



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

**FINAL EVALUATION REPORT**

**April 2022**

## Map of Pakistan



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## Abbreviations and Acronyms

ANC	Antenatal Care
AJK	Azad Jammu & Kashmir
APR	Annual Progress Report
ASRH	Adolescent Sexual and Reproductive Health
AY	Adolescents and Youth
AYFHS	Adolescent and Youth-Friendly Health Services
BHU	Basic Health Unit
BMI	Body Mass Index
BRSP	Balochistan Rural Support Programme
CAOs	Chief Administrative Officers
CCI	Council of Common Interest
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEDEP	Centre for the Development of People
CERF	Central Emergency Response Fund
CFR	Case Fatality Rate
CII	Council for Islamic Ideology
CM	Child Marriage
CMR	Child Marriage Restraint
CMW	Community Midwife
CO	Country Office
CP	Country Programme
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rate
CSA	Civil Service Academy
CSOs	Civil Society Organisations
DAC	Development Assistance Committee
DFID	Department for International Development
DHIS	District Health Information System
DLG	District Local Government Level
DV	Domestic Violence
EmONC	Emergency Obstetric and Newborn Care
ERG	Evaluation Reference Group
ETL	Evaluation Team Leader
FGDs	Focused Group Discussions
FP	Family Planning
FPAP	Family Planning Association Pakistan
FWW	Family Welfare Worker
FWC	Family Welfare Counsellor
FY	Fiscal Year
GB	Gilgit Baltistan
GBV	Gender Based Violence
GDP	Gross Domestic Product

GE	Gender Equity
GEP	Gender Equality Project
GEWE	Gender Equality and Women's Empowerment
GFR	General Fertility Rate
GMIS	Gender Management Information System
GNI	Gross National Income
GoP	Government of Pakistan
HDI	Human Development Index
HDR	Human Development Report
HRCP	Human Rights Commission of Pakistan
HF	Health Facility
IBA	Institute of Business Administration
ICPD	International Conference on Population and Development
IMR	Infant Mortality Rate
IOM	International Organisation for Migration
IPs	Implementation Partners
KIIs	Key Informant Interviews
KJP	Kamyab Jawan Programme
KP	Khyber Pakhtunkhwa
KPs	Key Populations
LAS	Law Aid Society
LHW	Lady Health Worker
LSBE	Life Skills Based Education
LUMS	Lahore University of Management Sciences
M&E	Monitoring and Evaluation
MAGs	Men Action Groups
MARPs	Most-At-Risk Populations
NMD	Newly Merged Districts
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
MoH	Ministry of Health
MoHR	Ministry of Human Rights
MoNHSRC	Ministry of National Health Services, Regulation and Coordination
MoU	Memorandum of Understanding
NAB	National Accountability Bureau
NCC	National Curriculum Council
NCSW	National Commission on the Status of Women
NDMA	National Disaster Management Authority
NDU	National Defense University
NIPS	National Institute of Population Studies
NMR	Neonatal Mortality Rate
ODA	Official Development Assistance
OECD	Organisation for Economic Cooperation and Development
PBS	Pakistan Bureau of Statistics

PC	Population Council
PCSW	Provincial Commission on Status of Women
PDHS	Pakistan Demographic and Health Survey
PEA	Political Economy Assessment
PES	Pakistan Economic Survey
PIDE	Pakistan Institute of Development Economics
PMMS	Pakistan Maternal Mortality Survey
PNFWH	Pakistan National Forum on Women's Health
PPF	Pakistan Population Fund
PPHI	Peoples Primary Health Initiatives
PPM	PRECEDE-PROCEED Model
PPP	Public Private Partnership
PSCA	Punjab Safe City Authority
PSA	Population Situation Analysis
PSLM	Pakistan Social and Living Standards Measurement Survey
PUCAR	Punjab Unified Communication and Response
QAU	Quaid-i-Azam University
RBM	Results Based Management
RHU	Rural Health Unit
RTI	Regional Training Institute
SBA	Skilled Birth Attendants
SDGs	Sustainable Development Goals
SEWS	Socio-Economic Wellbeing Survey
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STEP	Special Talent Exchange Programme
SOP	Standard Operating Procedure
SWD	Social Welfare Department
TFR	Total Fertility Rate
ToC	Theory of Change
ToR	Terms of Reference
TT	Tetanus Toxoid
U5MR	Under-five Mortality Rate
UBRAF	United Budget Results and Accountability Framework
UDHR	Universal Declaration of Human Rights
UMIC	Upper Middle-Income Countries
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees

UNICEF	United Nations Children's Fund
UNSD	United Nations Sustainable Development Framework
UNW	UN Women
USAID	United States Agency for International Development
WDD	Women's Development Department
WFHS	Women Friendly Health Spaces
WHO	World Health Organization

## Key Facts Table - Pakistan

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

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

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

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

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

<sup>5</sup> 1973 Constitution of Pakistan

<sup>6</sup> Pakistan Economic Survey 2020-21

<sup>7</sup> Pakistan Economic Survey 2020-21

<sup>8</sup> Pakistan Economic Survey 2016-17, page #296

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

<sup>10</sup> Hassan, Taimoor (2019); Why are Pakistanis less productive than the Chinese and even the Indians? And how to fix it,

<https://profit.pakistantoday.com.pk/2019/02/25/why-did-pakistans-labour-productivity-fall-behind-india-and-china-this-past-decade/> ILO estimates

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

<sup>12</sup> Human development Report 2020, reported in Pakistan Economic Survey 2020-21, Table 10.1



Unemployment rate (overall) <sup>13</sup>	5.8% (2017/18)
Per capita public health expenditure US\$ <sup>14</sup>	14.96 (PES reported Rs. 482.3b health expenditure in 2019/20; adjusted by exchange rate and population)
Literacy Rate (10 years and above) – Total <sup>15</sup>	Both sex 60% Male 70%, Female 50% (2019-20)
Total Fertility Rate <sup>16</sup>	3.6 (2017-18)
Infant Mortality Rate per 1000 live births <sup>17</sup>	55.7 (2019) PES (2020-21) Table 11.2 page #218
Under-five Mortality Rate per 1,000 live births <sup>18</sup>	67.2 (2019) PES (2021) Table 11.1 page #218
Maternal Mortality Ratio per 100,000 live births <sup>19</sup>	189 (2019)

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

<sup>13</sup> Pakistan Labour Force Survey 2017-18, Table 21

<sup>14</sup> Pakistan Economic Survey 2020-21

<sup>15</sup> Pakistan Socioeconomic Living Standard Measurement Survey 2019-20

<sup>16</sup> Pakistan Demographic and Health Survey 2017-18

<sup>17</sup> Pakistan Economic Survey 2020-21, Table 11.1

<sup>18</sup> Pakistan Economic Survey 2020-21, Table 11.1

<sup>19</sup> Pakistan Maternal Mortality Survey, 2019, as reported in Pakistan Economic Survey 2021, Table 11.2

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

<sup>21</sup> Pakistan Demographic and Health Survey 2017-18, Table 11.1

<sup>22</sup> Pakistan Demographic and Health Survey 2017-18, Table 11.1

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

<sup>24</sup> Pakistan Economic Survey 2020-21, Table 11.2

<sup>25</sup> Pakistan Economic Survey 2020-21, Table 11.2

<sup>26</sup> Pakistan Economic Survey 2020-21, Table 11.2

<sup>27</sup> Pakistan Economic Survey 2020-21, Table 11.2

<sup>28</sup> Pakistan Economic Survey 2020-21, Table 11.2

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

<sup>30</sup> Pakistan Demographic and Health Survey 2017-18, Table 5.1

<sup>31</sup> Pakistan Economic Survey 2020-21, Table 11.2

<sup>32</sup> Pakistan Socioeconomic Living Standard Measurement Survey 2019-20, Figure 8

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

<sup>34</sup> Pakistan Socioeconomic Living Standard Measurement Survey 2019-20, Figure 7

<sup>35</sup> Pakistan Socioeconomic Living Standard Measurement Survey 2019-20, SDG indicators

SDG5	Estimated demand for contraception that is unmet (% women married or in union, ages 15-49) <sup>36</sup>	17%
	Proportion of seats held by women in national parliaments (%) <sup>37</sup>	20.2 (2020)
SDG6	Improved water source (% of population with access) <sup>38</sup>	94% (2019-20)
	Access to improved sanitation facilities (% population) <sup>39</sup>	68% (2019-20)
	Imported groundwater depletion (m <sup>3</sup> /year/capita) <sup>40</sup>	0.3 (2013)
SDG7	Access to electricity (% population) <sup>41</sup>	91% (2019-20)
	Access to non-solid fuels (% population) <sup>42</sup>	37% (2019-20)
SDG9	Proportion of the population using the internet (%) <sup>43</sup>	19% (2019-20)
	Mobile broadband subscriptions (per 100 inhabitants) <sup>44</sup>	35.2 (2019)
	Logistics performance index: Quality of trade and transport-related infrastructure (1=low to 5=high) <sup>45</sup>	2.2 (2018)
	Number of scientific and technical journal articles (per capita) <sup>46</sup>	0.1 (2018)
SDG10	Gini index (0-100) <sup>47</sup>	36.20 (2018)
SDG11	Improved water source piped (% urban population with access) <sup>48</sup>	31% (2018-19)
	Urban population (% of total) <sup>49</sup>	36.4% (2017)
	Population living in slums (% of urban population) <sup>50</sup>	40.1% (2018)
SDG12	Municipal Solid Waste (kg/year/capita) <sup>51</sup>	1.1 (2017)
	Production-based SO <sub>2</sub> emissions (kg/capita) <sup>52</sup>	5.5 (2012)
SDG13	Energy-related CO <sub>2</sub> emissions per capita (tCO <sub>2</sub> /capita) <sup>53</sup>	0.0 (2015)
SDG14	Total Fisheries Production (Metric Tons) <sup>54</sup>	663 893 (2018)
SDG15	Terrestrial protected areas (% of total land area) <sup>55</sup>	12.31 (2018)
	Annual change in forest area (%)	
SDG16	Prison population (per 100,000 people) <sup>56</sup>	38 (2020)
	Proportion of the population who feel safe walking alone at night in the city or area where they live (%) <sup>57</sup>	67% (2019)
	Slavery score (0-100) <sup>58</sup>	16.82 (2018)
	Transfers of major conventional weapons (exports) (constant 1990 US\$ million per 100 000 people) <sup>59</sup>	0.0 (2019)
	Bribery incidence (% of firms experiencing at least one bribe payment request) <sup>60</sup>	30.8 (2013)
SDG17	Tax revenue (% GDP) <sup>61</sup>	11.4% (2020)

<sup>36</sup> Pakistan Demographic and Health Survey 2017-18

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

<sup>38</sup> Pakistan Socioeconomic Living Standard Measurement Survey 2019-20

<sup>39</sup> Pakistan Socioeconomic Living Standard Measurement Survey 2019-20

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

<sup>41</sup> Pakistan Socioeconomic Living Standard Measurement Survey 2019-20

<sup>42</sup> Pakistan Socioeconomic Living Standard Measurement Survey 2019-20

<sup>43</sup> Pakistan Socioeconomic Living Standard Measurement Survey 2019-20

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

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

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

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

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

<sup>49</sup> 2017 Housing and Population Census of Pakistan

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

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

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

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

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

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

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

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

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

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

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

<sup>61</sup> Pakistan Economic Survey 2020-21, Table 4.1

## Structure of the Country Programme Evaluation Report

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

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

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

## Executive Summary

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

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

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

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

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

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

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

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



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

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

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

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

**Coverage:** Regarding coverage, there is evidence that UNFPA country programme conducted systematic target setting of beneficiary groups of marginalised and vulnerable population across varied socio-economic and geographic dimensions as well as ensuring that the humanitarian interventions were in areas where the need was greatest. The affected communities were mapped and there was disaggregated data in order to facilitate provision of appropriate services that meet their needs.

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

## **Main Conclusions**

### **Strategic Level:**

UNFPA adapted effectively to the humanitarian situation brought about by COVID-19 pandemic and facilitated a humanitarian focus extending beyond health by incorporating gender, SRH, psycho-social support, referral pathways, protection, and alignment with Social Welfare Departments and P&D.

UNFPA Pakistan has been a pro-active and respected UNCT member, which has earned itself a place to be recognized as a useful strategic development partner at the national level, including the Prime Minister and President. UNFPA worked with other UN agencies following the Delivering as One approach and within UNSDF 2018-2022. The convening, partnership and coordination role of UNFPA, involving government institutions, CSOs, NGOs, Academia, Private Sector, and International Development Partners is viewed to have been effective and relevant, especially in the cases of coordination of high-level government task forces and action plans, in pursuance to the Supreme Court Judgement on Population. It is important that UNFPA increases the portfolio of its partners by soliciting the interest of professional associations and private sector institutions. UNFPA's existing strategic partnership arrangements with the Office of the President, the Prime Minister and the provincial chief ministers of Population, Health, Education, Finance, and Planning were beneficial.

### **Programmatic Level:**

UNFPAs advocacy efforts were critical and useful and led to significant achievements regarding the development of policies and laws related to the ICPD agenda. However, there were gaps in the monitoring/tracking of these policies and the accountability systems as well as the community-based mechanisms for the implementation of the policies, strategies and laws were a challenge. UNFPA has been successful in advocating to the policymakers at higher government levels to increase budgetary allocations and to enhance access to services related to SRHR, youth, gender and population and development, to address vulnerabilities, socioeconomic and geographic disparities. The provision of integrated SRHR services (FP, ANC/ PNC, EmONC, HIV/STIs and GBV, among others) was important. However, there is need for strengthening the human resources of government departments in order to achieve fully functional integration of SRHR in the national universal health coverage package. UNFPA Pakistan should advocate for regular discussions on this integration process. Leaving No One Behind was a programmatic approach that UNFPA valued and practised. However, not all vulnerable and marginalised groups were reached. It is important the UNFPA continuously reaches out to serve the vulnerable (eg. young people living with disabilities, minority groups) and marginalised people (e.g youth living in remote areas) with comprehensive services related to UNFPAs mandate areas. UNFPA succeeded in the institutionalization and operationalization of humanitarian preparedness through adequate and systematic targeting of beneficiary groups across socio-economic and geographical dimensions. UNFPA worked collaboratively with other humanitarian partners and ensured that the humanitarian interventions were where the need was greatest. However, the unpredictable nature of humanitarian emergencies (such as COVID-19, drought in prone provinces of Sindh and Balochistan, seasonal floods in Sindh province and earthquakes especially in Balochistan province) placed a huge burden on the limited financial and human resources. UNFPA advocacy sessions with the provincial/regional education departments (particularly Sindh and Balochistan) contributed significantly to sensitizing the government officials on the importance of LSBE integration and garnering their buy-in for the roll out of the National guidelines on Life Skills Based Education (LSBE). UNFPA succeeded in achieving the set targets on LSBE and participatory platforms for increased investments for in-school adolescents and youth. However, it was not clear how the LSBE efforts were appropriate for out-of-school adolescents and youth

The quality of the institutional structures (including Multi-Sectoral Coordination Mechanisms - MSCMs) for GBV programming was deemed sub-optimal especially at provincial level. The absence of hard or fast rules about who or which government department should be responsible for the MSCM and the inadequate capacity of government and CSO providers resulted into different coordination models at provincial level and delays in the implementation of the GBV Essential Services Package. The lack of targeted interventions for men (male engagement) was a weak link in the GBV programming and affected results. The technical and advisory support provided by UNFPA to ensure universal coverage of national surveys such as the Pakistan Demographic Health Survey was important and it generated data for all regions and provinces with rural/urban background. Organisations whose role was data collection appreciated the Leaving No One Behind approach such that efforts were made to capture data related to the vulnerable (e.g. young people living with disabilities, minority groups) and marginalised groups (e.g. youth living in remote areas). However, the evaluation indicated that the elderly population was so far neglected in the demographic research. Given the close proximity of Punjab Province to the capital, it benefitted from the UNFPA support more than other provinces.

**Lessons learnt:** The key lessons learnt while implementing the CP9 include (a) Strategic focus and collaborative advantage proved to be key in maintaining and advancing Pakistan's commitment to the ICPD agenda despite the COVID-19 pandemic risks and challenges; (b) Broader partnership perspectives and arrangements, which are not



restricted to a mere programme delivery, turned out to be key to building a strong base of support and enabling environment for the ICPD agenda, especially creating alliances and networks for transformative changes and innovative solutions; (c) Even though FP is one of the main focus areas of the ninth CP, one of the key lessons validated is that FP pathways and interventions could not be rights-based and sustained without due consideration to the broader SRHR agenda in the frame of the next CPD ; (d ) Brokering partnership arrangements between civil society organizations and government institutions is important to create greater synergies for the ICPD agenda, ensuring the transfer of knowledge and expertise as well as operational space for the civil society constituents in the complex environment; (e) Continuous environmental scanning and investing in knowledge acquisition and use pay off in terms of readjusting operational plans and accelerating progress towards the transformative results; (f) a focus on high-impact interventions, value addition, perseverance, transparent and principle-oriented communication in partnerships are key to building and maintaining trust, be it with government partners or development counterparts and donors.

## **Recommendations**

### **Strategic Level:**

Drawing on the successful lessons of handling the COVID-19 pandemic crisis, UNFPA should strengthen the national and subnational capacity in resilience programming as well as emergency preparedness. UNFPA should also support national and provincial governments to consolidate the gains made on the COVID-19 prevention efforts. Drawing on the lessons of the 9th Country Programme, which succeeded in expanding the partnership base beyond implementing partner and contribution agreements by applying various cooperation and collaboration modalities (e.g. memoranda of understanding or brokering partnership between civil society and government institutions, among others), the country programme should further strengthen the convening role of UNFPA, within its core mandates of SRHR, gender, youth, and population & development, through diversifying the partner portfolio to embrace professional associations and private sector institutions given their contribution in development and other strategic partnerships. UNFPA should draw on the space of trust and partnership arrangements with the Office of the President, the Prime Minister and the provincial chief ministers through national and provincial taskforces on population dynamics and family planning as well as in the frame of the Prime Minister's Youth Development Programme (Kamyab Jawan Programme).

### **Programmatic Level:**

Building on the ninth Country Programme's momentum and accomplishments, UNFPA support to government should focus on strengthening the monitoring /tracking and accountability systems for quality implementation of approved policies and laws related to the ICPD agenda. It is recommended that UNFPA takes advantage of its skills in financial analyses and investment cases that provide evidence for budgeting and advocate to government and donors for increased funding allocations for the next CP including humanitarian interventions. UNFPA should continue focusing on the current assemblage of SRHR services, quality of SRHR services and advocate for strengthening the technical capacity as well as the number of human resources of provincial governments to enable full integration of SRHR in the national universal health coverage package.

UNFPA should employ tested methods of consulting and serving all vulnerable and marginalised groups in order to address inequalities. UNFPA should advocate for a scale-up based on evidence from the pilot service models. In addition, UNFPA and partners should consider targeted geographic coverage in the provinces that are further away from the country's capital. UNFPA Pakistan should continue investing in Adolescents and Youth participatory platforms, which promote integration of both in- and out-of-school adolescents and youth SRH across the humanitarian-development continuum.

UNFPA and partners should advocate with and support national and provincial government officials about the need and value of the appropriate placement of Multi-Sectoral Coordination Mechanisms (MSCMs) for GBV programming. The GBV Essential Service Package indicated health, social services, police and justice as the main sectors of the intervention. In addition, male engagement should be incorporated into GBV programming. UNFPA should focus on strengthening the data systems (that counts all population groups, leaving no one behind) and knowledge platforms on population data and trends. This will promote evidence-based programme strategies for both development and humanitarian contexts. UNFPA should take a pro-active approach to engage more with the provinces, which have minimal services (Balochistan, KP and Sindh) for equitable support.

## CHAPTER 1: Introduction

### 1.1 Purpose and Objectives

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

The specific objectives of the CPE were to:

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

### 1.2 Scope of the Evaluation and Audience

#### 1.2.1 Geographical

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

#### 1.2.2 Thematic

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

#### 1.2.3 Temporal

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

#### 1.2.4 Audience

The primary users of this evaluation are the decision-makers within the UNFPA country office, other country offices and the organization, government counterparts, civil society organizations and beneficiaries in the country, the UNFPA Executive Board, and other development partners. The UNFPA Asia Pacific Regional Office (APRO) and UNFPA Headquarters divisions, branches and offices are expected to use the evaluation as an objective basis for

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

programme performance review and decision-making. In addition, the final evaluation results are disseminated using a stakeholders' workshop and made available on the UNFPA Pakistan website as well as on the corporate website for UNFPA evaluations.

## 1.3 Methodology and Process

### 1.3.1 Evaluation Criteria and Evaluation Questions

The evaluation systematically used the five OECD – Development Assistance Committee (DAC) criteria: relevance, effectiveness, efficiency, sustainability, coherence and two UNFPA criteria (coverage, connectedness).<sup>63,64</sup> Given the fact that the evaluation was done during the COVID-19 pandemic, the evaluation team followed the UNFPA Evaluation Office guidance “Adapting Evaluation to the COVID-19 pandemic”. The aspect of technology is an add-on from the CO and is included in the criteria measuring effectiveness, and efficiency. Based on these evaluation criteria, the Evaluation Team adopted, with minor modification, a cluster of **10 key evaluation questions** as shown in **Table 1**. The evaluation questions are unpacked and linked to corresponding assumptions, indicators, data sources and data collection methods and tools as elaborated in the **Evaluation Matrix** which is presented in Annex 4.

**Table 1: Evaluation Criteria and Evaluation Questions**

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

<sup>63</sup> UNFPA Evaluation Office. (2019). Evaluation Handbook. How to Conduct a Country Programme Evaluation at UNFPA. Available at: [www.unfpa.org/EvaluationHandbook](http://www.unfpa.org/EvaluationHandbook)

<sup>64</sup> The DAC Principles for the Evaluation of Development Assistance. OECD (2000).

### Evaluation Questions

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

#### Sustainability

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

#### Coverage

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

#### Connectedness

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

#### Notes:

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

### 1.3.2 Methods of Data Collection

The evaluation utilised qualitative and quantitative data collection methods, which included a desk review of relevant CP9 documents and KIIs with stakeholders at national and sub-national levels. The specific data sources were provided in the Evaluation Matrix in line with the UNFPA Handbook for conducting evaluations.<sup>65</sup> The evaluation used a participatory process actively involving UNFPA staff, key stakeholders and beneficiaries. The CPE Team was aware that most of the UNFPA interventions were implemented at national and sub-national levels, which made it challenging to identify the direct beneficiaries of the interventions. The beneficiaries of humanitarian assistance from KP were included in the sample. A direct contact with the beneficiaries helped the team to understand how the assistance benefitted them.

The stakeholders selected at national and sub-national levels were consulted through interviews using remote (online) access using various communication channels that included Zoom and phone calls, as appropriate and feasible, according to the COVID-19 epidemic context. Where needed the CPE team had planned to use Focus Group Discussions (FGDs) with groups of participants such as government officials involved in a particular intervention as part of CP9. This did not become necessary as all the programme stakeholder interviews were conducted using the Key Informant Interview (KII) method.

#### 1.3.2.1 Document Review

The evaluation involved an extensive review of documents, to inform the evaluation design, and to triangulate with primary sources. The Evaluation Manager identified and provided the main documents for the evaluation team as per UNFPA Evaluation Handbook guidelines. Additional documents included planning, monitoring and evaluation reports on programme thematic areas. A list of documents consulted/reviewed is in Annex 23.

<sup>65</sup> UNFPA Evaluation Office. (2019). Evaluation Handbook. How to Conduct a Country Programme Evaluation at UNFPA. Available at: [www.unfpa.org/EvaluationHandbook](http://www.unfpa.org/EvaluationHandbook)

### 1.3.2.2 Key informant interviews

A combination of face-to-face and virtual key informant interviews (KIIs) were conducted. A total of 56 KIIs were held with stakeholders at national and sub-national levels using semi-structured schedules built on the key evaluation questions. The differentiation of the stakeholders interviewed is shown in Table 2 on page 4. The selection of the stakeholders at national and sub-national levels for the online KIIs is described in section 1.3.5.

