible for organizing the evaluation and to whom the evaluator(s) report; support arrangements; evaluator(s)' tasks; and team leader's tasks if a team.
10. **Work plan:** State the duration of the entire evaluation process and provide details on the processes of evaluation preparation, implementation, reporting, and report dissemination using the table below.

Timing	Tasks	**Persons responsible** (can include the evaluation manager, stakeholders participating in the evaluation, national counterpart and evaluator(s) as relevant.)

11. **Expected services and products to be delivered**: State what services and products should be delivered by the evaluator(s).

12. **Budget:** Detail the cost of the entire evaluation process by item.

Sample Outline of an Evaluation Report

Title page

- Name of project, programme or subject being evaluated

[1] For more guidance, please refer to handbook on How to design and conduct a Country Programme Evaluation at UNFPA, October 2013 by Independent Evaluation Office

- Name of the organization(s) to which the report is submitted
- Names and affiliations of the evaluators
- Date

Table of Contents

Acknowledgements

- Identify those who contributed to the evaluation

List of abbreviations and acronyms

Executive summary

- Summarize essential information on the subject being evaluated, the purpose of the evaluation and methods applied, the significant findings and conclusions, and recommendations in priority order

Introduction

- Summarize the purpose of the evaluation, the key issues addressed, and the methodology employed to conduct the evaluation
- Describe the structure of the evaluation report
- Describe the aims and strategies of the programme/ project/intervention

Findings and conclusions

- State findings clearly based on the evidence derived from the information collected. Provide critical performance assessment (including factors affecting performance) and the results achieved.
- In the conclusions, include a discussion of the reasons for successes and failures, especially the constraining and enabling factors

Lessons learned

- Based on the evaluation findings and drawing from the evaluator(s)' overall experience in other contexts, provide lessons learned that may be applicable in different situations. Include both positive and negative lessons.

Recommendations

- Base recommendations on the conclusions and lessons learned and discuss their anticipated implications
- List proposals for action to be taken (short- and long-term) by the person(s), unit or organization responsible for follow-up in priority order
- Provide suggested timelines and cost estimates (where relevant) for implementation

Annexes

- Attach evaluation terms of reference
- List persons interviewed, sites visited
- List documents reviewed (reports, publications)
- Attach data collection instruments, e.g., copies of questionnaires, surveys

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