### 1.3.3 Ethical Considerations

The evaluation was conducted in accordance with the UNFPA Evaluation Policy, United Nations Evaluation Group Ethical Guidelines, Code of Conduct for Evaluation in the UNEG,<sup>66</sup> and the United Nations Norms and Standards for evaluation in the United Nations System.<sup>67</sup> The evaluation team adhered to the following accepted codes of conduct such as: a) adhering to the international norms and standards, b) seeking consent from respondents, c) maintaining confidentiality, d) keeping sensitive information, e) avoiding bias, f) being sensitive to issues of discrimination, g) avoidance of harm and (g) respect for dignity and diversity.

*Obtaining consent:* The Evaluation Team obtained oral/written consent from all respondents before they are interviewed including adolescent respondents who were aged below 18 years. For the adolescents who are below the age of 18 years, the Evaluation Team obtained both parental permission and child assent in order for the adolescents to participate in the interviews.

*Differentiation of participants:* On the selection of different age groups, gender and vulnerable categories of people, the Evaluation Team was guided by the UN Sustainable Development Group programming principle of 'Leaving No One Behind'<sup>68</sup> and the different target beneficiaries of UNFPA Pakistan 9<sup>th</sup> CP. The evaluation consulted and interviewed 58 people (67 percent men; 33 percent female) as shown in Table 2. Sixty people (60) were approached for interviews and the response rate was 97%.

**Table 2: People consulted /interviewed by stakeholder type and by level of analysis**

Stakeholder category	Female	Male	Total	%
Representatives of beneficiaries	2	0	2	3
Federal Government	4	1	5	9
Dev. partners & UN agencies	4	9	13	22
INGOs, Local NGOs and Academia	4	15	19	32
Provincial Government	5	14	19	33
<b>Total</b>	<b>19</b>	<b>39</b>	<b>58</b>	
<b>Percentage</b>	<b>32</b>	<b>67</b>		<b>100</b>

Source: Evaluation team analysis

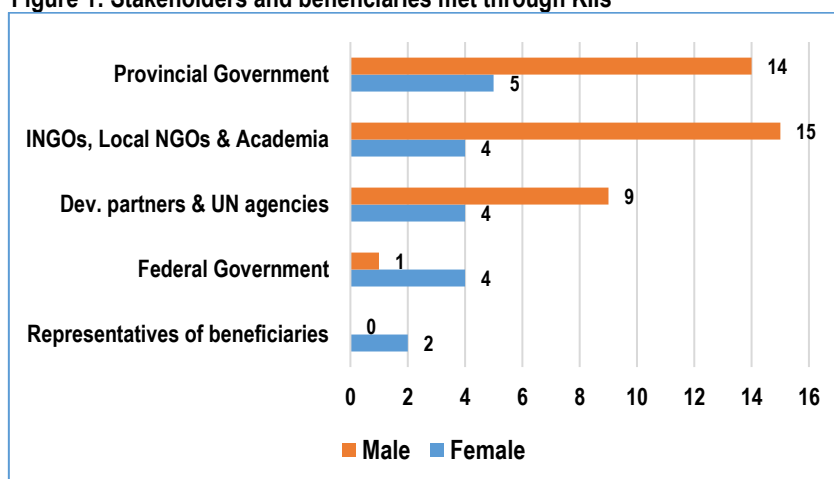
The analysis in terms of numbers by sex for the different categories is shown diagrammatically in Figure 1.

<sup>66</sup>United Nations Evaluation Group, UNEG Ethical Guidelines, accessible at: [http://www.uneval.org/papersandpubs/documentdetail.jsp?doc\\_id=102](http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=102) and UNEG Code of Conduct for Evaluation in the United Nations system, accessible at: [http://www.uneval.org/papersandpubs/documentdetail.jsp?doc\\_id=100](http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=100) [Accessed 11 June 2021]

<sup>67</sup><http://www.unevaluation.org/document/detail/102> [Accessed 12 June 2021].

<sup>68</sup><https://unsdg.un.org/resources/leaving-no-one-behind-unsdg-operational-guide-un-country-teams-interim-draft> [Accessed 15 June 2021].

**Figure 1: Stakeholders and beneficiaries met through KIIs**



### 1.3.4 Data Collection Tools

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

### 1.3.5 Selection of Stakeholders at National and sub-National Levels

The universe for the evaluation was all the stakeholders engaged in the implementation of UNFPA interventions. The evaluation team carried out non-random purposive sampling. Thus, the evaluation of the 9<sup>th</sup> programme required the selection of a sample of stakeholders (mainly the implementing partners and NGO representatives of beneficiaries) for data collection. For this purpose, the UNFPA Handbook instructs well about the criteria to be used to identify the stakeholders for data collection including types of interventions, financial allocation, national and regional coverage and inclusion of all types of stakeholders. The Handbook also guides that the sample should be illustrative, not statistically representative. The 9<sup>th</sup> CPD shows that the UNFPA assistance for five years (2018-22) was US\$39.5 million. Four priority areas for interventions include 'SRH', 'gender equality and women empowerment', 'adolescents and youth' and 'population dynamics/data'. More than half of the total assistance (US\$ 39.5), 57 percent, was for the SRH, while the share of other three priority areas of the programme, adolescents and youth, gender equality and women empowerment, and population dynamics was 15 percent, 12 percent, and 12 percent respectively. Moreover, the coverage of the programme was primarily national, with some interventions in specific locations based on local context and availability of resources.

By using the UNFPA Handbook guidelines, the sample of stakeholders was selected at the national and provincial levels. The categories of the selected stakeholders are shown in Table 3. The sample of stakeholders selected for interviews was 56 which is 83% of the total number (65) of stakeholders in the stakeholders' map, which is in Annex 5.

**Table 3: Categories of stakeholders selected for interviews and selection criteria**

Categories of SHs	Name of SH	UNFPA Thematic Area	Criteria for selection
Federal Government	MoNHSRC	SRH/FP; AY	Implementer
	MoNHSRC (Population Programme Wing)	PD	Implementer
	Ministry of Education (Nat. Curriculum Council)	AY	Implementer
	Ministry of Law and Justice,	GEWE	Partner on gender
	Women Parliamentary Caucus	GEWE	Partner on gender
	NDMA	SRH, GEWE	Implementer
	National Institute of Population Studies	PD	Implementer
	Pakistan Bureau of Statistics	PD	Implementer
	Population Council	FP, AY, GEWE, PD	Implementer
National Commission on Status of Women	Not applicable	Partner on gender	
International NGOs	JHPIEGO	SRH /FP	Implementer
	Agha Khan Foundation	FP, AY	Implementer
	Pathfinder International	FP, GEWE	Implementer



Categories of SHs	Name of SH	UNFPA Thematic Area	Criteria for selection
Local NGOs	Pakistan National Forum for Women's Health	SRH	Implementer
	ROZAN	GEWE	Implementer
	Special Talent Exchange Programme	GEWE	Implementer
	Human Rights Commission of Pakistan	GEWE	Partner on gender
	Auhung	AY	Implementer
	Aiming Change for Tomorrow (ACT)	AY	Implementer
	School of Leadership	AY	Implementer
	Shirkatgah	GEWE	Gender
UN System	AAWAZ II	GEWE	Gender
	UNFPA	Not applicable	UN Partner
	UNDP	Not applicable	UN Partner /Joint Program
	UNICEF	Not applicable	UN Partner /Joint Program
	WHO	Not applicable	UN Partner /Joint Program
	UN Women	Not applicable	UN Partner /Joint Program
Development Partners	UNAIDS	Not applicable	UN Partner /Joint Program
	USAID	Not applicable	Donor/ Dev. partner
	FCDO (formerly DFID)	Not applicable	Donor/ Dev. partner
Private Sector	Government of Australia	Not applicable	Donor/ Dev. partner
Private Sector	Bridge Consulting	SRH	Implementer
Academia	Aga Khan University	Not applicable	Partner on you
	Pakistan Institute of Development Economics	PD	Partner on population
Punjab Government	Population Welfare Dept. Punjab	PD, FP	Implementer
	IRMNCH Punjab	FP /SRH	Implementer
	Punjab Commission on the Status of Women	GEWE	Implementer
	Bureau of Statistics Punjab	GEWE	Implementer
	Punjab Safe City Authority	GEWE	Partner on gender
	Women Development Department Punjab	GEWE	Implementer
Academia	Lahore School of Management Sciences	PD	Partner on population
Sindh Government	Population Welfare Department Sindh	FP /SRH	Implementer
	Department of Health Sindh	FP /SRH	Implementer
	Sindh Education and Literacy Department	AY	Implementer
International NGOs	Pathfinder	FP, GEWE	Implementer
Local NGOs	Legal Aid Society	GEWE	Implementer
	Rural Support Programme Network (RSPN)	AY	Implementer
Private sector	Bridge Consulting	SRH	Implementer
Academia	Institute of Business Administration	PD	Partner on population
KP Government	Population Welfare Department KP	FP /SRH	Implementer
	Department of Health KP	FP /SRH	Implementer
	Directorate of Health Services (NM Districts)	SRH, GEWE	Implementer
	KP Commission on the Status of Women	GEWE	Implementer
	Ombudsperson for Sexual Harassment	GEWE	Partner on gender
	Social Welfare Department KP	GEWE	Implementer
Local NGOs	Sarhad Rural Support Programme (SRSP)	SRH	Implementer
Representatives for beneficiaries	Women, girls, young people, GBV survivors	Not applicable	Beneficiaries
Balochistan Government	Population Welfare Department Balochistan	FP, SRH, PD	Implementer
	Department of Health Balochistan	SRH	Implementer
Local NGO	Prime Foundation	SRH	Implementer
Private sector	People's Primary Health Care Initiative	SRH	Implementer

The key partners from the UN system such as UNDP, UNICEF, UN WOMEN, UNAIDS and WHO were also included in the sample. The sample at the national level represented well the UNFPA priority areas, the ministries and government departments engaged in interventions, INGOs, local NGOs, private sector, academia, and NGO representatives of beneficiaries. In addition, the team interacted with relevant funding agencies including the Foreign and Commonwealth Development Office (formerly DFID) and USAID, among others.

### 1.3.6 Consolidation of Data, Analysis and Reporting

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

empowerment, and gender-based violence, and population dynamics/data. The evaluation team worked together to consolidate the collected data by themes such as:

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

#### *1.3.6.1 Qualitative Data*

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

#### *1.3.6.2 Quantitative Data*

The quantitative data from secondary sources was analysed using descriptive statistical methods involving tabulations and graphing of the data. The descriptive data on the indicators for each of the programmatic components was disaggregated by key variables such as region, sex and stakeholder type (e.g., government, NGO, academia) to depict any differentials within the review period. These components (qualitative and quantitative) of the evaluation allowed the evaluation team to develop the initial findings and recommendations. The feedback from staff at UNFPA Pakistan CO, in particular the Evaluation Manager, and from the Evaluation Reference Group (ERG) enabled the Evaluation Team to further refine the recommendations and conclusions.

#### *1.3.6.3 Contribution Analysis and Triangulation*

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

#### *1.3.7 Data Quality Assurance*

Throughout the field phase, the team leader ensured that all members of his team correctly understood which types of information must be collected, and how this information should be recorded and archived. Data quality was maintained by triangulating the data sources and methods of collection and analyses. Validation of preliminary findings and recommendations, by key stakeholders, enhanced the quality of data collected ensuring the absence of factual errors or errors of interpretation and no missing evidence that could materially change the findings. In addition, the ET conducted the first KIs together to ensure consistency in the data collection process, particularly concerning questioning, probing and recording of data.

#### *1.3.8 Limitations of the Methodologies, Data and Mitigation Measures*

Due to the COVID-19 lockdown restrictions, the Evaluation Team considered mobility restrictions when developing the study design. The Evaluation Team was aware that mixed-methods evaluation studies would require the use of qualitative methods, such as KIs and FGDs which heavily rely on face-to-face interactions for data collection. The Evaluation Team therefore used virtual online methods such as Zoom to conduct data collection in situations where physical meetings were not possible. In addition, immediate peer debriefing and in-depth internal evaluation team discussions were aimed to mitigate barriers associated with such virtual interviewing.

The sex differentiation of key informants interviewed was 67 percent male and 33 percent female as afore mentioned. Given the high proportion of males, there was a potential for a bias regarding gender differential. The bias was limited through a balanced analysis (gender equity perspectives) to bring out the voices of females (the under-represented category). In addition, the bias was mitigated by the evaluators conducting debriefing among team members to dissect the analysis from the data. Restrictions related to COVID-19, required that some data especially from national and sub-national IPs be collected remotely and was therefore dependent on respondents having access to Internet, telephones, or other devices enabling remote communication. In situations where some respondents could not be reached on the first phone call, the evaluation team made at least 2 repeat calls. The overall response rate was 97 percent. To mitigate issues related to timeliness, UNFPA's Pakistan CO ensured that the forming of the Evaluation Team was prompt and interdisciplinary to meet the demands of the CPE. As noted



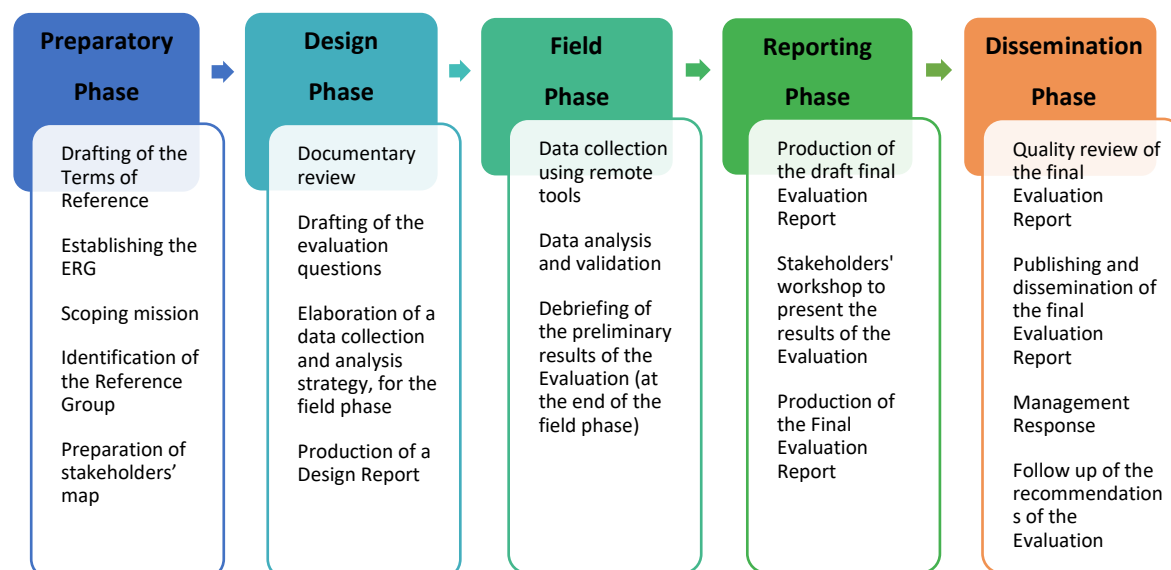
earlier, the universe for the evaluation was all stakeholders engaged in the implementation of CP9 interventions. These stakeholders, particularly implementing partners (86 percent of KIIs), were the major source for the generation of the required information compared to 14 percent of non-implementers.

Third, the theory of change was an essential building block of the evaluation methodology in this CPE. However, there is a strong possibility that CP9 interventions in a particular area e.g., SRH, gender equality, adolescents and youth was one of the factors affecting the change. Through the qualitative approach it was not possible to isolate the exact contribution of a UNFPA intervention in a particular change. To minimise these data bias or limitations, several measures were adapted: (i) the qualitative data was complemented with quantitative data to strengthen the validity of the findings; (ii) an effective use of technology and good quality interviews of the selected stakeholders generated the required information/data; and (iii) the strengths and weaknesses of the ToC which drives the contribution made by the current Country Programme was assessed.

Finally, the evaluation did not interact directly with community level beneficiaries but interviewed NGO representatives of beneficiaries. The potential limitation of this scenario was that the ‘the real voice of the community beneficiaries’ could have been missed. In order to mitigate this bias, the Evaluation Team complimented the qualitative data from the KIIs (some NGOs worked with and represented the beneficiaries) with quantitative data from document review in order to strengthen the validity of the findings.

### 1.3.9 Process Overview

The CPE was conducted through five phases, namely: preparatory phase, design phase, field phase, reporting phase and dissemination phase, as shown in Figure 2.<sup>69</sup> However, the team worked in a complementary manner to obtain and analyse data that answers the evaluation questions and facilitate a credible and reliable evaluation.



Source: Adapted from UNFPA CPE Handbook

Figure 2: Phases of CP evaluation processes

#### Preparatory Phase

The preparatory phase of the CPE was led by the evaluation manager at the UNFPA Pakistan CO, which included:

- Establishment of the ERG and drafting of ToRs with support from the UNFPA APRO M&E advisor, which was approved by the Evaluation Office.
- Selection and recruitment of consultants by the CO to constitute the evaluation team.
- Compilation of background documents which were shared with the evaluation team for desk review.
- Preparation of a first stakeholders map (Annex 5) and list of Atlas projects.

<sup>69</sup> Evaluation Handbook. How to Conduct a Country Programme Evaluation at UNFPA. Available at: [www.unfpa.org/EvaluationHandbook](http://www.unfpa.org/EvaluationHandbook)

### **Design Phase**

The evaluation team conducted the design phase in consultation with the Evaluation Manager and the ERG. This phase included:

- Desk review of initial background information and documents on the country context and CP.
- Formulation of a final set of evaluation questions based on the preliminary questions provided in the ToRs.
- Development of a comprehensive stakeholders' map and sampling strategy.
- Development of data collection methods and tools and identifying limitations. In addition to the development of an analysis strategy and work plan for the field and reporting phases.
- Development of the evaluation matrix (Annex 4).

### **Field Phase**

- The evaluation team undertook valid and reliable data collection required to answer the evaluation questions over three weeks during January 2022.
- Towards the end of the field phase, the evaluation team conducted a preliminary analysis of the data with emerging findings and conclusions.
- A debriefing meeting with the CO and the ERG was held where the preliminary findings and emerging conclusions were presented and validated.

### **Reporting Phase**

- Analytical work continued, considering the comments and feedback provided by the CO and the ERG at the debriefing meeting at the end of the field phase.
- A draft evaluation report was prepared and underwent an internal quality control.
- The draft report was reviewed for quality assurance by the UNFPA evaluation manager.
- Consolidated comments and feedback provided by the members of the ERG.
- Based on the comments, the evaluation team made appropriate amendments and the final evaluation report was submitted to the evaluation manager.

### **Facilitation of Use and Dissemination Phase**

- A PowerPoint presentation for the dissemination of CPE results was developed by the evaluation team.
- The Evaluation Manager and the CO communications officer will implement the communication plan to share the evaluation results and collect feedback.
- The Evaluation Manager ensured that the final evaluation report is circulated to relevant units in the CO and consolidate all management responses in a final management response document.
- The Evaluation Manager, at the UNFPA Pakistan CO, develops an evaluation brief that makes the results of the CPE more accessible to a larger audience
- The final evaluation report, along with the management response and the independent EQA of the final report will be published on the UNFPA evaluation database by the Evaluation Office. M

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

## CHAPTER 2: Country Context

### 2.1 Development Challenges and National Strategies

#### General development challenges

**Population:** Pakistan overpassed Brazil in 2020 and jumped from being the sixth most populated country to the fifth most populated country in the world, with its population projected at 220.9 million as of mid-2020.<sup>70</sup> The country's population has been growing at an intercensal growth rate of 2.40 percent per annum between 1998 and 2017,<sup>71</sup> and with population growth rate of 1.80 percent in 2020.<sup>72</sup> According to the United Nations Population Division's medium projection variant at 2.045, Pakistan's population will reach 338 million by 2050, an increase of more than 50 per cent over its current figure. This burgeoning population growth results in diluting any significant strides Pakistan makes in addressing its development challenges.

**Poverty:** Statistics vary due to the definition of poverty, but according to the World Bank's data, Pakistan experienced a consistent and sharp decline in poverty over the 12 years period between 2001 -2013, with poverty in 2001 standing at 64.3 percent, which decreased to 29.5 percent in 2013<sup>73</sup>. However, Gini index reflected inequality to remain stable around 31. Punjab province continued to be at 25.3 percent with the lowest poverty while Balochistan stood at 56.8 percent in 2013. Pakistan's per capita income underwent a steady increase from the year 2000 to 2016-2017 at 746 mp- US\$ to 1652.0 (or Rs 162,230/) respectively. It dropped to 1497.3 in 2017-2018 based on provisional figures of population census of 2017. Despite the steady increase over the growth period, in real terms, it meant that people below the poverty line were still living on \$2 per day.

**Effect of COVID-19 on Poverty:** Before COVID-19 pandemic, poverty level was at 24.3 percent in 2015-2016 and had declined to 21.9 percent in 2018-2019.<sup>74</sup> Due to COVID-19, Pakistan's poverty rate in 2020 was estimated to have increased for the first time, after uninterrupted decline in poverty over two decades. According to a recent survey by the Pakistan Bureau of Statistics, half of Pakistan's workforce was severely hit by the pandemic.<sup>75</sup> It is estimated that 20.7 million workers, which is 37 percent of the total workforce, lost their jobs, while an additional 6.7 million workers (12 percent) suffered a decline in their labor income between April and July 2020.<sup>76</sup>

**Human Development Index:** Pakistan's UN's Human Development Index<sup>77</sup> (HDI) value for 2019-2020 is 0.557— which puts the country in the medium human development category - positioning it at 154 out of 189 countries and territories as shown in Table 4. The same table reviews Pakistan's progress in each of the HDI indicators. Between 1990 and 2019, Pakistan's life expectancy at birth increased by 7.2 years, mean years of schooling increased by 2.9 years and expected years of schooling increased by 3.7 years. Pakistan's GNI per capita increased by about 64.1 percent between 1990 and 2019.<sup>78</sup>

**Table 4: Pakistan's Human Development Index (HDI), 1990 – 2019**

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

<sup>70</sup> Population Reference Bureau.

<sup>71</sup> [https://www.pbs.gov.pk/sites/default/files//population\\_census/census\\_2017\\_tables/pakistan/Table01n.pdf](https://www.pbs.gov.pk/sites/default/files//population_census/census_2017_tables/pakistan/Table01n.pdf)

<sup>72</sup> Pakistan Economic Survey, 2020-21.

<sup>73</sup> Global\_POVEQ\_PAK.pdf

<sup>74</sup> Poverty in Pakistan rises to over 5% in 2020: <https://www.business-standard.com>

<sup>75</sup> Pakistan Bureau of Statistics (2020): Special survey for evaluating socio-economic Impact of COVID-19 on wellbeing of people.

<sup>76</sup> World Bank. 2021. Pakistan Development Update, April 2021: Navigating in Uncertain Times. World Bank, Washington, DC. © World Bank.

<https://openknowledge.worldbank.org/handle/10986/35772> License: CC BY 3.0 IGO

<sup>77</sup> [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/PAK.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/PAK.pdf)

<sup>78</sup> [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/PAK.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/PAK.pdf)

Year		Life expectancy at birth	Expected years of schooling	Mean years of schooling	GNI per capita (2017 constant PPP\$)	HDI value
2017		66.9	8.0	5.1	4 821	0.550
2018		67.1	7.9	5.2	4 992	0.552
2019		67.3	8.3	5.2	5 005	0.557

Source: UNDP Human Development Reports for Pakistan.

**Gender Equality:** Women empowerment and gender equality, as well as countering gender-based violence (GBV), remains a daunting challenge against the prevailing patriarchal, conservative, tribal and feudal barriers in certain parts of the country, mostly prevalent in remote rural areas. Early or forced marriages of girls, honour-killing, truce offering of girls in *Wani or Swara*, bride-price and other cultural and harmful practices, although stand prohibited under different laws of the country, are still being committed against women. Government response mechanisms for countering GBV remains to become effective. The gender gap in education has not closed, health indicators require drastic attention, women comprise only about 22 percent of the labour force, and only 25 percent own a mobile phone while only 14 percent are using the internet.<sup>79</sup>

**Economics:** Pakistan is a developing country, and therefore its economic progress is the main pillar of development. However, its economic progress and growth were marred with inefficiencies in its water, energy and agricultural sectors, and continued challenges by the exponentially high population growth, rapid urbanization, insurgency and terrorism, among others. Pakistan's gross domestic product (GDP) has been increasing over the period of 1985 to 2018-19.<sup>80</sup> In 2001 it was 77 billion USD and increased to 304 billion USD in 2017-18. Since 2019, GDP has been registering a fall, where it decreased to around 262.8 billion USD in 2020.<sup>81</sup> However, a rise in GDP growth is projected, despite the fact, that Pakistan has faced three waves of COVID-19 pandemic till mid-2021. The actual and projected fall in GDP growth rate, compounded by COVID-19 led resource constraints, is going to bear an adverse impact on hard-won advances made over the years in poverty reduction and social indicators.

**Security and Humanitarian Challenges:** On the security front, Pakistan continues to face many challenges. Pakistan witnessed a big decrease in terrorist attacks in the preceding years due to its military operation 'Zarb-e-Azb' that wiped out terrorist cells and groups operating there. However, the security situation could again become volatile due to the USA military's exit from Afghanistan this year, which could result in warfare across the border, for taking control of the government there. Alongside security, Pakistan also faces challenges from natural disasters on an on-going basis. It is reported that flooding and earthquakes are likely to increase as a result of climate change and environmental degradation, compounded by poor preparedness in communities, which will further increase the challenges of humanitarian disasters.<sup>82</sup>

### National Strategies

The period of CP9 coincided with the political transition in the country, when in 2018, Pakistan Tehreek-e-Insaf (PTI) formed the government under the leadership of Prime Minister Imran Khan. The strategies that have been implemented by the current government are highlighted in this section. To provide social nets to the citizens, against growing poverty and also food shortages during the current COVID-19 pandemic crisis, the current government's 'EHSAAAS' Program<sup>83</sup> became an active platform. Like its predecessor, the Benazir Income Support Program, EHSAAAS too, continued more as a welfare program providing social safety nets for the marginalised women by providing monthly payment of Rs. 2000 under its Kafalat Programme and had not been transformed into a skill-building and entrepreneurship program. For income generation it is set to transfer 200,000 productive income-generating assets in 23 districts to needy households. Among its national strategies, the current government's 'Health card' scheme under the 'Sehat Sahulat Program', provided free quality health care to the needy, that is, all people living below poverty with earnings less than \$2/day.<sup>84</sup> After meeting with success in the

<sup>79</sup> PSLM Report 2018-19.

<sup>80</sup> [https://www.pbs.gov.pk/sites/default/files//tables/rename-as-per-table-type/Table\\_4.pdf](https://www.pbs.gov.pk/sites/default/files//tables/rename-as-per-table-type/Table_4.pdf)

<sup>81</sup> <https://www.statista.com/statistics/383739/gross-domestic-product-gdp-in-pakista>.

<sup>82</sup> <https://www.unicef.org/pakistan/emergencies-disaster-risk-reduction>.

<sup>83</sup> <https://pakistan.gov.pk/ehsaas-program.html>.

<sup>84</sup> <https://www.pmhealthprogram.gov.pk/>.

KP province, the programme expanded to cover Punjab, Khyber Pakhtunkhwa (KPK), Azad Jammu & Kashmir (AJK), Gilgit Baltistan (GB) and entire population of Newly Merged Districts (NMD) of KPK and District Tharparker (Sindh). In tandem with achieving SDGs, Pakistan initiated its National Youth Development Programme, 'Kamyab Jawan'<sup>85</sup> in 2019, for targeting over 50 million youth. Developed on the basic principles of 3Es: Education, Employment and Engagement, the program aims at advancing adolescents' and youth's health, education, employment, economic empowerment, civic engagement, and societal protection.

Since the promulgation of the 18th Constitutional amendment, the Council of Common Interests (CCI) is the forum for resolving issues between the provinces and the federation. The CCI is a constitutional body set up under Article 153 of the Constitution, while Article 154 authorizes it to formulate and implement policies on matters covered in Part-II of the Federal Legislative List. During the Year 2019-20, the CCI was re-constituted, with the Prime Minister as its Chairman, Chief Ministers of Provinces, and three members from the Federal Government. In July 2018, the Supreme Court of Pakistan, considering Population Growth and Family Planning (FP) as the human right issues, took a Suo Moto Notice and constituted a Task Force to frame clear, specific and actionable recommendations to address matters relating to alarming population growth.<sup>86</sup> The Task Force, after a series of meetings, framed a set of recommendations aiming at enhancing Contraceptive Prevalence Rate (CPR) to 50 percent and 60 percent and lowering the total fertility rate to 2.8 and 2.2 by 2025 and 2030, respectively.

### **2.1.1 Sexual and Reproductive Health and Rights**

During the last more than two decades federal and provincial governments took several initiatives in the health sector in Pakistan, in collaboration with development partners like WHO, UNFPA, UNICEF, and DFID. These initiatives primarily focused on addressing the issues of high maternal and child morbidities and mortalities through vertical as well as horizontal developments in the provision and quality of services across the country. A cadre of Community Midwives (CMW) was introduced through engaging willing rural educated girls, training them in midwifery skills, and placing them in their own areas to serve their own communities. In 2001, the Ministry of Health's policy decision allowed Lay Health Workers (LHWs) to administer Expanded Programme on Immunization (EPI) vaccines. However, no concrete step was taken until 2009 when it was planned to formally train LHWs in EPI. The implementation of this decision added around 39,000 formally EPI trained LHWs into the community-based workforce, with support from WHO.<sup>87</sup>

**Effect of COVID-19 on Family Planning, SRH and ASRRH:** Pakistan is categorized as a Low-Middle-Income Country where the health system, particularly at the primary health care level, is facing several challenges.<sup>88</sup> The recent Pakistan Demographic Health Survey (PDHS) 2017-18 has reported a high unmet need for family planning (FP) commodities in Pakistan. COVID-19 has further worsened this already deteriorating situation by diminishing the access to FP services.<sup>89</sup> During the COVID-19 pandemic, the health system-based approach for FP services was critical in Pakistan to avoid unwanted pregnancies as well as to prevent further maternal morbidity and mortality.

### **Maternal Mortality Ratio (MMR)**

In Pakistan, the last three decades have witnessed a decline in Maternal Mortality Ratio (MMR) by around 57 percent, from 431 in 1990 to 186 in 2019 (Figure 3 on next page). A similar trend is reported for urban and rural areas.

### **Provincial NMR, IMR, and U5MR**

**Table** gives the provincial trends for NMR, IMR, and under five Mortality rates for years 1990-1991, 2012-2013, and 2017-2018.<sup>90</sup>

<sup>85</sup> <https://kamyabjawan.gov.pk/home/federal>.

<sup>86</sup> Supreme Court of Pakistan, Human Right Case No 17599 – a Suo Moto action taken on 4<sup>th</sup> July 2018.

<sup>87</sup> WHO 2017 Involvement of LHWs in giving routine vaccinations, third party evaluation.

<sup>88</sup> Legido-Quigley H, et al. Are high-performing health systems resilient against the COVID-19 epidemic? *Lancet*. 2020;395(10227):848-850.

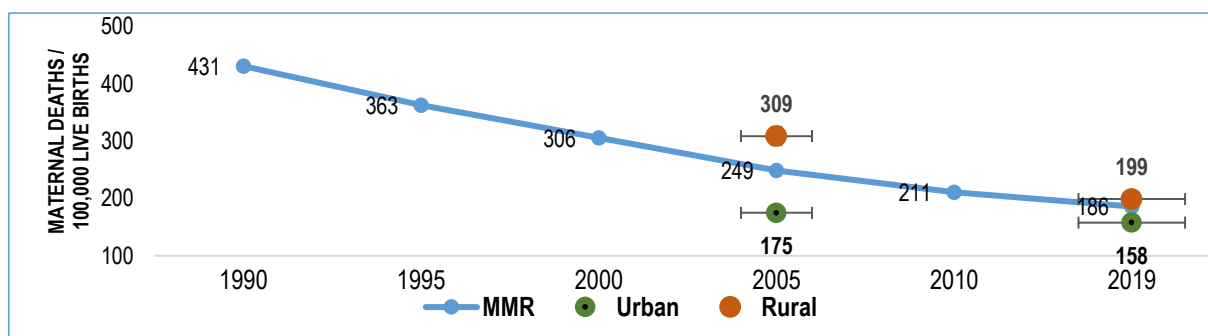
<sup>89</sup> Ullah MA, et al. Potential Effects of the COVID-19 Pandemic on Future Birth Rate. *Front Public Health*. 2020;8(578438):1-6.

<sup>90</sup> PDHS 1990-91; 2012-13; 2017-18.

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

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

**Figure 3: Trends in Maternal Mortality Ratio in Pakistan during the last three decades<sup>1,2,3</sup>**



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

<sup>2</sup> For 2019: Pakistan Maternal Mortality Survey, 2019

### Other Health Impact Indicators

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

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

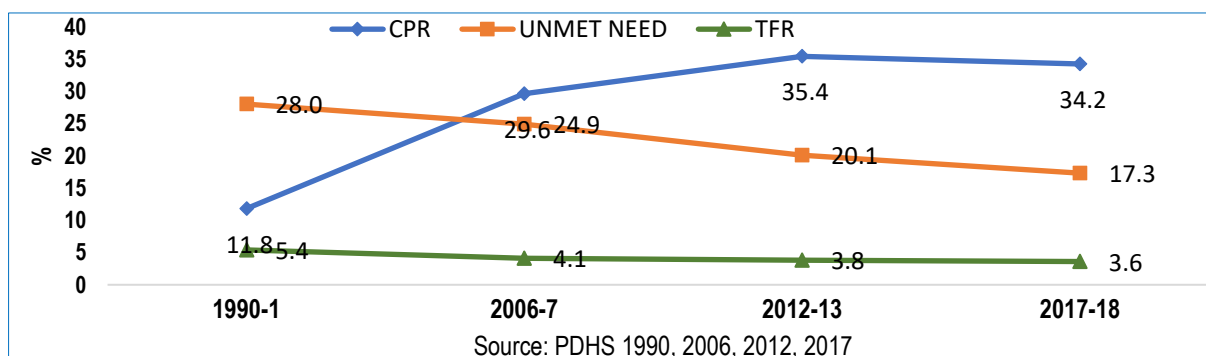
### Fertility and Family Planning

#### Fertility

During the last 30 years, Pakistan has been facing a slow decline in fertility rate. On an average the Total Fertility Rate (TFR) is reducing at the rate of 0.06 per year. PDHS has reported a 33 percent decline in total fertility rate (TFR) from 5.4 in 1990 to 3.6 in 2017 (Figure 4).



Figure 4: Trends in CPR, Unmet Need for FP and TFR (1990/1991 to 2017/2018)



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

### Contraceptive Prevalence

Over the last three decades, the CPR has increased by 190 percent from 11.8 percent in 1990 to 34.2 in 2017 (**Error! Reference source not found.**). In the rural areas of Pakistan, this increase in CPR is found 407percent (from 5.8 in 1990 to 29.4 in 2017) as compared to 65 percent in urban centers. Over the same period, across the provinces highest increase in CPR was reported in Balochistan, followed by KPK, Punjab, and Sindh.

### Unmet Need for Family Planning

Table 6 shows that the unmet need for FP has reduced from 28 percent to 17.3 percent from year 1990 to 2017, respectively. During the period 1990 to 2017, the rate of reduction for TFR and Unmet Need for FP is observed at 33 percent and 38 percent, respectively, whereas the CPR has increased by 190 percent during the same time frame. Across provinces, except Balochistan, where it was reported to have increased, the unmet need for FP has reduced in other three provinces (Table 6).

Table 6: Provincial Trends in TFR, CPR, and Unmet Need for FP

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

### 2.1.2 Adolescents and Youth

Adolescence is the phase of life stretching between childhood and adulthood, and its definition refers to the period between 10 and 19 years of age. Youth are defined in Pakistan as women and men of 15-29 years of age. During the present slow phase of fertility transition, which started in the 1990s, the share of adolescents in the population of Pakistan declined marginally by 1.2 percentage points, from 23.9 percent in 1990-91 to 22.7 percent in 2017-18. The share of youth in the total population has increased only slightly - from 25.7 percent in 1990-91 to 28.5 percent in 2017-18, an increase of 2.8 percentage points in about three decades. Because of this modest increase, the “youth bulge” in Pakistan is not considered very pronounced.<sup>91</sup> The change in the share of youth population in Punjab, Sindh and KP was also modest, very close to the national level situation. However, Balochistan witnessed relatively higher increase in the youth population between 1990-91 and 2017-18 probably because of relatively high fertility.<sup>92</sup> Two-thirds of the population of Pakistan is under the age of 30 and a median age of 22, one of the lowest in the world. A delay in marriage affects fertility levels in the reproductive ages. Among women aged 15-29

<sup>91</sup> Population Situation Analysis 2020, UNFPA/Ministry of Planning, Development and Reforms, Islamabad.

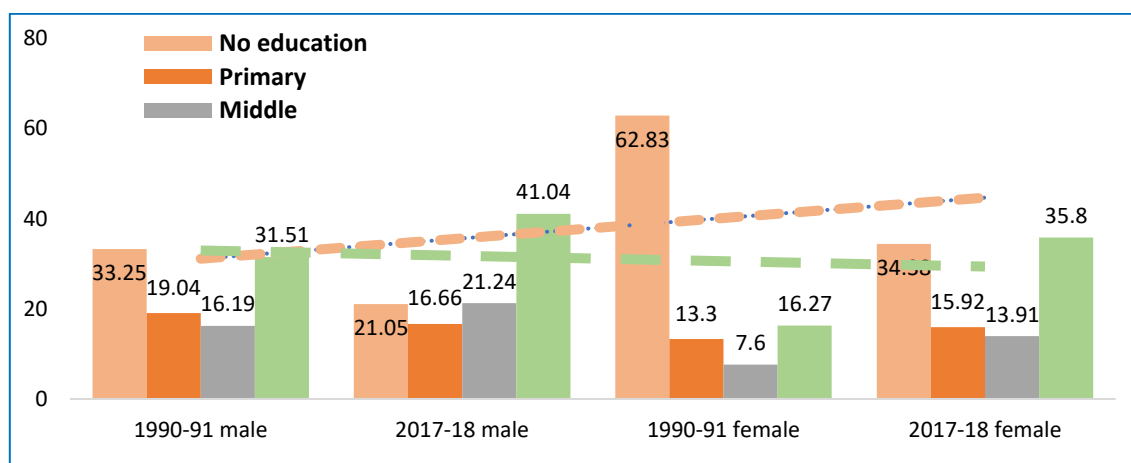
<sup>92</sup> Population Situation Analysis 2020, UNFPA/Ministry of Planning, Development and Reforms, Islamabad.

years, the married proportion, at the national level, decreased from 53 percent in 1990-91 to 44 percent in 2017-18. The proportion of married among men (15-29 years) was 24 percent in 2017-18.<sup>93</sup> The province-level variations in the proportion of married women aged 15-29 years in 2017-18 were very high, and surprisingly it was higher in Punjab (53 percent) than in other provinces (43 percent in Sindh, 36 percent in KP and 34 percent in Balochistan).<sup>94</sup> Teenage childbearing has declined during the 1990-2018 period. According to the 2017-18 PDHS, 8 percent of women aged 15-19 years had started childbearing; 6 percent had a live birth, and 2 percent were pregnant with their first child. Pregnancies before age 18 years were regarded as high-risk pregnancies. Among women aged 15-17, three percent had started childbearing. The age specific fertility rates showed a modest decreasing trend among the young women.

There has been only very slow improvement in literacy and educational attainment among the adolescents and youth. In fact, the proportion of adolescent with no education has increased from 26 percent in 1990-91 to 29 percent in 2017-18.<sup>95</sup> The PSLM 2019-20, which has recently been released, shows a stagnation in middle (11-13 years old) and matric (14-15 years) level net enrolment at 37 percent and 27 percent respectively between 2014-15 and 2017-18 period, suggesting that many adolescents remain out of school.<sup>96</sup> The situation of youth is not different either. More than a third of women and a fifth of men aged 15-29 years had no education at all as shown in Figure 5 on the next page.

All policy documents that have appeared during the last 15-20 years, such as Poverty Reduction Paper-II, Vision 2025, 11<sup>th</sup> Five-year Plan, and more recent initiatives of the present government under the Prime Minister's Hunarmand Programme (Skill for All) have addressed the issue of demographic changes, with at least some appropriate policies, primarily concerning skills development and employment.<sup>97</sup>

**Figure 3: Educational attainment of youth (15-29 years) by gender (1990/1991 – 2017/2018)**



All policy documents that have appeared during the last 15-20 years, such as Poverty Reduction Paper-II, Vision 2025, 11<sup>th</sup> Five-year Plan, and more recent initiatives of the present government under the Prime Minister's Hunarmand Programme (Skill for All) have addressed the issue of demographic changes, with at least some appropriate policies, primarily concerning skills development and employment.<sup>98</sup>

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

Article 25 of the Constitution of Pakistan states that “All citizens are equal before law and are entitled to equal protection of law. There shall be no discrimination based on sex”. Constitutionally this guarantees women the same rights as men, but this is not realized, as indicated in the Global Gender Gap Index Report 2020. Pakistan was ranked last but third from the bottom, that is 151<sup>st</sup> out of 153 countries, and barely managed to surpass Iraq and

<sup>93</sup> Pakistan Demographic and Health Surveys, 1990-91, 2017-18.

<sup>94</sup> Computed from the micro-data of the 2017-18 PDHS during the 2020 PSA.

<sup>95</sup> Pakistan Demographic and Health Surveys, 1990-91, 2017-18.

<sup>96</sup> Pakistan Socioeconomic Living Standard Measurement Survey 2019-20.

<sup>97</sup> Pakistan Economic Survey 2020-21.

<sup>98</sup> Pakistan Economic Survey 2020-21.



Yemen. The report underscored that economic opportunities for women remain inadequate with only 32.7 percent of the gap between men and women in the workplace was filled, while in health, the gap widened to 94.6 percent, ensuing that woman did not have the same access to healthcare as men. Recently, most indices of gender have ranked Pakistan among the most dangerous countries in the world for women. Pakistan is ranked fifth in the world for the highest absolute numbers of child marriages.<sup>99</sup> The UN's Gender Inequality Index ranked Pakistan 133 out of 160 countries in 2018.<sup>100</sup> These rankings reflect the reality that discrimination by gender is prevalent in many aspects of life in Pakistan. The Gender Equality Project (GEP) study found a 7.2 percent increase from 16.3 percent in 2011 to 23.5 percent in 2017 on the question whether men have the right to hit women.<sup>101</sup> On GBV, the same study reported, that 19 percent of respondents said honor killing is justified, with an increase of 8 percentage points.

On the law-making and implementation side, major strides were taken, when the National Commission for The Status of Women (NCSW) was established and mandated to review all laws pertaining to women. Additionally, more progressive laws were enacted, namely the Criminal Law Amendment Act 2004, for countering traditional customary practices which perpetrated GBV in the name of honour, the very important Protection of Women Criminal Law Amendment Act, 2006 that shattered the myth that Zia's Sharia based Hudood laws could not be amended, the Protection Against Harassment of Women at the Workplace 2010, which has become a milestone Act for protection of women at work, Acid Control and Acid Crime Prevention Act 2010 against acid burning of women, and most importantly the Prevention of Anti Women Practices Criminal Law Amendment Act 2011.

**Effect of COVID-19 on GBV:** The COVID-19 pandemic resulted in increased GBV cases as the COVID-19 Standard Operating Procedures (SOP) requirements entailed lockdowns, impacting restriction in the means of reporting by GBV victims to authorities and helplines. In addition, offices remained non-operational during the lockdown phase. It has been established that the COVID-19 lockdowns resulted in an increase in domestic violence, due to amplified exposure of women and children to the perpetrators, making them more vulnerable, compounded by reduced means of reporting to the extended family or authorities due to curbs on mobility. One example from The Punjab Safe City Authority (PSCA) and Punjab Unified Communication and Response (PUCAR-15) showed a 25 percent increase in domestic violence, based on the number of complaint reports received on their helplines, during the lockdown between March 23 and April 23, 2021, across the Punjab province.<sup>102</sup>

### Regional Variations in GEWE / GBV

Apart from significant variation in urban/ rural divide throughout Pakistan in terms of GEWE or GBV, there is marked regional variation found in Pakistan's four provinces namely Punjab (Pun), Khyber Pakhtunkhwa (KP), Balochistan (Bal), and Sindh, and 3 regions that is Newly Merged Districts (NMD/ or former Federally Administered Tribal Areas (FATA), Azad Jammu and Kashmir (AJK), and Gilgit Baltistan (GB), as well as capital Islamabad (ICT). Table 7 shows regional variation found in Pakistan, for spousal violence of ever-married women age 15-49 years who have ever experienced physical or sexual violence committed by their current or most recent husband, according to background characteristics. It also shows which region believes that wife beating is justified.

**Table 7: Regional variation in Pakistan, for spousal violence among ever-married women age 15-49 years<sup>103</sup>**

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

Source: Pakistan DHS 2017-18

Total excludes Azad Jammu and Kashmir and Gilgit Baltistan

<sup>99</sup> Girls Not Brides, Where Does It Happen, available at <https://www.girlsnotbrides.org/where-does-it-happen/>

<sup>100</sup> UNDP, Human Development Indices and Indicators: 2018 Statistical Update: Pakistan (UNDP, 2018), [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/PAK.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/PAK.pdf).

<sup>101</sup> [https://pdf.usaid.gov/pdf\\_docs/PA00TR3D.pdf](https://pdf.usaid.gov/pdf_docs/PA00TR3D.pdf), page 30.

<sup>102</sup> <https://www.thenews.com.pk/tns/detail/678152-locked-down-and-vulnerable>.

<sup>103</sup> Pakistan DHS 2017-18

The percentage of women who justify wife beating both among men and women is alarming. Ninety five percent of women and 75 percent of men in FATA/NMD believe that wife beating is justified. Regrettably when it comes to progressive legislation, KP/ NMD is the province that has been obstructing the passage of Domestic Violence (DV) Bill against Punjab and Sindh that have progressive laws in place for protection of women against violence. Moreover, Sindh is the only province where Child Marriage Restraint Act places the age of 18 years as marriageable age for girls, against all other provinces and national laws that continue discrimination whereby girl's marriageable age is set at 16 years and for boys at 18 years.

### 2.1.4 Population and Development (PD)

The development trajectory of a country is determined by the size and growth rate of population in relation to its economic growth. Pakistan' population growth rate has been well above 2 per cent for many decades, leading to a more than six-fold increase in population since 1951, and the total population in 2020 was 215.25 million.<sup>104</sup> Pakistan has a low economic growth trajectory. It has one of the lowest GDP per capita growth rates in South Asia. However, after a negative and slow growth during last two years, FY2020 and FY2019, the economy of Pakistan rebounded in FY2021 and posted growth of 3.94 percent, which surpassed the target of 2.1 percent. The beginning of FY2021 is better in terms of containment of pandemic and economic recovery.<sup>105</sup> Pakistan has the lowest savings ratio to GDP currently in the region. Private Consumption has a significantly large share in GDP.<sup>106</sup> This large share implies that Pakistan's economy is a consumption-driven economy. In 2020-21, agriculture and manufacturing contributed around 19 percent each to the GDP of Pakistan, and 61 percent of the economy's contribution to GDP came from the services sector.<sup>107</sup> About a quarter of the population lives below the official poverty line. Inequality is high as well. About 16 percent of households faced moderate or severe food insecurity in 2019-20.<sup>108</sup> The GoP launched the *Ehsaas* poverty reduction program, with four pillars: addressing elite capture and making the governance system work for an equal society; implementing safety net programmes for the disadvantaged segments of the population; supporting jobs and livelihoods; and enhancing human capital development.<sup>109</sup>

#### Population data systems

Pakistan has a long history of generating demographic data through population censuses and demographic surveys. However, the 10-year periodicity of the census data has been disturbed after the 1981 Population and Housing Census. The next census was carried in 1998 after a gap of 17 years. Similarly, the last sixth census was carried out after 19 years in 2017. The Pakistan Demographic Survey (PDS) could not be carried out after 2007. The delay in population censuses and halting of the PDS affected the timely availability of demographic data and evidence-based decision-making process in Pakistan.

## 2.2 The Role of External Assistance

The data showcased in Table 8 provides the net funds available for programming in UNFPA Pakistan by source of funds for the review period, that is, 2018-2021. It is evident from this data that the major donor throughout the review period was the United Kingdom, contributing 45.3 percent of the funding, followed by the commonwealth of Australia (27.0 percent). It is notable that Friends of UNFPA contributed 3.2 percent of the net funds available for programming during the entire review period.

**Table 5: Net funds available for programming by source of funds<sup>110</sup>**

Source of Funds	Net Available for Programming					
	2018	2019	2020	2021	Total	Percent
Commonwealth of Australia	210,073	1,580,982	1,681,867	1,746,360	5,219,282	27.0
Kingdom of Denmark	218,078	241,362			459,440	2.4
United Nations Children's Fund	104,171	324,834	855,172	524,395	1,808,571	9.4

<sup>104</sup> Pakistan Economic Survey 2020-21.

<sup>105</sup> Pakistan Economic Survey 2020-21.

<sup>106</sup> Pakistan Economic Survey 2020-21.

<sup>107</sup> Pakistan Economic Survey 2020-21.

<sup>108</sup> Pakistan Socioeconomic Living Standard Measurement Survey 2019-20, page 39.

<sup>109</sup> Pakistan Economic Survey 2020-21.

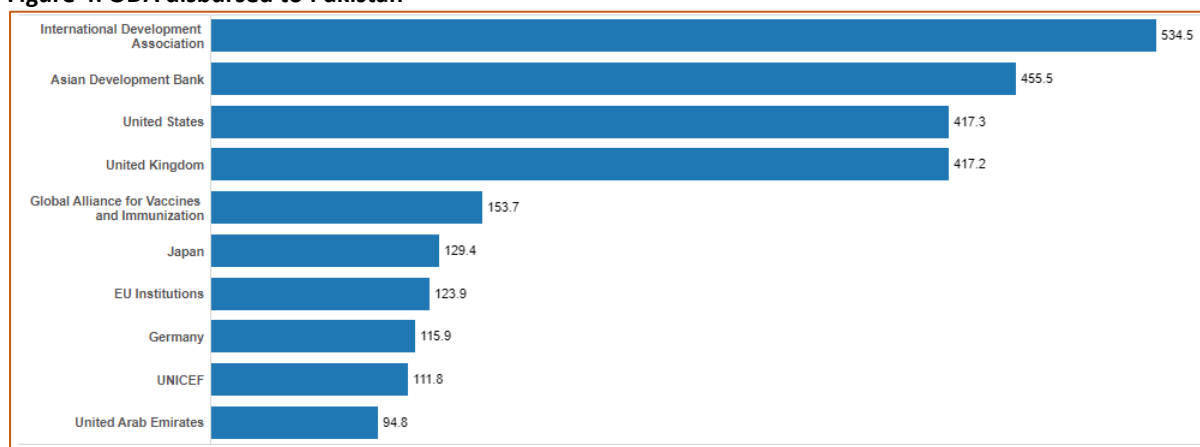
<sup>110</sup> UNFPA Pakistan Financial Overview – Resources mobilized 2018-2021.

Source of Funds	Net Available for Programming					
	2018	2019	2020	2021	Total	Percent
UNDP -Multi-Partner Trust Fund	59,883				59,883	0.3
UN Women	16,924	57,479		41,667	116,070	0.6
United Kingdom	3,369,820	2,733,286	1,237,362	1,410,755	8,751,223	45.3
UNAIDS	69,444				69,444	0.4
TTF - Multi Donor	273,024		166,550		439,575	2.3
OCHA		837,753	177,612	747,777	1,763,142	9.1
Friends of UNFPA		210,954	190,141	222,040	623,135	3.2
<b>Total</b>	<b>4,321,417</b>	<b>5,986,650</b>	<b>4,308,704</b>	<b>4,692,994</b>	<b>19,309,765</b>	<b>100.0</b>

Source: UNFPA Pakistan Financial Overview – Resources mobilized 2018-2021.

Pakistan has been the recipient of the foreign aid since 1947 and its volume has been increasing since then, however, with some periods of slow down.<sup>111</sup> The top ten donors of gross Overseas Development Assistance (ODA) for Pakistan during 2018-2019, consisted of the International Development Association (USD 534.5 million), the Asian Development Bank (USD 455.5 million), United States (USD 417.3 million) and 9<sup>th</sup> position UNICEF with USD 1,112.8 million while the United Arab Emirates was at tenth position with ODA of USD 94.8 million. This data for ODA disbursed to Pakistan<sup>112</sup> is showcased in Figure 6.

**Figure 4: ODA disbursed to Pakistan**



Net official development assistance received (current US\$) in Pakistan was reported at USD in 2,170.7 in 2019, according to the World Bank.<sup>113</sup> Net ODA consists of disbursements of loans made on concessional terms (net of repayments of principal) and grants by official agencies of the members of the Development Assistance Committee (DAC), by multilateral institutions, and by non-DAC countries to promote economic development and welfare in countries and territories in the DAC list of ODA recipients. It includes loans with a grant element of at least 25 percent (calculated at a rate of discount of 10 percent). Data for receipts for Pakistan<sup>114</sup> are in current US dollars and shown in Figure 7.

<sup>111</sup> Adeeba Sarwar, Mushtaq Hassan & Tahir Mahmood (2015). Pakistan Economic and Social Review Volume 53, No. 2 (Winter 2015), pp. 149-176.

<sup>112</sup>

[https://public.tableau.com/views/OECDACaidataqlancebyrecipient\\_new/Recipients?:embed=y&display\\_count=yes&showTabs=y&toolbar=no?&:showVizHome=no](https://public.tableau.com/views/OECDACaidataqlancebyrecipient_new/Recipients?:embed=y&display_count=yes&showTabs=y&toolbar=no?&:showVizHome=no)

<sup>113</sup> World Bank (2019). [https://tradingeconomics.com/west-bank-and-gaza/net-official-development-assistance-received-current-us\\$-wb-data.html](https://tradingeconomics.com/west-bank-and-gaza/net-official-development-assistance-received-current-us$-wb-data.html)

<sup>114</sup>

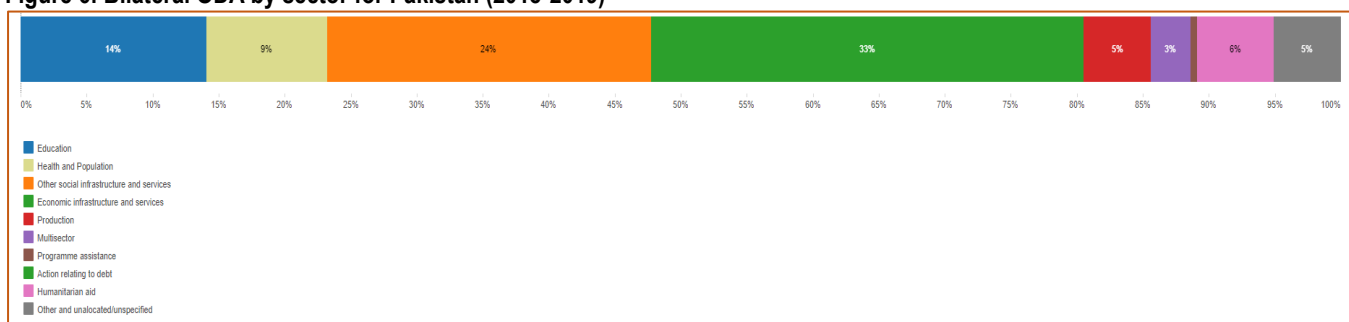
[https://public.tableau.com/views/OECDACaidataqlancebyrecipient\\_new/Recipients?:embed=y&display\\_count=yes&showTabs=y&toolbar=no?&:showVizHome=no](https://public.tableau.com/views/OECDACaidataqlancebyrecipient_new/Recipients?:embed=y&display_count=yes&showTabs=y&toolbar=no?&:showVizHome=no)

**Figure 5: Receipts for Pakistan**

	2017	2018	2019
Net ODA (USD million)	2,364.3	1,386.9	2,170.7
Net ODA/GNI (%)	0.7	0.4	0.7
Gross ODA (USD million)	3,461.6	2,496.6	3,420.5
Bilateral share (gross ODA) (%)	53.9	59.4	41.2
Total net receipts (USD million)	3,445.0	1,163.9	3,020.5
<i>For reference</i>			
	2017	2018	2019
Population (million)	208	212	217
GNI per capita (Atlas USD)	1,500	1,590	1,530

The data on bilateral ODA that is shown in Figure 8 reveals that the economic infrastructure and services sector received a third of the ODA on average during 2018-2019 in Pakistan. This was followed by the sector dealing with other social infrastructure and services (24 percent). The education sector received 14 percent of the bilateral ODA while health and population received 9 percent.

**Figure 6: Bilateral ODA by sector for Pakistan (2018-2019)**



## CHAPTER 3: UNFPA Response and Programme Strategies

### 3.1 United Nations and UNFPA Strategic Response

#### 3.1.1 The UN and UNFPA Response

The United Nations Country Team (UNCT)<sup>115</sup> works in partnership with and supports the Government and people of Pakistan towards achieving its national development priorities and results. The partnership is guided by the United Nations Sustainable Development Framework (UNSDF) for Pakistan, 2018 - 2022. The development of the partnership guidelines was led by the GoP and guided by the United Nations Development Group (UNDG) programming and other related international principles, including human rights-based approach (HRBA), the 2030 Agenda for Sustainable Development to ensure greater focus on transformational results through sustainable partnerships.

The title for the UN Programme for Pakistan, UN Sustainable Development Framework (UNSDF) 2018-2022, reflects the conviction that UN work should support Sustainable Development Goals (SDGs) attainment and expresses the nature of work with the UN as a partnership rather than as a source of assistance. The UNSDF 2018-2022, reflects Pakistan's national goals and its commitments to global development initiatives and sets out the UN system's collective contributions to help the Government and other stakeholders achieve these goals. In particular, the UNSDF is aligned to The Coordinated Programme of Economic and Social Development Policies, 2017- 2024, which sets out a vision for agricultural modernisation, industrial diversification, and youth employment; embeds national strategies to localise and achieve the SDGs; and articulates a self-reliant pathway to economic transformation and inclusive growth. The partnership framework set out in the UNSDF brings together the efforts of two dozen UN agencies to provide coherent, effective, and efficient support – in keeping with the principle of 'Delivering as One.' In encompassing the entirety of the UN's activities in Pakistan, the UNSDF presents the Third One UN Programme commonly known as OP III for Pakistan.

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

As showcased in Table 9, there is a link between the CPD 2018-2022 and the United Nations Sustainable Development Framework for Pakistan (UNSDF 2018-2022), also known as the Pakistan One United Nations Programme III (OP III) 2018-2022. The OP III is a medium-term strategic planning document that articulates the collective vision and response of the UN system to Pakistan's national development priorities. In addition, the OP III highlights activities to be implemented in partnership with the GoP, as well as in close cooperation with international and national partners and civil society. The link is also reflected in the UNFPA Strategic Plan, 2018-2022 which reaffirms the relevance of the current strategic direction of UNFPA, the goal of which is universal access to SRHR, focusing on women, adolescents, and youth. The outcomes in the CPD 2018-2022 are in sync with the outcomes as showcased in the UNFPA SP 2018-2022. The link between these three documents as articulated in Table 6 shows that UNFPA Pakistan does not operate in a silo. It draws its strategic direction from the UNFPA Strategic Plan 2018-2022 and within Pakistan the CPD 2018-2022 is implemented in harmony with the frameworks of the UNSDF (2018-2022), which underscores that the UN is committed to working with the Government and people of Pakistan to make a lasting contribution to national development priorities; to take forward the principle of 'leaving no one behind'; and to improve the living conditions of all the people in the country.

**Table 9: Link between CPD 2018-2022; UNSDF 2018-2022 and UNFPA Strategic Plan 2018-2021<sup>116,117,118</sup>**

CPD 2018-2022 Outputs	UNSDF 2018-2022	UNFPA Strategic Plan 2018-2021
Output 1: Increased national and subnational capacity to accelerate delivery and accessibility of high-quality FP information and services.	Supporting the Government to ensure universal health coverage for all segments of the population – with a special focus on newborns, children, women, adolescents, the elderly and people with disabilities; on strengthening health systems; on reducing the incidence of communicable diseases, including eradicating polio and vaccine-preventable diseases;	Outcome 1. Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free

<sup>115</sup> UNCT comprises of 24 resident and non-resident UN agencies.

<sup>116</sup> United Nations Population Fund Country Programme Document for Pakistan (2018-2022).

<sup>117</sup> United Nations Population Fund Strategic Plan (2018-2021).

<sup>118</sup> United Nations Sustainable Development Framework for Pakistan (UNSDF) / Pakistan One United Nations Programme III (OP III) 2018-2022.

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

### 3.2 UNFPA Response through the Country Programme

The GoP and UNFPA jointly developed the CPD9 (2018-2022) through a participatory process involving national and provincial stakeholders, including civil society, the private sector, young people, UN organizations and development partners. The Programme is aligned to the GoP Vision 2025, the UNSDF 2018-2022, the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development, and FP 2030. To implement the programme, a comprehensive Monitoring and Evaluation and Operation Framework is in place.<sup>119</sup> The programme responds to the call of the SDGs to combat inequalities; foster peaceful and inclusive societies, free from fear and violence; protect human rights; promote gender equality and the empowerment of women and girls; and integrate humanitarian and development agendas. In order to achieve this, the programme will be guided by UNFPA geographical analysis, which has ranked disparities across provinces and districts based on a composite index. Based on these consultations and lessons learned, the programme focuses on advancing women's and young people's ability to exercise their reproductive rights through: (a) targeted advocacy with policy and decision-makers for gender-responsive and youth-friendly policies, laws and initiatives; (b) advocating for increased health and education expenditures; (c) strengthening capacities of Government and civil society institutions for youth-led and gender-responsive sexual and reproductive health programmes and partnerships; (d) promoting alliances and strategies to reduce gender inequality; (e) promoting an integrated and multisectoral approach to population dynamics and its linkages to development; (f) instituting communication strategies to address social norms change; and (g) enhancing Government partnerships with the private and civil society sectors. In line with its partnership plan, the programme leverages the financial and technical resources of and

<sup>119</sup> Ibid.



develop alliances with civil society, UN organizations, development partners, media and the private sector and promote South-South cooperation.

### **3.2.1 UNFPA Pakistan's response through the 8th Country Programme (2013-2017)**

The UNFPA 8th Country Programme in Pakistan had a budget of \$36 million and covered four programmatic areas namely: 1) Policy and Advocacy \$2.86 million (10 percent), 2) Youth, Reproductive and Sexual Health \$1.31 million (5 percent), 3) Family Planning and Maternal Health \$20.83 million (72 percent) in development and humanitarian contexts, and 4) Population and Development \$3.38 million (12 percent). An amount of \$ 0.69 million (2 percent) was allocated to programme management, coordination, and monitoring. There was no separate component for gender equality, and it was considered cross cutting.

#### **Lessons from the CPE of 8th Country Programme (2013-2017)<sup>120</sup>**

In 2016, an independent assessment of UNFPA 8th Country Programme made the following lessons:

(i) **Narrow Approach** - While the design process of CP8 was inclusive, it missed out engaging crucial partners in Ministries/Departments of Planning & Development, Finance, Education, Social Welfare, Labour, Law and Justice along with private sector providers and markets. This was a significant omission since broader national and provincial actors were not engaged to include FP-RH and Population Development in their policies and practices.

(ii) **Lack of Strategic Focus** – CP8's ambitious design and implementation lacked the *strategic focus* to translate many of the innovative interventions into government practice changes, institutional reforms, or re-focusing of the societal barriers that curtail women's right to choose family planning and access reproductive health.

(iii) **Humanitarian Responsiveness** - While considerable improvements have taken place in the capacity building, coordination and communication between UNFPA, government agencies, UN agencies and non-government partners', the overall relationship still is not smoothly organised.

(iv) **Policy Advocacy** was particularly successful in some key measures such as promoting bills to raise age of marriage for girls, prevention of violence against women bills etc. where UNFPA and several local and INGOs worked together over the last decade to accomplish results.

(v) **Youth, ASRH and RH** - Lack of attention to details at the design and implementation phase including absence of baseline or endline indicators undermined the potential replicability and evidence-based advocacy to government decision makers.

(vi) **In Maternal Health and FP interventions**, UNFPA has leaned heavily only in public sector capacity development and engagement. The evidence suggests that there is a need to include private sector providers (beyond just NGOs), including pharmacies and low-end factories/industries with the FP and MH messages.

(vii) **Population and Development** - Several successes of the CP8 programme are evident in the policy arena. However, this enhanced capacity is also an opportunity to further advance the use of evidence generation and use.

(viii) **UNFPA business model of public-private partners** effectively reached small scale coverage of underserved and remote populations via NGOs.

### **3.3.1 The 9th Country Programme**

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

#### **3.3.1.1 The Intervention Logic in the Sexual and Reproductive Health and Rights Component**

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

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<sup>120</sup> UNFPA CPE of 8th Country Programme (2013-2017) (pages 52, 61, 62 & 81)

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

The intervention logic for Output 1 builds on four programme interventions:

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

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

The intervention logic for Output 2 builds on four programme interventions:

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

#### *3.3.1.2 The Intervention Logic in the Adolescent and Youth Component*

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

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

The intervention logic for Output 3 builds on four programme interventions:

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

#### *3.3.1.3 The Intervention Logic in the Gender Equality and Empowerment of Women and GBV Component*

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

The intervention logic for Output 4 builds on four programme interventions:

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

#### *3.3.1.4 The Intervention Logic in the Population and Development Component*

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

The intervention logic for Output 5 builds on six programme interventions:

- a) Supporting census post-enumeration phase, household surveys and demographic and health surveys.
- b) Strengthening skills for data utilization for evidence- and equity-based planning and budgeting.



- c) Promoting research on population and development for evidence-based advocacy.
- d) Enhancing institutional competencies to integrate population, reproductive health and gender into national and subnational policies and programmes;
- e) Strengthening statistical systems for Sustainable Development Goals monitoring and mapping inequities.
- f) Advocacy on harnessing benefits of the demographic dividend.

#### *3.3.1.5 Measurement of Achievement in Planned Targets*

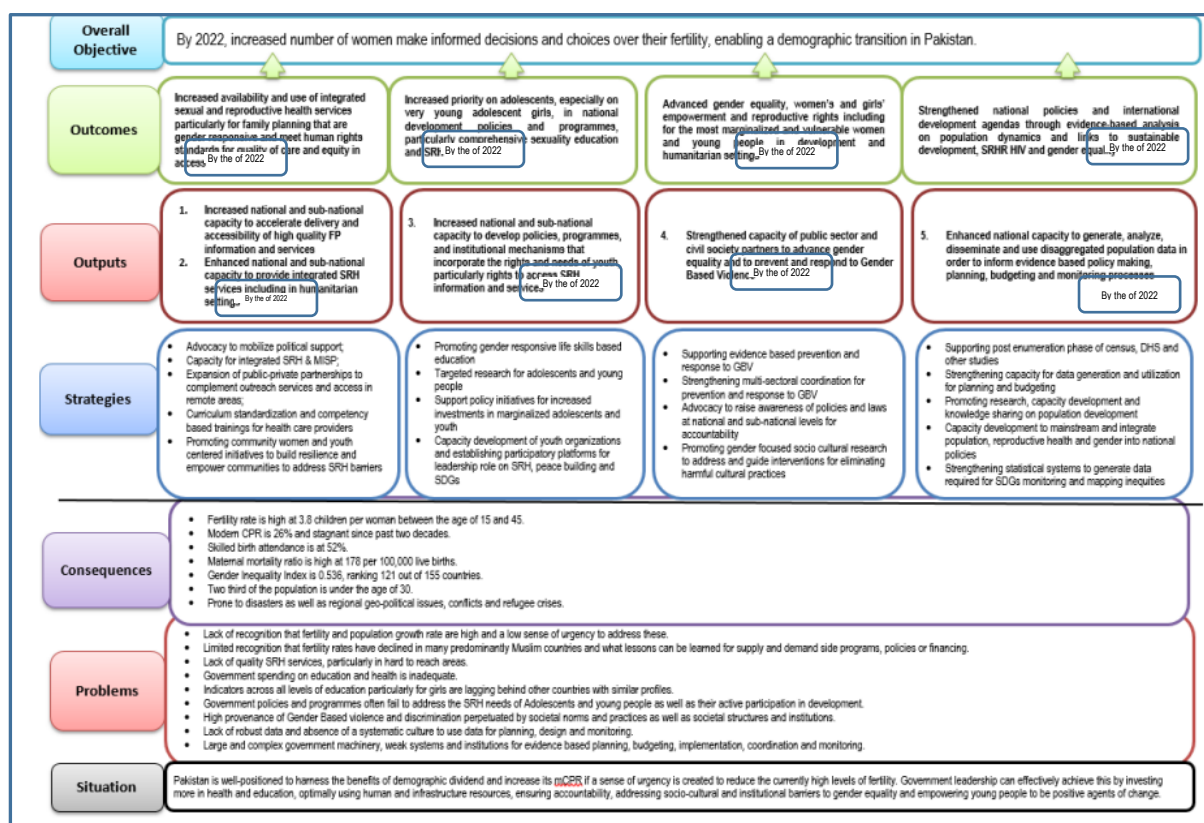
The progress in the indicators as assessed for each thematic area by an analysis of the results framework. This was done for each of the indicators to measure achievement of each indicator based on the target. The evaluation report showcases in tabular presentation (Annex 10) whether CP9 was able to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

#### *3.3.2 Theory of Change and Programmatic Focus*

The CP9 focused on the afore-mentioned four outcomes and five outputs covering SRHR, AY, GEWE and PD and there were various key interventions linked to each output. The Theory of Change was reconstructed by the Evaluation Team and the diagrammatic representation is shown in Figure 9. Detailed descriptions of the linkages between results (outcome and output indicators) and interventions are found under Effectiveness (EQ 3, 4, 5 and 6), where an evaluation of the Results and Intervention Logic for the different strategic outcome areas for CP9 have been made.

The Evaluation Team consulted various documents namely: NDP II, UNFPA Global Strategic Plans (2014-2017 and 2018-2021), UNFPA Country Programme Document (2018-2022), UNFPA Country Office Annual Reports (2018 - 2022), Evaluation Report for CP8, Pakistan Vision 2025, UN Sustainable Development Framework (UNSDF) 2018-2022, among others. In addition, the Evaluation Team held consultations with the UNFPA CO technical staff on their thematic areas. The major change made to the ToC was to include an end point for all outputs and strategic outcome statements for CP9 that is **end of 2022** so that they are time bound.

**Figure 9: Theory of Change for 9th GoP/UNFPA CP (Reconstructed)**



### 3.3.2 The Financial Structure of the Country Programme

UNFPA committed US\$39.5 million over the five years of its 9th Country Programme (2018-2022) with US\$19 million dollars from regular resources and US\$20.5 million through co-financing modalities and/or other resources, including regular resources. The proposed funding for the UNFPA Pakistan CP9 (2018-2022) is provided in Table 7 and is as follows by thematic programme: (a) Sexual and Reproductive Health (US\$ 22.5 million); (b) Adolescents and Youth (US\$ 4.5 million); (c) Gender Equality and Women’s Empowerment (US\$ 6 million), and Population Dynamics (US\$ 5 million). In addition, an amount of US\$ 1.5 million was allocated for programme coordination and assistance.<sup>121</sup>

**Table 10: Proposed Indicative Assistance and Expenditure (US\$), Pakistan 9th CP (2018-2022)<sup>122</sup>**

Outcome Area	Regular Resources (RR)		Other Resources (OR)		Total Planned	% of Total Planned	Final Expenditure (RR + OR)	% of Total Exp.	Final Expenditure vs Planned
	Planned	Expenditure	Planned	Expenditure					
SRH	10,500,000	11,578,986	12,000,000	13,559,948	22,500,000	57.0	25,138,934	59.1	111.7
AY	1,500,000	1,099,407	3,000,000	1,494,213	4,500,000	11.4	2,593,620	6.1	57.6
GEWE	2,000,000	1,536,888	4,000,000	7,686,626	6,000,000	15.2	9,223,514	21.7	153.7
PD	3,500,000	3,073,879	1,500,000	1,694,058	5,000,000	12.7	4,767,937	11.2	95.4
Programme Coordination & Assistance	1,500,000	840,608	-	3,959	1,500,000	3.8	844,567	2.0	56.3
<b>TOTAL</b>	<b>19,000,000</b>	<b>18,129,768</b>	<b>20,500,000</b>	<b>24,438,804</b>	<b>39,500,000</b>	<b>100.0</b>	<b>42,568,572</b>	<b>100.0</b>	<b>107.8</b>

Source: UNFPA Pakistan Country Programme Document (2018-2022).

**Note:** The above-mentioned planned resources correspond to CPD 2018-2022. However, the expenditures reported are as of end of Dec. 2021. The expenditure of approximately USD 10.5 million (4.5 m from RR and 6m from OR) are yet to be reported by end of Dec.2022.

<sup>121</sup> United Nations Population Fund Country Programme Document for Pakistan (2018-2022).

<sup>122</sup> UNFPA Pakistan Country Programme Document (2018-2022); UNFPA Financial Report by end of December 2021.

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

**Analysis of expenditure:** By the end of December 2021, the country programme spent USD 42.6 million against a planned budget of US\$ 39.5 million and this was an expenditure of 108%. The share of expenditure per outcome area were as follows: SRH (59%), GEWE (22%), PD (11%) and AY (6%). The outcome areas which spent well over the planned budgets were GEWE (154%) followed by SRH (112%). PD had an expenditure level of 95% and AY of 58%.

## CHAPTER 4: EVALUATION FINDINGS

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

### 4.1 Relevance: Evaluation Question 1

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

#### Summary

The GoP and UNFPA jointly developed the 9<sup>th</sup> CP through a participatory process involving national and provincial stakeholders, including civil society, the private sector, young people, UN organizations and development partners. The 9<sup>th</sup> CP had national coverage, with some interventions in specific locations based on local context and availability of resources. The beneficiaries at community level were also consulted about their needs and beneficiaries included women and girls and marginalized and vulnerable groups. The different analyses undertaken under thematic area provided data on beneficiaries that was disaggregated by age, sex (plus transgender), marital status, education, residence (urban and rural), and region as regards adaptation to the changing needs in the national context, UNFPA responded effectively and timely to the COVID-19 pandemic and to the recent influx of Afghan refugees. All the thematic components of the CP addressed the gender and human rights dimensions.

*Evidence for an exhaustive, sex-disaggregated, and accurate needs assessment, identifying the varied needs of Pakistani population*

The CP was developed in consultation with a wide spectrum of partners, including the Government (national and sub-national), civil society and other development partners, United Nations organisations, academia, and the private sector. The beneficiaries at community level were also consulted about their needs.<sup>123, 124</sup> The categories of beneficiaries included women and girls, and marginalized and vulnerable groups where such groups included women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, including Afghan refugees, living in camps; internally displaced persons, ethnic and religious minorities, and people living in crisis-affected areas and from remote areas including the newly merged districts of FATA. During the design of the CP, UNFPA CO used the data of the Pakistan Demographic Health Survey (PDHS) 2017-18 and the Housing and Population Census 2017 preliminary results as the baseline to measure the progress against set indicators baseline.<sup>125</sup> UNFPA carried out an in-depth analysis of the PDHS in the thematic areas<sup>126</sup> and the data on beneficiaries was disaggregated by age, sex (plus transgender), marital status, education, residence (urban and rural), region (Punjab, Sindh, KP, Balochistan and FATA) among others.<sup>127</sup>

UNFPA undertook several other analyses in order to address the needs of the Pakistan population and these included the following:

- **Situation analysis on SRH of Adolescents and Youth** was conducted to support the policies and programmes related to SRH/FP and GBV.<sup>128</sup>

<sup>123</sup> UNFPA Annual Plan 2018

<sup>124</sup> Key informant interviews at national and sub-national level

<sup>125</sup> Mid-Term Review of UNFPA 8<sup>th</sup> CP (2018-2022)

<sup>126</sup> Country Office Annual Report 2018

<sup>127</sup> Pakistan Demographic Health Survey (2017-18)

<sup>128</sup> KIIs with UNFPA CO staff; Review of Situation analysis on SRH of Adolescents and Youth report; Country Office Annual Report 2019

- **Social and Economic Wellbeing survey** was conducted in 2019 and provides the situation of women in Punjab province. In-depth analysis of the Social and Economic Well Being Survey was also conducted.<sup>129, 130</sup>
- **Population Situation Analysis (PSA)** was conducted in 2020 and it covers broader overview and current progress and challenges of several key commitments of ICPD25 including the universal access to FP, SRH, demographic dividend, child marriages and gender-based violence in Pakistan using census data.<sup>131</sup>

#### 4.1.1 Sexual and Reproductive Health Relevance

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

The relevance of UNFPA's responses to SRHR and FP needs and their effects, as perceived by key informants and from other sources, are briefly discussed below.

**Introduction of the Human Rights-based Approach:** In 2018, UNFPA introduced Human Rights Based Approach (HRBA) in pre-service training curricula of SRH and FP service providers, which was updated in 2020 to align it with latest human rights concepts and principles of FP programmes and with the CCI recommendations and the new population narrative.<sup>132</sup> The HRBA curriculum had elements of how the women and girls could be empowered to make choices regarding their sexual health, the use and control of social and economic resources.<sup>133</sup>

**Adopt Task Shifting and Sharing:** A strategy on FP Task Shifting (Implants) and task sharing for injecting first doze of contraceptive by Lady Health Workers (LHWs) was introduced in Sindh and KP Provinces to improve delivery and uptake of FP/SRHR services.<sup>134</sup> Task sharing and task shifting strategies were introduced to enhance the scope and outcome of service delivery. Through task shifting, some tasks were moved from highly specialized health workers to less qualified workforce such as LHWs to enhance efficiency of delivering SRH services and thereby meeting the health needs of the population. The provincial key informants stated that task shifting, and sharing had increased the pool of service providers at the community level and had enhanced the population access to FP services, specifically in remote areas where it was more required.<sup>135</sup>

##### Build Integrated SRHR Service Delivery Capacities

**Integration of MISP in Contingency Plans:** The majority of key informants who included vulnerable and marginalised groups informed that they had participated in orientation and consultative process for the development of the Minimum Initial Service Package (MISP) for SRH in humanitarian settings.<sup>136</sup> The beneficiaries were provided with the information about the value of accessing services to meet their needs related to: (i) sexual and gender-based violence, (ii) HIV and STI prevention, (iii) adolescent SRH, (iv) maternal health and FP.<sup>137</sup>

##### Adaptation to the needs of the population, including the needs of marginalized and vulnerable groups

UNFPA responded to the needs of the marginalised and vulnerable groups through a voucher scheme, which was developed to ensure that FP information and services reach the poor and the marginalized population.<sup>138</sup> A memorandum of understanding was signed with Benazir Income Support Programme (BISP), which is the national poverty reduction programme that provided the data of poor female beneficiaries for provision of FP services through the Punjab Population Innovation Fund.<sup>139</sup>

#### 4.1.2 Adolescents and Youth Relevance

The UNFPA support under its 9<sup>th</sup> CP was adapted to the needs of adolescents and youth including the needs of marginalized and vulnerable groups particularly transgender and religious minorities.<sup>140</sup> The UNFPA CO made its interventions relevant to the needs of adolescents and youth. Firstly, the data gaps were identified by UNFPA at

<sup>129</sup> KIIs with UNFPA CO staff; KIIs at provincial level (Punjab); Country Office Annual Report 2019

<sup>130</sup> Document review of the Social and Economic Wellbeing survey report

<sup>131</sup> KIIs at national and provincial level; Country Office Annual Report 2020

<sup>132</sup> Country Office Annual Report 2018; KIIs with UNFPA C staff

<sup>133</sup> Curriculum and training/action plan on HRBA (2019); KIIs with UNFPA CO staff

<sup>134</sup> Country Office Annual Report 2020

<sup>135</sup> KIIs at the provincial level

<sup>136</sup> KIIs at sub-national level (Sindh and Balochistan)

<sup>137</sup> Country Office Annual Reports (2018, 2019)

<sup>138</sup> KIIs with UNFPA CO staff and at provincial level; UNFPA Annual Report 2018

<sup>139</sup> KIIs with UNFPA CO staff and at provincial level (Punjab); UNFPA Annual Report 2018

<sup>140</sup> UNFPA Annual Plan 2018; Country Office Annual Report 2018

the CP design stage.<sup>141</sup> There is no doubt that Pakistan has good micro-level demographic datasets available by gender, age and region. Under the 9<sup>th</sup> CP, a situation analysis of youth, carried out in 2019 by the Population Council, provided the feedback to support the GoP in fulfilling the rights and needs of AY.<sup>142, 143</sup> At the federal level, the technical support of UNFPA, which is very much relevant to the needs of AY, was given to the *Kamyab Jawan Program (KJP)* of the Prime Minister Office in the construction of Youth Development Index (YDI).<sup>144</sup> It was expected that the latter would eventually provide an accountability framework for the provinces in areas such as 'marginalized youth, 'child marriage', 'abuse cases' and 'life-skill-base-education' (LSBE). It is important to report here that the *KJP* was primarily about the youth employment, entrepreneurship, and engagement, the three Es. It also had a component on 'health and wellbeing'. The UNFPA found the opportunity to support the *KJP* through its 'health and wellbeing' component.<sup>145</sup>

In Pakistan, LSBE is not treated as a standalone subject, rather it is treated as integrated one, across various subjects and languages. The National Curriculum Council (NCC) developed a single curriculum for 1-5 grade students covering all three types of educational institutions - public, private and madrasa.<sup>146</sup> The UNFPA assistance in supporting targeted research on youth to guide policies and programmes at the federal and province level provided the much-needed evidence to generate the policies. The last pillar of the AY component is focused on increasing the opportunities for adolescents and youth to exercise leadership and participate in networks that promote sustainable development, humanitarian action, as well as peace and security. The UNFPA support also adapted to the needs of marginalized and vulnerable groups (including minority girls and vulnerable women) through a participatory and consultative approach.<sup>147</sup> The population of transgender is in general among the marginalized people and their rights were protected to some extent through the Transgender Act 2018.<sup>148</sup> Nevertheless, its implementation was weak because there was no Action Plan associated with the Act. Under the 9<sup>th</sup> CP, UNFPA provided technical support to the Social Departments of Sindh and Punjab (which are the home of large transgender populations), for developing their Action Plans.<sup>149, 150</sup>

In order to accomplish the vision of the Prime Minister, the National Youth Development Framework (NYDF) was developed on the basic principles of 3Es: Education, Employment and Engagement.<sup>151, 152</sup> The UNFPA intervention through the *KJP* under the 'Health and well-being' indicates its relevance to the national objectives/priorities. The National Education Policy (NEP) 2009 continued to be a jointly owned national document ever since the 18<sup>th</sup> Constitutional Amendment.<sup>153</sup> The formation of the National Curriculum Council (NCC) was approved unanimously by all provinces and other areas in the Inter Provincial Education Ministerial Conference (IPEMC) held on Feb 11, 2014. The objective of the conference was to develop a minimum curriculum that ensured Minimum National Standards in all subjects and emphasized the national ideology and societal needs.<sup>154</sup> The in-school children and their teachers were consulted during the development of the above curriculum. The association of UNFPA with the NCC for the developing the LSBE was very much relevant to the national objectives/priorities.<sup>155</sup>

### *Responsiveness of UNFPA support to human rights and gender equality dimensions*

The UNFPA support in AY during the 9<sup>th</sup> CP was responsive to gender equality dimensions. The youth study carried out in 2019 on FP and reproductive health focused on gender. However, the human right dimension of the AY component of the 9<sup>th</sup> CP appears to be weak in clarity about the concept of human rights in AY and its implementation.<sup>156</sup>

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<sup>141</sup> Country Office Annual Report 2018

<sup>142</sup> UNFPA Annual Report 2019

<sup>143</sup> KIs with the staff of Population Council

<sup>144</sup> UNFPA Annual Report 2019; KIs at national level

<sup>145</sup> UNFPA Annual Report 2019; KIs at national level

<sup>146</sup> Document review (Review of Life Skills Based Education Curriculum in Sindh Province and at federal level); Annual Report 2019

<sup>147</sup> KIs at national level

<sup>148</sup> Review of the Transgender Persons Act 2018; KIs at national level

<sup>149</sup> UNFPA Annual Report 2019

<sup>150</sup> KIs at provincial level with the staff of Social Departments of Sindh and Punjab

<sup>151</sup> UNFPA Annual Report 2019

<sup>152</sup> KIs at national and provincial levels

<sup>153</sup> KIs at national and provincial levels; Review of the National Education Policy 2009

<sup>154</sup> KIs at national (UNFPA CO staff; staff of NCC) and provincial levels (all 4 provinces)

<sup>155</sup> KIs with NCC and UNFPA CO staff

<sup>156</sup> Review of the UNFPA Country Programme Document (2018-2022)



### 4.1.3 Gender Equality and Women Empowerment Relevance

UNFPA's SP 2018-21 Outcome 3<sup>157</sup> on GEWE and its link to the Output 4 in CP9, are deemed to be relevant to the GoP national priority.<sup>158</sup> This is stated in, 'Pakistan 2025: One Nation-One Vision' - 'Pillar 1 on People First: developing social and human capital, and empowering women', and Pillar 6 on Knowledge economy.<sup>159</sup> Additionally, the GEWE component is aligned with GoP's international commitments, as the country is a signatory to Universal Declaration on Human Rights (UDHR), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and SDG 2030, including its commitment to achieving SDG 5 among others.<sup>160</sup> Most importantly, Article 25 of the Constitution of Pakistan guarantees women the same rights as men, but in reality, this is not realized, as indicated in the Global Gender Gap Index Report 2020. Pakistan was ranked last but third from the bottom, that is 151<sup>st</sup> out of 153 countries, highlighting the relevance of the CP9 GEWE programme.<sup>161</sup> UNFPA's CP9 Output 4 for GEWE:<sup>162</sup> is relevant to the GoP priorities and the needs of the population as it is in tandem with Outcome 8 in UNSDF 2018-2022, which focuses on gender equality and rights.<sup>163</sup> Outcome 8 states that by 2022, government institutions would have increased accountability towards gender equality commitments. Additionally, UNSDF<sup>164</sup> states that, 'backing efforts and policies to curb GBV, while improving access to quality care, support and treatment services, alongside safe public spaces, for GBV survivors.

#### *Responsiveness of UNFPA support to human rights and gender equality dimensions*

Through the GEWE component, the UNFPA support was responsive to human rights and gender equality dimensions.<sup>165</sup> UNFPA's advocacy efforts and technical support resulted into the Sindh Reproductive Health Rights Bill 2019 being endorsed by the Sindh Assembly and the legislation on Reproductive Health Rights bill and Early Marriage Restraint Act being finalized and duly vetted by Law department in KP Province.<sup>166</sup>

### 4.1.4 Population Dynamics Relevance

The **Output 5** of the CP is about population dynamics and reads as: *Enhanced national capacity to generate, analyse, disseminate, and use disaggregated population data to inform evidence-based policymaking, planning, budgeting, and monitoring.* The evaluation suggests that the UNFPA interventions through its PD component are relevant to the government priorities and the needs of population through enhanced national capacity to generate, analyse, disseminate and use disaggregated population data to inform evidence-based policymaking, planning, budgeting, and monitoring for socio-economic development.<sup>167, 168</sup> The data is disaggregated by region and other variables such as age group, sex, population group, disability status, educational and employment status, among others. The generation of data and demographic analyses were inclusive and covered well the needs of marginalized and vulnerable groups.

#### *Responsiveness of UNFPA support to human rights and gender equality dimensions*

All demographic micro-datasets generated by the Pakistan Bureau of Statistics (PBS) or other organisations and supported by the UNFPA are disaggregated by sex.<sup>169</sup> The examples include the population census, the 2017-18 Pakistan Demographic and Health Survey (PDHS) and the 2019 Pakistan Maternal Mortality Survey (PMMS).<sup>170</sup> A chapter in the PSA 2020 addressed the inequalities including gender and rural-urban.<sup>171</sup>

### 4.1.5 Response to Changing Needs in COVID-19 Context

In line with the mandate of UNFPA, the Pakistan Country Office developed the Pakistan COVID-19 Response Framework, which was rolled out in line with the WHO guidelines and the national priorities.<sup>172</sup> The Response Plan

<sup>157</sup> UNFPA Strategic Plan (2018-2021).

<sup>158</sup> KIs at national and provincial levels.

<sup>159</sup> Document review of the Pakistan 2025: One Nation-One Vision.

<sup>160</sup> KIs at national level.

<sup>161</sup> Document review of the Global Gender Gap Index Report 2020; KIs at national level.

<sup>162</sup> UNFPA Country Programme Document (2018-2022).

<sup>163</sup> KIs at national level

<sup>164</sup> UNSDF / Pakistan One UN Programme III 2018-2022

<sup>165</sup> KIs at national and provincial levels; UNFPA Annual Reports.

<sup>166</sup> KIs at national and provincial levels; UNFPA Annual Reports.

<sup>167</sup> UNFA Annual Report 2018.

<sup>168</sup> KIs at national and sub-national levels.

<sup>169</sup> KIs at national level (UNFPA CO staff and PBS).

<sup>170</sup> Document review of 2017-18 PDHS and PMMS reports; KIs at national level.

<sup>171</sup> KIs at national level; Document review of 2017-18 PDHS) and 2019 PMMS reports.

<sup>172</sup> UNFPA Annual Reports 2019, 2020; KIs at national and provincial levels.



to the COVID-19 pandemic was implemented as a plan of action from the onset of the emergency.<sup>173</sup> In view of the changing situations, the interventions were revised during mid-2020. The CO facilitated the online trainings on Infection Prevention and Control (IPC), procured personal protective equipment (PPE), developed, and disseminated IEC materials on COVID-19 prevention. Since the outbreak, UNFPA, in collaboration with government and development partners was able to immediately redirect USD 1.6 million and made significant progress.<sup>174</sup> In public sector hospitals, kits for the medical staff, front line workers, were distributed across the country.

**Adoption of the SRHR programme to COVID-19 context:** UNFPA provided technical support to NDMA through senior technical experts on gender and SRH to strengthen the national COVID-19 response with a lens of women's health and rights.<sup>175</sup> UNFPA facilitated an SMS message campaign on the use of contraceptives, sensitization of the media coalition on COVID-19 and establishment of national helpline on maternal health and FP in collaboration with the Population Council.<sup>176</sup>

**Adoption of the GEWE programme to COVID-19 context:** The national wide lockdown in Pakistan resulted in the closure of some government services but UNFPA's support for operationalizing essential services and servicing hotlines for GBV survivors, catered directly to the needs of vulnerable women and girls.<sup>177, 178</sup> It was established that domestic violence (DV) increased due to the amplified exposure of women and children to the perpetrators, making them more vulnerable. This was compounded by reduced means of reporting to the extended family due to curbs on mobility and authorities which remained non-operational due to the COVID-19 lockdown.<sup>179</sup> The Punjab Safe City Authority (PSCA) and Punjab Unified Communication and Response (PUCAR-15) showed a 25 percent increase in DV, based on the number of complaint reports received on their helplines, during the lockdown between March 23 and April 23 across the Punjab province.<sup>180</sup> It was noted that only 25 percent of women have mobile phones,<sup>181</sup> and therefore the 25 percent increase reflected a tip of the iceberg of the increase in DV.

The 9<sup>th</sup> CP proved to be responsive to the changing needs in the COVID-19 context by reallocation of funds and being active in preventive measures, beneficial for the population including adolescents and youth.<sup>182</sup> The Population Situation Analysis (PSA) carried out in 2020 included COVID-19 as a cross-cutting theme. A COVID-19 panel study was particularly designed to examine the long-term effects of COVID-19 especially on the marginalized segments of population.<sup>183</sup>

## 4.2 Coherence: Evaluation Question 2

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

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<sup>173</sup> UNFPA Annual Reports 2019, 2020; KIs at national and provincial levels; document review of the Pakistan COVID-19 Response Framework

<sup>174</sup> KIs at national level; UNFPA Annual Report 2019

<sup>175</sup> KIs at national level; UNFPA Annual Report 2020

<sup>176</sup> KIs at national level; UNFPA Annual Report 2020

<sup>177</sup> UNFPA Annual Reports 2019, 2020

<sup>178</sup> KIs at national and sub-national levels

<sup>179</sup> KIs at national and sub-national levels; UNFPA Annual Reports 2019, 2020

<sup>180</sup> <https://www.thenews.com.pk/tns/detail/678152-locked-down-and-vulnerable>; KIs at provincial level (Punjab)

<sup>181</sup> PSLM Report 2018-19.

<sup>182</sup> KIs with UNFPA CO staff and at sub-national level

<sup>183</sup> Pakistan Bureau of Statistics (2020): Special survey for evaluating socio-economic Impact of COVID-19 on wellbeing of people

### Summary

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

### **Coherence with the priorities set by relevant national policies and international normative frameworks**

While ensuring the principle of 'leaving no one behind' the United Nations is committed to working with the Government and people of Pakistan to make a lasting contribution towards national development priorities and to improve the living conditions of all the people in the country.<sup>184</sup> The results achieved under the Pakistan One UN Programme III (2018-2022), served as a base for the Government of Pakistan (GoP) and the UN system to jointly pursue the national priorities given in Pakistan's Vision 2025 and the localization of the SDGs, framed by the 2030 Agenda.<sup>185</sup> The UN in Pakistan followed the 'Delivering as One' approach in supporting the Government's vision for a more prosperous, inclusive, equitable and developed nation.<sup>186</sup> The UNSDF for Pakistan<sup>187</sup> is a medium-term strategic plan that articulates the collective vision and response of the UN system to Pakistan's national development priorities. It highlights the activities to be implemented in partnership with the GoP, as well as in close collaboration with international and national partners and civil society. As part of the UN system, the CP9 has also followed the framework of UNSDF and 2030 Agenda in Pakistan.<sup>188</sup>

### **Contribution of CP9 to SDG targets**

UNFPA supported the development of a National SDGs framework and the population related indicators being incorporated into the framework.<sup>189</sup> An online SDG dashboard was designed to document national and subnational progress on SDG indicators. In addition, SDG Tech Labs were also established by UNFPA and UNDP to explore the avenues to use technology for monitoring and reporting on SDGs.<sup>190</sup> UNFPA in collaboration with UNDP provided technical support to the Ministry of Planning, Development and Reform to set up an SDGs Unit.<sup>191</sup> UNFPA CP interventions on FP, SRH and maternal health helped to contribute to the attainment of the SDG 3 (Health and Wellbeing) and especially target 3.7 (Sexual and reproductive health)..

The mechanism for capturing the contribution of FP to the SDGs was through (i) a cost benefit analysis of FP conducted with technical support from UNFPA during 2020;<sup>192</sup> and (ii) Family Planning-Sustainable Development Goals Model projects how different levels of FP use (directly and indirectly) through their impact on demographics can affect a country's ability to make progress toward the SDGs by 2030 and 2050.<sup>193</sup>

SDG 5 (*Achieve gender equality and empower all women and girls*) has nine targets. According to key informants at the national level, the contribution of UNFPA CP to the programmatic interventions under the GEWE component, which are indicated in section 4.2.3, in turn made a contribution<sup>194</sup> to the attainment of some of SGD 5 targets

<sup>184</sup> KIs at national level

<sup>185</sup> UNFPA Annual Reports 2019, 2020

<sup>186</sup> Pakistan One UN Programme III (2018-2022).

<sup>187</sup> Review of UNSDF for Pakistan (Pakistan One United Nations Programme III (OP III) 2018-2022).

<sup>188</sup> KIs at national level

<sup>189</sup> UNFPA Annual Reports 2018, 2019

<sup>190</sup> KIs at national level; Annual Report 2019

<sup>191</sup> KIs at national level; Annual Report 2018

<sup>192</sup> UNFPA Annual Report 2020

<sup>193</sup> KIs at national level (UNFPA); UNFPA Annual Report 2020.

<sup>194</sup> KIs at national level (UN agencies and government ministries).

namely: i) End all forms of discrimination against all women and girls everywhere; ii) Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and other types of exploitation; and iii) Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.

#### **4.2.1 Sexual and Reproductive Health Coherence**

##### *Evidence of UNFPA's contribution to programmatic interventions stated in national policies and programs*

UNFPA's contribution to programmatic interventions included the following things: i) the development of eight recommendations (post Supreme Court of Pakistan's taking notice of population growth) and the subsequent development of a comprehensive National Action Plan on Population, to support implementation of the recommendations, within the purview of Population, SRHR and FP outcomes of CP9;<sup>195</sup> ii) UNFPA support for the inclusion of FP issues in the manifestoes of major national political parties (Pakistan People's Party, Pakistan Muslim League Nawaz, Pakistan Tehrik e Insaf and Mutahida Majlis), and acknowledgement of FP within the religious leadership;<sup>196</sup> iii) UNFPA support in the development of a Multi sectoral Advocacy and Communication strategy, to create synergy and prioritize FP services/ population dynamics in national development;<sup>197</sup> v) Development of FP Advocacy Strategy;<sup>198</sup> vi) Task Sharing Strategies for insertion of implants by mid-level service providers endorsed in all four provinces;<sup>199</sup> National Pre-marital Counseling Framework on FP;<sup>200</sup> and vii) Technical support to the government for initiation of a Bachelor of Science (BSc) Midwifery degree course in the public sector, as per the ICM standards.<sup>201</sup> Other notable contributions attained during 2020<sup>202</sup> were: A report on lessons learned on the implementation of FP task sharing/task shifting strategies; Development of an advocacy package for the continuation of SRH/ FP services during COVID-19 outbreak for policy and decision makers; a Cost Benefit Analysis of FP linked to the SDGs; and the Community Resilience strategy developed and disseminated.

##### *Coherence of UNFPA support with priorities*

The National Action Plan on Population reflects the national priorities.<sup>203</sup> The National Action Plan on Population aims to increase CPR to 50 percent, decrease TFR to 2.6 births per woman, and population growth rate to 1.5 percent by 2025 and the federal and provincial population welfare programmes are geared to achieve these objectives.<sup>204</sup> The interventions were in line with the latest evidence presented in the Population Situation Analysis (PSA) 2020; and with the national consultative forum series on population and development. The forum was hosted by the Planning Commission in collaboration with provincial governments and development partners.<sup>205</sup> The provincial annual plans were developed and finalized through consultation with UNFPA. The UNFPA identified the requirements during planning process and later provided the support required during the implementation of plans.<sup>206</sup> The provincial implementation process followed the respective annual development plans (ADPs), whereas the Planning Commission acted as a platform for sharing best practices, and mutual learning and the major provincial initiatives undertaken<sup>207</sup> are highlighted in Box 1 on the next page.

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<sup>195</sup> Review of the Supreme Court Recommendations on High Population Growth.pdf; UNFPA Annual Report 2019

<sup>196</sup> Review of the All\_Parties-Manifestos\_comparison\_PC.docx; UNFPA Annual Report 2018

<sup>197</sup> UNFPA Annual Report 2018

<sup>198</sup> Review of the FP\_Advocacy\_Strategy-Draft.docx; UNFPA Annual Report 2018

<sup>199</sup> Review of the Task Sharing Policy Note for Balochistan Sept 22 2018.docx; Task Sharing Policy Note for PUNJAB – Sept 18 2018.docx; Task Sharing Policy Note for SINDH - Sept 21 2018.docx UNFPA Annual Report 2018

<sup>200</sup> UNFPA Annual Report 2019

<sup>201</sup> UNFPA Annual Report 2019

<sup>202</sup> KIIs at national level; UNFPA Annual Report 2020

<sup>203</sup> KIIs at national provincial level; Review of the National Action Plan on Population; UNFPA Annual Report 2019

<sup>204</sup> KIIs at national level; UNFPA Annual Report 2019

<sup>205</sup> UNFPA Annual Plan 2020-2021, Government of Pakistan

<sup>206</sup> UNFPA Annual Report 2019

<sup>207</sup> KIIs at national level; UNFPA Annual Report 2019

## 4.2.2 Adolescents and Youth Coherence

### *Evidence of UNFPA's contribution to programmatic interventions stated in national policies and programs*

The notable contribution by UNFPA to programmatic interventions was shown through: i) its support to the development of National Youth Development Programme of Pakistan (*Kamyab Jawan Programme*);<sup>208</sup> ii) Life and Skilled Based Education (LSBE) interventions (e.g. Advocacy and communications strategy on LSBE, Roadmap for integration of LSBE for in and out-of-school youth) in support to this programme, are viewed to have successfully engaged the government, and played an effective role;<sup>209</sup> iii) Evidence-based programme and curricula development related to LSBE in pursuit of promoting the engagement of young people for achieving sustainable development, with focus on SRHR;<sup>210</sup> iv) Technical support and advocacy for inclusion of SRHR of young people in government policies, for accelerating the implementation of the National Youth Development Framework, including the establishment of a national youth foundation;<sup>211</sup> iv) Draft action plans developed for the implementation of the Transgender Persons Act (Protection of Rights) 2018 in Sindh and Punjab;<sup>212</sup> v) Situation Analysis on Sexual and Reproductive Health of Adolescents and Youth in Pakistan launched at national level.<sup>213</sup>

### *Coherence of UNFPA support with priorities*

The UNFPA interventions for AY were aligned to the national priorities in the following major ways:<sup>214</sup> (i) promoting accountability by assisting the *KJP* for developing the YDI, (ii) improving the quality of education through supporting the national curriculum and LSBE, (iii) ensuring child protection – training and lectures on LSBE, and (iv) contributing in the development and implementation of youth policies.<sup>215</sup> The UNFPA interventions in AY are directly related to SDGs 3-5, and 10. The value addition by the UNFPA is supporting the SRH for youth under the 'health and wellbeing' components of *KJP*. It would gradually be a national priority as well.

#### **Box 1: Major provincial SRH and FP priorities**

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

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

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

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

## 4.2.3 Gender Equality and Women Empowerment Coherence

### *Evidence of UNFPA's contribution to programmatic interventions stated in national policies and programmes*

Among the key contributions by UNFPA to programmatic interventions were: (i) UNFPA support in the development of the GBV Strategy;<sup>216</sup> (ii) Child Marriage strategy;<sup>217</sup> (iii) Inter-agency protocols for GBV prevention and response;<sup>218</sup> iv) Khyber Pakhtunkhwa Reproductive Health and Rights Bill and Child Marriage Restraint Act;<sup>219</sup> (v) National Clinical Handbook on GBV and health system GBV response package undertaken jointly with WHO;<sup>220</sup> (vi) Development of a Manual on Clinical Management of GBV survivors aligned to the national clinical handbook on GBV and health system GBV response package;<sup>221</sup> (vii) Political Economy Assessment on Child Marriages;<sup>222</sup> and (viii) In-depth analysis of Punjab Social and Economic Well-being Survey data on disparities.<sup>223</sup>

<sup>208</sup> KIs with Ministry of Youth Affairs officials; UNFPA Annual Report 2019

<sup>209</sup> KIs at national and provincial levels; UNFPA Annual Reports 2018, 2019, 2020

<sup>210</sup> KIs with UNFPA and Ministry of Youth Affairs; UNFPA Annual Reports 2018, 2019, 2020

<sup>211</sup> UNFPA Annual Report 2019

<sup>212</sup> KIs at national and provincial levels (Social Welfare Departments); UNFPA Annual Report 2020

<sup>213</sup> KIs at national level; Review of the Situation Analysis on SRH of Adolescents and Youth in Pakistan; UNFPA Annual Report 2020

<sup>214</sup> KIs at national and provincial levels; UNFPA Annual Plans (2018-2020); UNFPA CP document, 2018-2022

<sup>215</sup> Review of AYRH\_Draft report- Dec 19 (1). Pdf; TOT Youth SRHR – Handbook.pdf; Draft Implementation Framework for TG Persons Punjab (3).pdf Annual Reports (2018, 2019, 2020)

<sup>216</sup> Review of the GBV Strategy 6 Dec 2019.pdf; UNFPA Annual Report, 2019; KIs at national and provincial levels:

<sup>217</sup> Review of Child Marriage Strategy 5<sup>th</sup> Dec 2019 (1).docx; KIs at national and provincial levels; UNFPA Annual Report 2019

<sup>218</sup> KIs at national and provincial levels; UNFPA Annual Report 2018

<sup>219</sup> Review of KP Reproductive Health and Rights Bill; Review of the Child Marriage Restraint Act; KIs at provincial levels; UNFPA Annual Report 2019

<sup>220</sup> Review of the National Clinical Handbook on GBV and health system GBV response package; KIs at national level; UNFPA Annual Report 2018

<sup>221</sup> KIs at national level; Document review of the Manual on Clinical Management of GBV survivors; UNFPA Annual Report 2018

<sup>222</sup> Review of PEA\_Early Marriage in Punjab PEA+DEC 26 (3).docx; PEA\_Early Marriage in Khyber Pakhtunkhwa\_DEC 26 (2).docx; KIs at national and provincial level (Punjab); UNFPA Annual Report 2019

<sup>223</sup> Review of 2018 Women's Economic and Social Well-Being Survey report (Punjab); KIs at national and provincial level (Punjab); Annual Report 2019



### *Coherence of UNFPA support with priorities*

UNFPA's SP 2018-22 Outcome 3<sup>224</sup> on Gender Equality and Women Empowerment (GEWE), 'Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and settings and its link to output in CP9, are deemed to be relevant to the GoP national priority. The UNFPA support was relevant to Pakistan's Vision 2025 and international frameworks including ICPD agenda, SDGs, and FP2020/30. The UNFPA support is aligned with GoP's international commitments, as it is a signatory to Universal Declaration on Human Rights (UDHR), CEDAW and SDG 2030, including its commitment to achieving SDG 5 among others.<sup>225</sup> The Global Gender Gap Index Report 2020 ranked Pakistan last but third from the bottom, that is 151<sup>st</sup> out of 153 countries, highlighting the relevance of the CP9 GEWE programme.

The GEWE component was found coherent with the priorities set by GoP and international normative frameworks. Demonstration of One UN engagement was effectively witnessed whereby UNFPA ably provided leadership in leading the cluster for GBV through its Multi-sectoral Coordination Mechanism established at NDMA at the national level and in KP,<sup>226</sup> advocated moving the GBV response services to women and girls during COVID-19 from non-essential to essential package during the lockdown phase imposed by government. A Socio-Economic Assessment of COVID-19 on Reproductive Health and GBV was undertaken, as part of UN's support to Pakistan to provide a 'rapid assessment' of COVID-19's socio-economic impact in Pakistan.<sup>227</sup>

### **4.2.4 Population Dynamics Coherence**

#### *Evidence of UNFPA's contribution to programmatic interventions stated in national policies and programs*

The UNFPA contribution to programme interventions was as follows: (i) Technical assistance to national and provincial policies and the development of a number of population policies and programmes, the 2017 Population and Housing Census and Pakistan Demographic and Health Survey (2017-18) was deemed to have brought national commitment for more investments, and helped accelerate the delivery of FP services in Pakistan;<sup>228</sup> and (ii) the 2018 Women's Economic and Social Well-Being Survey in Punjab, and the 2019 Maternal Mortality Survey, were reviewed to have helped health institutions in scaling up life-saving maternal health service delivery nationwide, with targeted interventions and addressing geographic disparities in maternal death and disability.<sup>229</sup>

### *Coherence of UNFPA support with priorities*

The population and development component of the 9<sup>th</sup> CP was deemed aligned well to national priorities and international frameworks.<sup>230</sup> The evaluation showed that all interventions were picked up from the national priorities.<sup>231</sup> This coherence is evident in three ways namely:<sup>232</sup> First, the UNFPA support in data collection, such as PDHS 2017-18 and Pakistan Maternal Mortality Survey 2019, filled the data gaps particularly in the absence of census data. Second, these datasets had very strong policy relevance on key demographic issues particularly fertility, contraception, child and maternal mortality. Third, they were the major sources for monitoring the progress in socio-demographic indicators. The evaluation found that the studies on different demographic issues were also aligned to national priorities.<sup>233</sup>

#### *Evidence of UNFPAs active participation in UN technical working groups*

UNFPA has always been active and valued member of the UN system in Pakistan.<sup>234</sup> UNFPA has actively participated in the following UN working groups:<sup>235, 236</sup>

- UN Country Team (UNCT)

<sup>224</sup> United Nations Population Fund Strategic Plan (2018-2021).

<sup>225</sup> Annual Reports (2018, 2019, 2020); KIs at national level

<sup>226</sup> Multi Sectoral Coordination Model for prevention and response to Gender based Violence

<sup>227</sup> Pakistan Bureau of Statistics (2020); Special survey for evaluating socio-economic impact of COVID-19 on wellbeing of people

<sup>228</sup> KIs with Pakistan Bureau of Statistics; Review of the Housing Census and Pakistan Demographic and Health Survey (2017-18); Annual Report 2018

<sup>229</sup> KIs with Pakistan Bureau of Statistics; Review of the 2018 Women's Economic and Social Well-Being Survey report in Punjab, and the 2019 Maternal Mortality Survey report; UNFPA Annual Report 2018

<sup>230</sup> KIs at national level (UNFPA CO staff and government ministries)

<sup>231</sup> Annual Reports (2018, 2019, 2020)

<sup>232</sup> KIs at national level (UNFPA CO staff; PBS); Annual Reports (2018, 2019, 2020)

<sup>233</sup> KIs at national level (UNFPA OO staff and PBS); Annual Reports (2018, 2019, 2020)

<sup>234</sup> KIs at national level (UNCT; UN agencies)

<sup>235</sup> KIs at national level (UNCT; UN agencies)

<sup>236</sup> Minutes of the UN WG meetings; UNFPA Annual Reports (2018, 2019, 2020, 2021)

- UN Security Management System/security meetings including Senior Management Team, Security Cell, Working group meetings. In addition, UNFPA participated in reviewing / drafting of standard operating procedures and Security Plans
- UN Crisis Management Team at the One UN Level, UNCT/Humanitarian Country Team, Senior Management Team, Programme Management Team, and Operations Management Team (coordination work during the COVID-19 outbreak).

#### *Evidence of UNFPAs participation in joint programming initiatives (planning) & M&E*

UNFPA actively contributed to the development and implementation of 5 joint initiatives namely:<sup>237</sup>

- UNFPA and UNDP worked hand in hand in localizing SDGs/developing national SDGs framework, including incorporating population related indicators, establishing SDGs units and technical labs to explore avenues to use technology for monitoring and reporting on SDGs
- UNFPA, UNICEF and UN WOMEN have launched a joint programme on empowering women, girls and boys for a developed future
- Coordinated efforts with OCHA, WFP and UNHCR and other humanitarian partners and actors in addressing the plight of drought affected populations, IDPs and Afghan refugees
- UNFPA and WHO completed a joint endeavor on health system response to GBV
- UNFPA and UNAIDS jointly developed standards of care for HIV prevention for key populations.

#### *Evidence of UNFPA participation and leadership in humanitarian coordination structures, Area of Responsibility and SRHR, P&D, GE/GBV working groups at national and sub-national level*

In the addition to the above UN working groups, UNFPA was actively involved in the humanitarian coordination mechanisms as follows:<sup>238</sup> (i) Co-chair of the Reproductive Health Working Group and GBV Working Group both at national and provincial level; (ii) Women and Child (W&C) Working group; and (iii) Humanitarian Country Team.

### **4.3 Effectiveness: Evaluation Questions 3-6**

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

#### **Summary**

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

The contribution of the outputs to the outcome was deemed sub-optimal since 4 out of 11 output indicators (36%) were below the scoring range of 70-99%.

#### **4.3.1 Sexual and Reproductive Health Effectiveness**

The **Strategic outcome 1 (SRH)** had two outputs namely: Output 1: Increased national and sub-national capacity to accelerate delivery and accessibility of high-quality family planning information and services; and Output 2: Enhanced national and subnational capacity to provide integrated SRH services, particularly for marginalized and affected population in humanitarian settings. Output 1 aimed to strengthen the capacities of the country's health

<sup>237</sup> KIs at national level (UN agencies; UNFPA CO Staff); UNFPA Annual Reports 2018, 2019, 2020

<sup>238</sup> KIs at national level; UNFPA Annual Reports 2018, 2019, 2020

system to ensure that women and adolescent girls have increased access to information and services for FP and maternal health. UNFPA provided the relevant technical and financial support for the different programme activities. Output 2 focused on the strengthening of national systems for the provision of integrated SRH information and services in humanitarian situations.

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

The theory of change underlying the SRH component, as outlined in the CPD is generally based on a sound intervention logic.<sup>239</sup> The strategic outcome and the two outputs which are contributing to the attainment of the outcome were articulated well. The linkages between the activities for planned interventions for the outputs were clear as well as the linkages between outputs and the outcome. The indicators for the outputs were sufficient to measure the progress. However, some targets for output indicators were stated as categorical, requiring only “Yes” or “No” as the only options for measuring achievement. These categorical measurements fell short of clearly defining the quality, processes and parameters of measurement.

The maternal mortality ratio (MMR) in Pakistan has decreased from 276 deaths per 100,000 live births (2006-2007)<sup>240</sup> to 186.<sup>241</sup> The same Pakistan Maternal Mortality Survey showed the provincial differences – the MMR was lowest in Punjab (157 per 100,000 live births), followed by Khyber Pakhtunkhwa (165), Sindh (224), and Balochistan (298). The MMR was 104 in Azad Jammu and Kashmir, and 157 in Gilgit-Baltistan. The ratio was also 26 per cent higher in rural areas (199) than urban areas (158) of Pakistan

The evaluation assessed the performance of eleven output indicators linked to the above two outputs and the underlying interventions. The results are summarised in Table 11. Seven out of eleven (64 per cent) output indicators met the defined targets while one (26 per cent) were most likely to be achieved, and three others (16%) were unlikely to be achieved.

**Contribution to the outcome:** The contribution of the outputs to the outcome was deemed sub-optimal since 4 out of 11 output indicators (36%) were below the scoring range of 70-99%.<sup>242</sup> The update information on the outcome indicator (related to maternal mortality rate) was not readily available given the fact that data can only be obtained from national survey such as demographic health surveys or MICS

**Table 11: Performance achievement of FP/SRH output indicators**

<b>Outcome 1:</b> Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated SRH services and exercised reproductive rights, free of coercion, discrimination and violence.					
Outputs	Total indicators	Achieved $\geq 100\%$	Most likely to be achieved 70-99%	Likely to be achieved 25-69%	Unlikely to be achieved <25%
FP Output 1	5	4		1	
SRH Output 2	6	3			3
<b>Total</b>	<b>11</b>	<b>7</b>		<b>1</b>	<b>3</b>
<b>Per cent</b>		<b>64%</b>		<b>20%</b>	<b>16%</b>

Source: Evaluation team analysis

#### 4.3.1.2 Status of Output 1 – FP Indicators

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

**Increase in Provincial Government Expenditures on SRH and FP Programme:** The evaluation found that in 2019-2020 the collective provincial budgetary allocations for SRH and FP were around PKR 14 billion (USD 87M), which was slightly higher (around 1 per cent) than the budgetary allocation for the fiscal year 2018-2019.<sup>243</sup> During

<sup>239</sup> Evaluation team analysis; Kills at national level (UNFPA)

<sup>240</sup> Pakistan Demographic and Health Survey of 2006-7

<sup>241</sup> Pakistan Maternal Mortality Survey (PMMS), 2020

<sup>242</sup> Evaluation team analysis of UNFPA Annual Reports (2018-2020)

<sup>243</sup> UNFPA Annual Reports 2018, 2019, 2020



2019/2020, there was diversion of financial resources from SRHR activities to address the unforeseen COVID-19 pandemic.<sup>244</sup>

**Introduction of HRBA in Pre-service Trainings of LHVs, CMWs, and FWWs:** The basic concept of HRBA encourages parents to exercise the right to consciously and willingly decide on the number and spacing of children while keeping a balance between family size and family resources.<sup>245</sup> In 2018, HRBA based FP Protocols were developed and integrated into existing training programmes for women health care providers.<sup>246</sup> The integration involved the following things: (i) carrying out an in-service Training for Trainers for a pool of health providers from 4 provinces to introduce the HRBA protocols during 2018;<sup>247</sup> and (ii) an assessment of pre and in-service training curricula of health care providers to evaluate the integration of HRBA into FP and the end result was a curriculum and training/action plan on HRBA.<sup>248</sup> In 2020, these protocols were updated to incorporate the latest human rights concepts and principles, and to ensure that they were aligned with the CCI recommendations and the new population narrative. The community-based health workers such as LHVs, CMWs and FWWs sensitised the beneficiaries including the marginalised groups with information about their human rights to access FP /SRH services. A total of 346 service providers, 78 in Sindh, 188 in Balochistan, 50 in KPK, and 30 in Punjab, were trained in HRBA based FP Protocols. In order to increase access to FP services through LHWs for marginalised groups (e.g women, women and girls living with disabilities) in remote populations, Pathfinder piloted a model in Larkana and Dadu districts of Sindh Province with UNFPA's support in the LHWs were trained to provide all kinds of FP commodities.<sup>249</sup> UNFPA supported the scaling up of this model and in 2020, 927 LHWs were trained whereas the target for 2021 was set to train 1,000 more LHWs.<sup>250</sup>

**Introduction of Task Sharing and Task Shifting:** In response to continued advocacy by UNFPA,<sup>251</sup> in 2018 all four provinces had committed to adopt and roll out task sharing for FP.<sup>252</sup> In 2019, all four provinces endorsed task sharing strategies for insertion of implants by mid-level service providers. In 2020, provinces approved this strategy and rolled it out in selected pilot districts.<sup>253</sup> In Sindh and KP Provinces, the trained LHWs were notified to administer first dose of contraceptive injection after getting training and under mentorship for the initial days. The significance of task sharing, and task shifting is that it allowed the engagement of less specialised people to perform clinical /medical tasks, which would normally be done by experienced health staff. As a result, there was an increased pool of health cadres in the health system which improved the efficiency FP /SHR service delivery<sup>254</sup>

**Private Sector Consortium – Public-Private Partnership Frameworks:** To increase availability and access of SRH and FP services to beneficiaries including marginalised groups, UNFPA emphasized on fetching non-government service providers and organizations in service delivery. Key informants shared that it was adequately planned and implemented through the development of public private partnership framework and standard operating procedures for issuance of and provision of FP commodities to private entities.<sup>255, 256</sup> The significance of these PPP frameworks was that they added numbers to the pool of FP providers in the country and thereby improving the available number of commodities and hence increasing the access to SRHR services for beneficiaries.

**Provision of FP Commodities through Non-Government Entities:** By UNFPA advocating to the non-government entities such as CSOs to be engaged in the provision of FP commodities, it was anticipated that the needs of the marginalised groups would be met since the CSOs stay close to the communities.<sup>257</sup> In 2018, Sindh, Punjab and Balochistan provinces developed frameworks for the procurement of FP commodities for non-government service providers and organizations as well as Sindh and Punjab starting to provide free FP

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<sup>244</sup> KIIs with UNFPA CO staff; UNFPA Annual Reports 2019, 2020

<sup>245</sup> <https://www.unfpa.org/human-rights-based-approach>

<sup>246</sup> KIIs with UNFPA and Ministry of Health UNFPA Annual Report 2018

<sup>247</sup> KIIs at national and provincial level; Review of the curriculum and training/action plan on HRBA; UNFPA Annual Report 2018

<sup>248</sup> UNFPA Annual Report 2019

<sup>249</sup> KIIs at provincial level (Sindh)

<sup>250</sup> UNFPA Annual Report 2020

<sup>251</sup> FP\_Advocacy\_Strategy-Docx

<sup>252</sup> UNFPA Reports 2018, 2019, 2020; KIIs at national and subnational levels

<sup>253</sup> UNFPA Annual Reports (2018, 2019, 2020)

<sup>254</sup> Task Sharing Policy Notes for Punjab, KP, Sindh, Balochistan

<sup>255</sup> Stakeholders' Analysis on Public Private Partnership

<sup>256</sup> KIIs at national level

<sup>257</sup> FP\_Advocacy\_Strategy-Docx; UNFPA Reports 2019, 2020

commodities through the private sector in 2018 and 2019, respectively.<sup>258</sup> In 2020, Balochistan also started PPP scheme.<sup>259</sup> The two main CSOs, Peoples Primary Health Initiative (PPHI) and Family Planning Association of Pakistan signed MoUs and both organisations received their initial FP supplies.<sup>260, 261</sup>

#### 4.3.1.3 Status of Output 2 – Integrated SRHR Indicators

In Annex 10 is a summary of the yearly targets and their status of achievement for integrated SRHR indicators. This information was drawn primarily out of secondary data in the form of annual reports and key interviews.<sup>262</sup>

**Standardization of Midwife Training Curricula:** In 2018, UNFPA supported the review of midwifery curricula to identify gaps against the WHO/ICM standards, and to standardize it for midwifery training. The findings were shared with key stakeholders and as a result 20 midwifery faculty tutors (14 in Punjab, 3 in Balochistan and 3 in FATA) received in-service TOT on clinical aspects.<sup>263</sup> Given these gaps in the training curricula, UNFPA carried out advocacy and the Government eventually set up Health Care Commissions in the 4 provinces in order to develop standards for the midwifery training sector. UNFPA provided technical support to the Health Service Commissions in the development of minimum standards for Health Care Establishments for Midwives as per the ICM guidelines.<sup>264</sup>

**Launching of BSc Midwifery Training Programme:** UNFPA supported the government to launch the first-ever BSc Midwifery training programme in the public sector, in line with ICM and WHO standards.<sup>265</sup> This BSc Training Programme was launched in Sindh and Punjab Provinces. Faculty members from Dow University of Health Sciences (DUHS), a public sector entity, was trained to start BSc Midwifery programme.<sup>266</sup> After approval from Pakistan Nursing Council, it was notified and 25 students were offered enrolment whereas 19 were enrolled in 2020.<sup>267</sup> UNFPA supported the participation of four faculty members in faculty development training conducted by the APRO and 19 midwifery tutors and supervisors to receive 30-day clinical refresher training.<sup>268</sup> At the federal level, direct entry BSc Midwifery programme was also in the process of development as well as UNFPA requested ICM to identify experts to support the initiation of BSc Midwifery in Pakistan.<sup>269</sup> With assistance from ICM, a team of experts was set up to assess a potential government site in Islamabad that is, Pakistan Institute of Medical Sciences, to launch the programme. The continued advocacy efforts of UNFPA have been successful in mobilizing federal government support to incorporate BSc Midwifery training into the Universal Health Coverage benefit package since midwives play a crucial role in universal health care.<sup>270</sup> In addition, UNFPA convinced the Government of Punjab to initiate BSc Midwifery training programme in Punjab province. In 2019, UNFPA provided technical support to the government for developing a plan to regulate the midwifery teaching standards and practices, and to initiate a degree course in 'BSc in Midwifery' in the public sector in line with the standards set by ICM.<sup>271</sup> In 2020, faculty members from Dow University of Health Sciences (DUHS) Karachi, a public sector organization, were trained to initiate the BSc Midwifery programme.

**Incorporation of MISP in Contingency Plans:** The key informants from the provincial health and welfare departments and representatives of women groups shared that they were part of the orientation and consultative process to develop the Minimum Initial Service Package (MISP) for SRH in humanitarian settings according to the WHO guidelines.<sup>272</sup> However, the COVID-19 pandemic interrupted the consultation process. With the technical

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<sup>258</sup> UNFPA Annual Reports 2019, 2020; KIs at national and subnational level

<sup>259</sup> PPP\_Framework\_Punjab\_Ffinal\_draft.docx; PPP\_Framework\_Quetta\_Dec\_2018.docx; FP PPP Framework.pdf

<sup>260</sup> UNFPA Annual Reports 2019, 2020

<sup>261</sup> KIs with PPHI and Family Planning Association of Pakistan

<sup>262</sup> KIs with UNFPA CO staff

<sup>263</sup> UNFPA Annual Reports 2018, 2019

<sup>264</sup> UNFPA Annual Reports 2018, 2019; KIs at subnational level

<sup>265</sup> UNFPA Annual Report 2020; KIs at national and subnational levels

<sup>266</sup> KIs at national and subnational levels; UNFPA Annual Reports 2018, 2019

<sup>267</sup> KIs at national level; UNFPA Annual Reports 2018, 2019

<sup>268</sup> KIs at national level; UNFPA Annual Reports 2018, 2019

<sup>269</sup> KIs at national level; UNFPA Annual Reports 2018, 2019

<sup>270</sup> KIs at national level; Review of the Universal Health Coverage benefit package; UNFPA Annual Reports 2018, 2019

<sup>271</sup> KIs with UNFPA CO staff; UNFPA Annual Report 2019

<sup>272</sup> KIs at national and subnational levels (Provincial Health and Social Welfare Departments)

support of UNFPA, MISP was integrated in contingency plans for all 4 provinces and the national level contingency plan.<sup>273</sup>

**Regulating Midwifery Practices and Teaching Standards and Standardization of Midwifery Curricula:** In collaboration with the Midwifery Association of Pakistan and APRO, UNFPA was successful to mobilize ICM support in strengthening the midwifery regulations in Pakistan in line with ICM standards.<sup>274</sup> UNFPA provided technical support for the preparation of the 5-year development plan to regulate the midwifery practices and teaching standards.<sup>275</sup> Little progress was made to finalise the regulations and situation was made worse by the COVID-19 pandemic. The key informants stated that standardization of midwifery curricula across the country, which is in line with internationally acceptable norms and at par with WHO standards, was immensely required. In response to this, in 2019, UNFPA supported the GoP for the development of a plan to regulate the midwifery teaching standards as well as the midwifery practices. Although the midwifery cadre was started in Pakistan over a decade and a half ago, however it still lacked a mechanism to regulate and standardize the midwifery services.<sup>276</sup>

**Pilot Testing the Resilient Community Health System Models:** The significance of these pilots was to identify potential gaps and weaknesses of the resilience system with a special focus on women and girls.<sup>277</sup> Thereafter, UNFPA developed and tested two models of the Resilient Community Health Systems in response of COVID-19 pandemic. The First model “The Neighbour-hood Watch Project” was piloted in the severely affected slums of six districts of Karachi. The key informants from UNFPA shared that 1,224 community-based health workers were engaged who reached out to around 600,000 households.<sup>278</sup> The community-based health workers were educated by facility-based health workers on preventive measures for COVID 19 and offered their support to connect them to SRH services. The second model “Hub and Spoke” was tested in the province of Balochistan to provide SRH and GBV Services. This Model was designed around the network of basic health units (BHUs) and outreach services, which were linked to a hub at the Rural Health Unit (RHC) for RH service delivery.<sup>279</sup> The significance of the 2 pilots was that the availability of adequate human resources like lady doctors and midwives, and equipment and supplies ensured to equip the health facilities and improve the access to SRHR services in far flung areas.

**Birthing stations in seven districts of Balochistan:** Through the support of UNFPA, the Government of Balochistan established 25 CMW- led birthing stations in seven districts, which were adequately equipped to provide prenatal, natal, postnatal and FP services.<sup>280</sup> These stations related to secondary and tertiary level health facilities through a functional referral system. In 2019, again with support from UNFPA, seven CMW-led units were established.<sup>281</sup> These centres collective, on an average, received 300 to 400 patient visits in a day.

**Prevention and care of obstetric fistula – Vesicovaginal and rectovaginal fistula:** With UNFPA support, a Fistula Repair Campaign was organized in Sindh Province in which over 103 vulnerable women and girls from across the country including Afghan refugees received fistula treatment and rehabilitation.<sup>282</sup> These fistulas put the women (one of the most marginalised group of women) in social problems (which they faced such as stigma) more than medical issues.<sup>283</sup> An assessment on the status of fistula in Pakistan was supported that highlighted various issues related to fistula in the country and UNFPA planned to support the mobilization of resources to eliminate fistula and other childbirth related complications.<sup>284</sup>

**24/7 Sexual and Reproductive Health Services:** In KPK, Prime Foundation established 24/7 SRH service centres in government basic health units (BHUs).<sup>285</sup> These centres provided antenatal, natal, postnatal and FP

<sup>273</sup> KIs at national and provincial levels; Review of Final National Monsoon Contingency Response Directive 2019.pdf; Drought Response Plan 20190305.pdf; UNFPA Annual Reports 2018, 2019, 2020

<sup>274</sup> KIs with UNFPA CO staff and Midwifery Association of Pakistan; UNFPA Annual Report 2020

<sup>275</sup> KIs with Pakistan Nursing Council and UNFPA CO staff; Review of 5-year development plan to regulate the midwifery practices and teaching standards; UNFPA Annual Report 2019

<sup>276</sup> KIs with Pakistan Nursing Council and UNFPA CO staff; UNFPA Annual Report 2020

<sup>277</sup> KIs at national and provincial levels; UNFPA Annual Reports 2018, 2019

<sup>278</sup> KIs at national and provincial levels; UNFPA Annual Report 2019

<sup>279</sup> KIs at national and provincial levels; UNFPA Annual Report 2019

<sup>280</sup> KIs at national level (UNFPA, Ministry of Health) and provincial level (Balochistan)

<sup>281</sup> KIs at national level (MoH and UNFPA CO staff) KIs at provincial level (Balochistan); UNFPA Annual Report 2019

<sup>282</sup> UNFPA Annual Report 2020; UNFPA Annual Plan 2021

<sup>283</sup> KIs at national and provincial levels

<sup>284</sup> KIs at national and provincial level; UNFPA Annual Report 2020

<sup>285</sup> KIs with Prime Foundation

services to women in remote KPK districts. This project was supported by funding from Central Emergency Response Fund (CERF) through UNFPA.<sup>286</sup>

**Health Support to GBV:** Prime foundation provided GBV psychosocial support in one of the most difficult districts (with evident law and order issues) of South Waziristan. Around 500 clients in a month benefitted from mental health and psychosocial counselling through this project.<sup>287, 288</sup>

## HIV/AIDS

**National guidelines and SOPs for a comprehensive HIV prevention programme** among key population were developed.<sup>289</sup> During 2019, the **National guidelines for the management of Sexually Transmitted Infections (STI)** were developed to provide evidence-based guidance for prevention, laboratory diagnosis, screening and treatment of all STIs.<sup>290</sup> Under the United Budget Results and Accountability Framework support, HIV&AIDS voluntary counselling centers were strengthened to improve the quality of care for HIV &AIDS and STIs.<sup>291</sup> Twenty-one (21) medical camps provided free consultations and medical services were provided to 751 marginalised people (154 male, female and 338 transgender people) as well as 39 sessions, which were organized in three districts to sensitize 777 vulnerable groups (40 male, 214 female, 473 transgenders, and 50 female sex workers).<sup>292</sup>

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

In July 2018, the Supreme Court of Pakistan, while considering population growth and FP as the human right issues, took Suo Moto Notice and constituted a Task Force to frame clear, specific and actionable recommendations to address alarmingly high population growth.<sup>293</sup> The Task Force framed a set of recommendations aiming at enhancing CPR to 50 percent and 60 percent and lowering the TFR to 2.8 and 2.2 by year 2025 and 2030, respectively.<sup>294</sup> This is expected to lower population growth rate to 1.5 percent by 2024 and to 1.1 percent by 2030. These recommendations were presented to the Council of Common Interest (CCI) in November 2018 and were approved.<sup>295</sup> The CCI asked the Ministry of NHR&C to develop a Costed Action Plan in consultation with all relevant stakeholders to operationalize the recommendations. The CCI recommendations were translated into an Action Plan, which was prepared in consultation with provincial governments, relevant CSOs and other implementing partners in the private sector.<sup>296</sup> The Plan of Action was finalised and implemented at national and provincial levels taking into account the needs of vulnerable people (e.g. women, women living with disabilities etc).<sup>297</sup> The country programme supported the development of a costed national population action plan, which amounts to US\$ 1.312 billion, with US\$ 802 million commitments from domestic resources, followed by the government call to the international donor community to fill the gap of US\$ 510 million at the donor conference, hosted by the president of Pakistan and supported by UNFPA in November 2021.<sup>298</sup>

### 4.3.1.4 Leaving No one Behind

In order to ensure that no one was left behind for SRHR services, UNFPA facilitated the following things:

- (a) Availed disaggregated data on the marginalized groups through i) in-depth analysis of the PDHS data; ii) a Political Economy Analysis was conducted to help identify the incentives and constraints affecting the behavior of the different individual and institutional actors involved in facilitating or inhibiting development of population policy and family planning policy and practice in Pakistan; iii) the Socio-Economic Assessment of COVID-19 on Reproductive Health and Gender-Based Violence.
- (b) Piloting testing the Resilient Community Health System Models (e.g., The Neighbourhood Watch Project) availed an opportunity to see how best to provide community based SRHR services to marginalized groups living in remote far-flung places.

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<sup>286</sup> KIs with Prime Foundation and UNFPA CO staff

<sup>287</sup> UNFPA Annual Reports

<sup>288</sup> KIs at national (UNFPA CO staff) and provincial levels

<sup>289</sup> UNFPA Annual Report 2018

<sup>290</sup> UNFPA Annual Report 2019

<sup>291</sup> KIs at national and subnational levels

<sup>292</sup> UNFPA Annual Reports

<sup>293</sup> KIs at national level; UNFPA Annual Report 2019

<sup>294</sup> National Plan of Action on Population (2019)

<sup>295</sup> KIs at national level; UNFPA Annual Report 2019

<sup>296</sup> CCI Costed action plan-National-Consolidated.xlsx; UNFPA Annual Report 2019

<sup>297</sup> UNFPA Annual Reports

<sup>298</sup> KIs at national level; UNFPA Annual Report 2019

#### 4.3.1.5 Challenges

The key challenges identified were

- Inadequate human resources: There were difficulties in recruiting project staff within the government departments to support the programme which slowed the speed of programme implementation<sup>299</sup>
- Aligning the national and provincial health departments to form a standard policy and regulations remained a challenge. The Midwifery working group provided an important opportunity to ensure alignment. However, a lack of a regulatory body proves to be a major handicap<sup>300</sup>
- Limited capacity of IPs to provide SRH and GBV services in humanitarian/emergency contexts<sup>301</sup>

#### 4.3.1.6 Unintended effects

There were no unintended effects reported or observed.<sup>302</sup>

#### 4.3.2 Adolescents and Youth Effectiveness

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

##### Summary

UNFPA support in AY helped develop programmes and policies that incorporate the rights and needs of youth, particularly access to SRH information and services. In addition, it also provided space to the young people where they could voice their concerns and aspirations and identify the gaps and take their points of view to policy makers e.g., National Youth Council. The notable achievements under AY were as follows: (a) development and adoption of the first-ever Adolescents and Youth Strategy on Sexual and Reproductive Health and Rights; (b) adoption of Integrated Community Outreach Strategy on Adolescents/Youth Sexual and Reproductive Health and Rights; (c) development and roll-out of the National Health and Wellbeing Action Plan for Adolescents and Youth; (d) National Volunteerism Policy and Youth Engagement Strategy adopted by the Prime Minister's National Youth Development Programme known as 'Kamyab Jawan' programme; (e) development and adoption of three provincial youth policies and action plans, as well as revision of two provincial youth policies along with the implementation support plans; (f) establishment of an inclusive National Youth Council (NYC) notified by the Prime Minister and inaugurated by the Preside; and (g) the development of the Youth Development Index (YDI) by the KJP.

##### 4.3.2.1 The Intervention and Results Logic for Adolescent and Youth Programming

The **Strategic outcome 2 (AY)** had one output namely: Output 3: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts. Adolescents and youth, aged 10-19 and 15-29 respectively, are the beneficiaries of the AY component of the 9<sup>th</sup> CP. At the output level, the 9<sup>th</sup> CP (2018-22) supported the stakeholders particularly the GoP in fulfilling the rights and needs of adolescents and youth by supporting leadership and participation of youth in initiatives that encourage dialogue and seek local solutions for SRH challenges, with a focus on young girls.

##### 4.3.2.2 Evaluation of the Results for Adolescents and Youth Component

The UNFPA strategic plan articulates a set of results at the impact, outcome, and output levels that UNFPA has planned to achieve during 2018-2022. Accordingly, the theory of change (TOC) underlying the four components of 9<sup>th</sup> CP including A&Y component is based on an intervention logic, with causal linkages between these levels - output, outcome, and impact.<sup>303</sup> The overall objective or impact level (see Evaluation Matrix) reads as: **“by 2022, increased number of women make informed decision and choices over their fertility, enabling a demographic transition in Pakistan”**. The linkages between activities for planned interventions and the output

<sup>299</sup> KIs at national and provincial levels; UNFPA Annual Reports 2018-2020

<sup>300</sup> KIs at national level (UNFPA CO staff) and at provincial level (Health Departments); UNFPA Annual Report 2020

<sup>301</sup> KIs at national level

<sup>302</sup> UNFPA Annual Reports

<sup>303</sup> Evaluation team analysis; KIs at national level (UNFPA)

were clear.<sup>304</sup> When put together, the results were equivalent to increased national and sub-national capacity to develop policies, programmes and institutional mechanisms that incorporate the rights and needs of youth, particularly access to SRH information and services (Output 3).

The evaluation team noted that the CO did its best to provide the human, financial, material and management resources which were required for the implementation of various interventions and eventual achievement of results.<sup>305</sup> However, the concept of TOC, as used in the 9<sup>th</sup> CP, seems to be much bigger than the intervention logic, which has focused on SRH information and services for adolescents and youth. A close look at the TOC shows that the intervention logic for Output 3 is based on “consequences” e.g., high fertility, low CPR, which is in line with the strategic plan of the UNFPA. But the intervention logic ignored many “problems” or “needs”. For example, under the TOC (Annex 2 of the Design Report), inadequate spending of the Government for health and education and lagging particularly of girls across all levels of education were among the key “problems” affecting fertility levels. Health, except SRH, and education were not part of the intervention logic. It can be argued that these key sectors were probably the focus of some other development partners or international agencies. Similarly, the scale of UNFPA interventions for adolescents and youth were too small for the TOC. Theoretically, the ‘contribution analyses apply well on the intervention logic for the AY component of the 9<sup>th</sup> CP. This contributed or made the difference through its intervention logic in building ‘national and subnational capacity to develop policies.

The performance of four output indicators was assessed by the evaluation team. Two out of four (50% indicators achieved their targets while two others (50%) were unlikely to be achieved as shown in Table 12.

**Table 12: Performance achievement of AY output indicators**

<b>Outcome 2:</b> Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.					
<b>Outputs</b>	<b>Total indicators</b>	<b>Achieved <math>\geq 100\%</math></b>	<b>Most likely to be achieved 70-99%</b>	<b>Likely to be achieved 25-69%</b>	<b>Unlikely to be achieved &lt;25%</b>
AY Output 3	4	2			2
<b>Total</b>	<b>4</b>	<b>2</b>			<b>2</b>
<b>Per cent</b>		<b>50%</b>			<b>50%</b>

Source: Evaluation team analysis

**Contribution to the outcome:** Given the assessment that 50% of the output indicators were unlikely to be achieved, the contribution of the output to the outcome is deemed sub-optimal.<sup>306</sup> The information on the outcome indicator was not readily available given the fact that data can only be obtained from national survey such as demographic health surveys or MICS.

#### 4.3.2.3 Achievement of Planned Results for the Adolescents and Youth Component

Regarding the results, the information provided by the country office on year-wise progress of indicators<sup>307</sup> is summarized in Annex 10. Indicator-wise progress is as follows: **National/provincial curricula on gender-responsive age-appropriate life-skills-based education:** The UNFPA signed an MOU with the Ministry of Education in 2018 to initiate integration of LSBE in the national curricula.<sup>308</sup> After completing the advocacy and communication strategy draft and 3-year roadmap for integration of LSBE for in and out-of-school adolescent and youth in 2019, extensive consultations with the policy makers, federal and provincial education and associated departments, key stakeholders and civil society organizations were held to initiate integration of LSBE in the educational curricula.<sup>309</sup> The existing national and provincial curriculum on LSBE was reviewed and updated by the UNFPA for the Ministry of Federal Education and Profession Training and Sindh Education Department respectively with regard to the international guidelines and comprehensive LSBE curriculum.<sup>310, 311</sup> With this

<sup>304</sup> Evaluation team analysis

<sup>305</sup> KIs at national level (UNFPA); UNFPA Annual Reports (2018 2019, 2020)

<sup>306</sup> Document review of UNFPA Annual Reports (2018, 2019, 2020)

<sup>307</sup> UNFPA Annual Reports (2018, 2019, 2020)

<sup>308</sup> KIs at national level (Ministry of Education officials); UNFPA Annual Report 2018;

<sup>309</sup> KIs at national and provincial levels; UNFPA Annual Report 2019

<sup>310</sup> UNFPA Annual Report 2019

<sup>311</sup> Document review of comprehensive LSBE curriculum



foundational work, the first national guidelines on the adoption of gender responsive, contextualized, age appropriate LSBE contents were developed in 2020 through a consultative process.<sup>312, 313</sup>

**Participatory platforms:** Under the Youth-led platform initiative, a pool of 'Youth Leaders on SRHR' was established representing youth-led organizations to campaign advocacy for youth related policies.<sup>314</sup> During 2020, 60 youth champions from 30 youth-led organizations in ICT and KP were trained on SRHR; whereas 16 Master Trainers' were trained and engaged for the cascade training.<sup>315</sup> The Handbook and ToT Manual for the Youth Leadership Course on SRHR was developed.<sup>316</sup> These youth leaders will eventually be engaged for advocating with the Provincial Youth Affairs Departments for designing and implementing programmes on SRHR, while supporting the government in achieving SDG 3.7. At the National level, the expectation was that these youth leaders would contribute to the National Youth Development Framework and Development Program – *Kamyab Jawan*, to set up a formal structure of the National Youth Council.<sup>317, 318, 319</sup>

**Availability of national data on youth for informed policy making:** In 2018, a concept note was prepared to initiate discussions to carry out a comprehensive study on youth.<sup>320</sup> However, due to lack of funding, the study could not be initiated. However, the UNFPA maintained the coordination with UNDP to come up with national data on youth and information on SDGs at provincial level and this contributed to making the SGD database functional.<sup>321</sup>

**Action plans for provincial youth policies:** Sindh Youth Policy was approved in 2018 as a result of significant policy advocacy by UNFPA over the past few years.<sup>322</sup> For the development of action plan to implement the Sindh Youth Policy, the process was initiated in 2019. At the beginning of 2020, the National youth-led policy conference was organized with UNFPA's support, to bridge the gap between young people and the policy makers.<sup>323</sup> Gaps were identified and new areas were highlighted to be incorporated in the policies including the support for persons with disabilities and additional focus on adolescents and youth SRHR.<sup>324</sup> Due to the COVID-19 pandemic situation, the focus was routed towards preventive measures against COVID-19 and therefore youth policy development work came to a halt.<sup>325</sup> However, the recent White Paper of UNFPA showed a good progress as a result of dynamic interaction of the youth on the youth policies. The progress included the following: (a) development and adoption of the first-ever Adolescents and Youth Strategy on Sexual and Reproductive Health and Rights; (b) adoption of Integrated Community Outreach Strategy on Adolescents/Youth Sexual and Reproductive Health and Rights; (c) development and roll-out of the National Health and Wellbeing Action Plan for Adolescents and Youth; (d) National Volunteerism Policy and Youth Engagement Strategy adopted by the Prime Minister's National Youth Development Programme known as 'Kamyab Jawan' programme; and (e) establishment of an inclusive National Youth Council (NYC) notified by the Prime Minister and inaugurated by the President.<sup>326, 327</sup>

The other achievements of the UNFPA support<sup>328, 329</sup> through its 9th CP include the construction of Youth Development Index (YDI) by the KJP; capacity building sessions with law enforcement agencies, media and health workers to meet the needs of marginalized (youth living in remote areas) and vulnerable groups (e.g. young people

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<sup>312</sup> UNFPA Annual Report 2020

<sup>313</sup> KIIs at national level; document review of national guidelines on LSBE

<sup>314</sup> UNFPA Annual Report 2020

<sup>315</sup> UNFPA Annual Report 2020

<sup>316</sup> Document review of the Handbook and ToT Manual for the Youth Leadership Course on SRHR

<sup>317</sup> UNFPA Annual Report 2020

<sup>318</sup> KIIs at national and provincial levels

<sup>319</sup> Document review of the National Youth Development Framework and Development Program – *Kamyab Jawan*

<sup>320</sup> UNFPA Annual Report 2018

<sup>321</sup> KIIs at national level

<sup>322</sup> UNFPA Annual Report 2018

<sup>323</sup> KIIs at national level

<sup>324</sup> UNFPA Annual Report 2020

<sup>325</sup> During 2021, UNFPA will continue with its youth policy support initiative and will support the 4 provinces and 2 regions with the review and implementation of the policies.

<sup>326</sup> UNFPA Pakistan; White Paper: accelerating progress towards achieving the three transformative results and the Sustainable Development Goals, UNFPA Islamabad.

<sup>327</sup> KIIs at national level; Document review of youth policies and action plans

<sup>328</sup> UNFPA Annual Reports 2018, 2019, 2020; KIIs at national level

<sup>329</sup> UNFPA Mid-Term Review Report of 8<sup>th</sup> CP (2018-2022), December 2020

living with disabilities, minority groups); and the availability of youth friendly spaces through the Aga Khan Foundation (AKF) and Rural Support Program Network (RSPN).

Youth SRH was not a priority area of the GoP. The evaluation suggests that under the 9<sup>th</sup> CP, the UNFPA did scanning to find the opportunity and identified the health and wellbeing component of the *KJP* of Prime Minister Office as the entry point.<sup>330,331</sup> The UNFPA assisted the *KJP* to develop YDI and the former planned to provide technical assistance to KJP to develop the youth-SRH strategy.<sup>332</sup> During the evaluation, it was reported that all leaders in the country talked about the LSBE.<sup>333</sup> The UNFPA support to this initiative indeed strengthened the policy environment for adolescents and youth.<sup>334</sup> In short, the UNFPA support in AY helped develop programmes and policies that incorporated the rights and needs of youth, particularly access to SRH information and services.<sup>335</sup> In addition, it also provided that sort of space to the young people where they could voice their concerns and aspirations and identify the gaps and take their points of view to policy makers e.g., National Youth Council.<sup>336</sup>

#### 4.3.2.4 Leaving No One Behind

UNFPA supported the stakeholders particularly the GoP in fulfilling the rights and needs of vulnerable adolescents and youth (including those living with disabilities) by providing technical support in leadership and participation of youth (including young people living within disabilities) in initiatives that encouraged dialogue and seeking local solutions for SRH challenges, with a specific focus on young girls. The support of UNFPA in the single curriculum, which incorporated LSBE, was universal and covered all segments of the society (including marginalized segments of the population, such as the transgender, minority girls, and LSBE vulnerable women). However, out-of-school children (youth) were missing from the interventions of UNFPA. One of the programme interventions of Output 3 is the promotion of gender-responsive and age-appropriate LSBE for in- and out-of-school youth. The evaluation found no effort for covering the out-of-school youth.<sup>337</sup> The transgender people were actively involved in multi-stakeholder consultations regarding the provincial action plans for the implementation of the Transgender Persons (Protection of Rights) Act, 2019.<sup>338</sup> A youth perception survey (which involved youth living with disabilities) was conducted to analyze the impact of the COVID-10 pandemic on young people's lives.<sup>339</sup>

#### 4.3.2.5 Challenges

The main challenge cited under AY was the limited teachers' competency to teach Life Skills Based Education aligned with socio-cultural sensitivities.<sup>340,341</sup>

#### 4.3.2.6 Unintended Effects

There were no unintended effects noted or reported by key informants arising from the AY programme.<sup>342</sup>

### 4.3.3 GEWE Effectiveness

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

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<sup>330</sup> KIs at national level

<sup>331</sup> UNFPA Annual Repots 2018, 2019, 2020

<sup>332</sup> UNFPA Annual Report 2020

<sup>333</sup> KIs at national and subnational level

<sup>334</sup> UNFPA Annual Reports 2018, 2019, 2020

<sup>335</sup> KIs at national level (Ministry of Youth Affairs)

<sup>336</sup> KIs at national level (UNFPA CO, Ministry of Youth Affairs)

<sup>337</sup> KIs with UNFP CO staff; UNFPA Annual Reports

<sup>338</sup> UNFPA Annual Report 2020; KIs at subnational level (Sindh and Punjab)

<sup>339</sup> UNFPA Annual Report 2020

<sup>340</sup> UNFPA Annual Reports 2019, 2020

<sup>341</sup> KIs at national and provincial levels

<sup>342</sup> Evaluation team analysis; UNFPA Annual Reports, KIs with UNFPA CO

### Summary

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

The **Strategic outcome 3 (GEWE)** had one output namely: Output 4: Strengthened capacity of public sector and civil society partners to advance gender equality and prevent and respond to gender-based violence in development and humanitarian settings. The output aimed to strengthen the capacity of key stakeholders to make a case for gender equality and against GBV.

The evaluation team assessed the theory of change underlying the GEWE component and noted that it was based on a fairly sound intervention logic.<sup>343</sup> However, the outcome indicator target was deemed ambitious. The CO did its best to provide the human, financial, material and management resources which were required for the implementation of various interventions and eventual achievement of quality adolescent SRH and youth friendly services.

The assessment of four output indicators revealed that two out of four (50%) indicators achieved their targets while one (25%) was likely to be achieved and one other (25%) unlikely to be achieved. This is shown in Table 13:

**Contribution to the outcome:** Given the seemingly ambitious target for outcome indicator target and the achievement of two indicators being below the scoring range of 70-99%, the contribution of the output to the outcome is low.<sup>344</sup> On the progress of outcome indicator, there was no data available.

**Table 13: Performance achievement of GEWE output indicators**

<b>Outcome 3: Gender equality and women's empowerment: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth, in development and humanitarian settings.</b>					
<b>Outputs</b>	<b>Total indicators</b>	<b>Achieved ≥100%</b>	<b>Most likely to be achieved 70-99%</b>	<b>Likely to be achieved 25-69%</b>	<b>Unlikely to be achieved &lt;25%</b>
GEWE Output 4	4	2		1	1
<b>Total</b>	<b>4</b>	<b>2</b>		<b>1</b>	<b>1</b>
<b>Per cent</b>		<b>50%</b>		<b>25%</b>	<b>25%</b>

The details for the individual output indicators and their progress are shown in Annex 10.

#### 4.3.3.1 Evaluation of the Results for GEWE

All four sub-components are effective means of addressing GEWE/ GBV. In CP9, the approach adopted was an upstream one, through advocacy/ tracking for effective legal/ policy improvement, multi-sectoral coordination

<sup>343</sup> KIs at national level (UNFPA)

<sup>344</sup> Document review of UNFPA Annual Reports 2018, 2019, 2020

mechanisms formulated at government level for addressing GBV, systematizing health sector response to GBV (in line with the ESP), and evidence generation including for harmful cultural practices, like early/child and forced marriage.<sup>345</sup> All four sub-components were focused on aiding the government, policy makers and women's empowerment machinery, to improve GEWE situation through the upstream approach.<sup>346</sup> The four sub-components under the intervention logic aimed to impact the outcome as stated in ToC. However, a breakdown of CP 9 sub-outputs and interventions reveal that 'social norm change' in relation to GBV, DV, and CM, was not the focus directly.<sup>347</sup> In addition, GEWE did not include men in its targeted segmentation of population groups, for advocacy or research interventions.<sup>348</sup> Husbands of married women need to be specifically targeted to support women in FP/SRH decision-making and raise their awareness and interest in safety and health issues of their wives, to impact the given outcome

#### 4.3.3.2 GEWE Performance assessment against CPD indicators

**'A mechanism to track the implementation of key policies and laws** on women's rights was established and working properly, but it failed to highlight the institutional strengthening or advocacy measures adopted for policy/legal reform to contribute to the output and outcome.<sup>349</sup> GEWE section contributed significantly<sup>350</sup> to strengthening women's empowerment machinery like the Provincial Commissions or Provincial departments [Women's Development Department (WDD) Punjab and Social Welfare Department (SWD) KP], through providing Gender Management Information System (GMIS) to Punjab Commission, and capacity building through latest equipment, multiple trainings in different fields, technical assistance, hotlines, referral mechanisms, among other inputs.<sup>351</sup> The capacity strengthening of the provincial departments resulted into better planning (both strategic and operational), analysis of data and its use for decision making among others.<sup>352</sup>

**Multi-sectoral coordination mechanisms (MSCM) on GBV:** These mechanisms were envisaged as part of institutional building of women's empowerment provincial / humanitarian machineries (under ESP), established specifically to improve GBV prevention and response systems.<sup>353</sup> The functionality of MSCMs entailed that they should have a robust agenda with government's system for prevention and response to GBV. Out of the target of four MSCMs, two were currently notified by the government but they remained non-functional, as not a single meeting had been conducted, nor agenda formulated to-date.<sup>354</sup>

**Health sector response to GBV in line with the Essential Services Package:** Health sector response entails building the capacity of the provincial health departments to systematize its protocols for GBV response. It is reported that it was rolled out in KP and Punjab, with trainings conducted for the staff under the provincial health departments and 1,350 WHO clinical handbooks distributed. The full content of the ESP was covered during the trainings, and they followed the prescribed standards. The skills got from the training were put into practice and there was an improvement in the provision of coordinated set of essential and quality multi-sectoral services for women and girls, The target was not met as the health sector in the two target provinces and all other areas also, were not prepared to respond effectively to GBV due to limitations of human resources.<sup>355</sup>

**Elimination harmful cultural practices, including early/child and forced marriage:** The Political Economy Assessment (PEA) on child marriage was conducted in Punjab and KP with strategies formulated; this strategy had the potential to impact child marriage/ forced marriage situation after it is disseminated and implemented. The latter had not yet taken effect though the data was still useable. At time of evaluation, it was not possible to ascertain whether the GEWE policies, programmes had been strengthened as a result of the PEA data.<sup>356</sup> Moreover, evidence-generation on other aspects of GEWE and GBV, alongside the availability of Child Marriage strategy,

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<sup>345</sup> KIIs at national level

<sup>346</sup> UNFPA Country Programme Document, 2018-2022

<sup>347</sup> Document review of UNFPA Country Programme Document, 2018-2022

<sup>348</sup> Document review of UNFPA Country Programme Document, 2018-2022

<sup>349</sup> KIIs at national level

<sup>350</sup> KIIs at national and provincial levels

<sup>351</sup> KIIs at national and provincial levels (Punjab); UNFPA Annual Reports (2018 - 2020)

<sup>352</sup> KIIs at national and provincial levels

<sup>353</sup> KIIs at national and provincial levels; UNFPA Annual Reports (2018 - 2020)

<sup>354</sup> KIIs at national and provincial levels; UNFPA Annual Report 2020

<sup>355</sup> UNFPA Annual Report 2020; KIIs at provincial level (KP and Punjab)

<sup>356</sup> KIIs at national level; UNFPA Annual Reports

are landmark achievements of UNFPA, providing necessary groundwork measures that will contribute positively to the outcome in the short and long term.<sup>357</sup>

#### 4.3.3.3. *Planned results and Achievements under GEWE*

**Laws and Policy Improvement:** By the time of the evaluation, the GoP had not approved a narrative yet on GBV. Taking cognizance of the high prevalence of GBV in Pakistan lately, and relevant laws on GBV/DV and Child Marriage Restraint (CMR), advocacy and tracking of effective protection laws for women was deemed a priority.<sup>358</sup> In this regard, UNFPA rightfully implemented interventions in this field. On the legislative front, UNFPA agreed and contributed to lobby for the Sindh Reproductive Health Rights Bill 2019 and CMR Act KP and supported the drafting of the Sexual Violence Framework (SVF) at federal level.<sup>359</sup> In terms of effectiveness, the reviewers noted that there was no significant impact on the output or outcome at the provincial / regional level.<sup>360</sup> It was reported that the GoP, like its predecessors over the years, invariably resorted to Council of Islamic Ideology when it wants to delay or dilute legislation pertaining to effective protection of women against violence or for increasing legal marriage age for girls from 16 to 18 years.<sup>361</sup> As a result of delays, both the DV bill and the CMR bill got enacted in diluted forms time and again. To-date, all national and provincial CMR Acts (except for Sindh province) continue to legitimize marriage for 16-year-old girls, including the CMR KP Act (with contribution from UNFPA).

**Achievements at federal level:** At the federal level, UNFPA GEWE programme realised major achievements.<sup>362</sup> For example, it assisted MOLJ on drafting the Sexual Violence Framework (SVF) framework. At the time of evaluation, the SVF had not yet been piloted in the provinces. The SVF should provide a beacon to other provinces to produce its provincial / regional SVFs, in appreciation of how GBV and specifically sexual violence become a social problem in Pakistan. The MOLJ produced the Rape Ordinance, which included chemical castration and death penalty for the perpetrators. The ordinance was met with profound objections by Human Rights groups and donor community, and it lapsed when the opposition countered its passage as a law. The Presidential Ordinances, instead of parliamentary enacted legislation, defeat the principles of democracy, because parliament has the right and responsibility for law-making.<sup>363</sup> UNFPA continued the lobbying with parliamentarians to address the matter. The Anti-Rape Act 2021 passed on November 18<sup>th</sup> by the parliament is a landmark legislation, where the opposition and human rights groups objections were addressed. This was a big achievement for Pakistan, and for UNFPA for contributing to its drafting and enactment.<sup>364</sup> The significant changes in the legislation were (i) speedy trials for offenders of rape within 4 months; (ii) adequate protection of rape victims (prohibition of disclosure). Although it is valid for the ICT area only, the Prime Minister who had pursued this legislation, ensured that the Inspectors General of Police from all provinces adhere to it.<sup>365</sup> In future, it will be critical to support the same legislation to be enacted in different provinces.

**Multi-sectoral Coordination Mechanism (MSCM):** 'The Programme identifies health, social services, police, and justice sectors (the "Essential Services") as well as guidelines for the coordination of Essential Services and the governance of coordination processes and mechanisms (the "Coordination Guidelines"). Service delivery guidelines for the core elements of each essential service were identified to ensure the delivery of high-quality services, for women and girls experiencing violence. Taken together, these elements comprised the "**Essential Services Package**" (ESP).<sup>366</sup> As part of the ESP, MSCMs and the health sector response, were taken as CP9 GEWE interventions and targets.

The MSCMs were an effective platform for GBV prevention and response. There were terms of reference for the actual working of MSCMs but they had no hard or fast rules about who or which government department should house the MSCM. The ESP programme indicated health, social services, police and justice as the main sectors of intervention.<sup>367</sup> UNFPA GEWE component was not successful in establishing effective MSCMs because the model

<sup>357</sup> KIIs at national level; UNFPA Annual Report 2020

<sup>358</sup> KIIs at national level (UNFPA)

<sup>359</sup> KIIs at national & provincial levels; Review of the Sindh Reproductive Health Rights Bill 2019, and Sexual Violence Framework UNFPA Annual Reports

<sup>360</sup> Evaluation team analysis

<sup>361</sup> KIIs at national and provincial levels

<sup>362</sup> KIIs at national level (UNFPA); UNFPA Annual Reports (2018-2020)

<sup>363</sup> KIIs at national level (UNFPA); UNFPA Annual Report 2020

<sup>364</sup> KIIs at national level (UNFPA); UNFPA Annual Report 2020

<sup>365</sup> KIIs at national level

<sup>366</sup> Essential Service Package for Women and Girls; Module 1 page 6; KIIs at national level

<sup>367</sup> Essential Service Package for Women and Girls; KIIs at national level; UNFPA Annual Reports



included establishing these forums at P&D departments instead of ESP's four indicated sectoral departments.<sup>368</sup> Initiatives for MSCM at Balochistan (which had the worst gender situation), were just starting at the end of the CP9 period and an MoU was signed with WDD for this purpose.<sup>369</sup> Sindh MSCM, again was not established, and was reported that it would be housed at the Home Department with WDD aiding it. This was after the Chief Justice ordered that GBV survivors should be given facilities under a one-window operation instead of the current scattered mechanisms.<sup>370</sup>

**Health Sector Response to Adopting GBV Guidelines:** UNFPA and WHO partnered with Departments of Health KP and Punjab, to enable them to adopt the guidelines for health sector response to GBV through integration of GBV protocols and contextualizing WHO's clinical handbook for usage in Pakistan.<sup>371</sup> A total of 1,350 copies of clinical handbooks were disseminated, and training was imparted to "over" 200 healthcare providers of district headquarter hospitals, Referral Health Centres (RHCs), Basic Health Units (BHUs), and Tertiary Health Units (THUs).<sup>372</sup> Three years after the launch of this intervention, there was no data to establish whether the skills imparted under this programme were being utilized by the trainees. Looking at the volume of the clinical handbook (141 pages) and the plethora of protocols that are required along with filling forms, it was better suited to the National Health Service of UK, than the Pakistan government's poorly funded health sector.<sup>373</sup> The handbook did not seem to be effectively contextualized to local situation as the health staff neither had the time nor the paper available to fill out forms; for example, the sample history and examination form, which are (141 pages long) were spread over 9 pages (pages 127 to 136). Protocols were extensive,<sup>374</sup> for example "conduct tests for HIV and pregnancy, offer STI prevention and treatment, offer hepatitis B immunization", etc. Although these services were necessary, the health sector did not provide these facilities free of cost or under one roof.<sup>375</sup> For example, hepatitis B immunization was offered only to children and not GBV survivors, while other tests could be done at BHU or at the Tertiary headquarter level; they had to be referred to the district headquarters, but only for forensic evidence. The latter highlights that the protocol tests could be conducted only if forensics were needed implying that the GBV survivor had opted for a criminal case and a first information report has been successfully lodged with the police. Documentary review about medico-legal and forensic facilities revealed the local plight. A report on Karachi, Sindh revealed that only nine Karachi hospitals had medico-legal facilities, while only three had fully functional departments. Out of the 70 posts of medico-legal officers, 41 vacancies remain unfilled.<sup>376</sup>

Taking cognizance of the above health sector situation, interventions for enabling it to adopt the guidelines for response to GBV through the integration of WHO GBV protocols, was deemed not realistic.<sup>377</sup> Although WHO conducted a readiness assessment survey of KP's health sector for this purpose, the document was not available with UNFPA. Thus, it cannot be established how WHO's survey found the health sector ready for adopting the given protocols and guidelines.

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

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<sup>368</sup> KIs at national level

<sup>369</sup> KIs at provincial level (WDD in Balochistan); UNFPA Annual Reports

<sup>370</sup> KIs at national and provincial levels

<sup>371</sup> National clinical handbook and package on Health System Response to GBV; KIs at national and provincial levels; UNFPA Annual Reports 2019, 2020

<sup>372</sup> KIs at national and provincial levels; UNFPA Annual Reports

<sup>373</sup> KIs at national and provincial levels;

<sup>374</sup> KIs at provincial level

<sup>375</sup> KIs at provincial level

<sup>376</sup> <https://tribune.com.pk/story/1966384/three-karachi-hospitals-meet-medico-legal-requirements>

<sup>377</sup> KIs at national and provincial levels (KP)



/economic inequities, with data disaggregated for religious minorities). The evaluation team considered the choice of evidence generation with Punjab as the targeted province for most of the surveys as unrealistic since Balochistan, NMD/ FATA districts, and GB region's gender disparities called for more focus in evidence generation and activities implementation.

**Institutional strengthening:** UNFPA targeted the government and national / provincial institutions as partners; some of these departments / bodies were mandated to promote and protect women's rights.<sup>378</sup> The institutions included the National Commission on Status of Women (NCSW) and Provincial Commissions on Status of Women (CSW) (Punjab, Sindh & KP), Ministry of Human Rights (MOHR) and Social Welfare Department (SWD), KP, and Women Development Department (WDD), Punjab. Others did not have gender mandate like the Bureau of Statistics Punjab, Punjab Safe City Authority (PSCA), and Planning & Development Department (P&D) (Punjab & KP). By choosing to partner with government, the likelihood increased for interventions becoming institutionalised and sustainable.<sup>379</sup> However, the transfers of government personnel/ chairpersons of commissions delayed the process of implementation. It was reported that "Tenure was a stop-over in SWD/ WDD departments" and "UNFPA should focus on systems instead of individuals, because when the post of Chairperson CSWs becomes vacant, then things come to a halt."<sup>380</sup>

Institutional strengthening measures were adopted in two provinces, mainly Punjab and KP and some were very effective while others were not.<sup>381</sup> UNFPA successfully supported Provincial Commission on Status of Women (PCSW), in multiple endeavours, by providing it with GMIS, capable of producing pioneering Annual Gender Parity Reports with 300 data indicators on women in the province, and support for activation of helpline and human resource support for technical assistance.<sup>382</sup> UNFPA institutionally strengthened the oversight body but WDD the implementation department, was not supported as such, which would have enabled both departments to work in tandem for GEWE in the province. The PCSW was also made the custodian of the SEWS, Punjab, instead of WDD, which could have affected its timely dissemination, that is yet to be done after a lapse of 4 years.<sup>383</sup>

#### 4.3.3.4 Leaving No One Behind

The evaluation team observed that from the national stakeholders and IPs, coupled with the document review that the GEWE thematic programme did not mainstream outreaches for the marginalised or the most vulnerable groups.<sup>384</sup> It was further observed that UNFPA's staff and some partners reported women in general as the marginalised group.<sup>385</sup> However, marginalised groups within this segment, such as women with different abilities, from religious/ethnic minorities, or from urban slum/ remote rural areas, were not targeted specifically under the programme.<sup>386</sup> Evidence exists on regional disparities, where in KP/ NMD, and Balochistan, women suffer from GBV far more than in other areas, and in the case of the NMD, it was observed that a whole 95 percent of women and 75 percent of men believed that wife beating was justified. However, the evaluation observed that this segment of the women population remained untargeted.<sup>387</sup> Focussing on the needs of this segment of the women population as well as engaging the men on issues related to domestic violence would have contributed to the realisation of the Outcome 3 indicator which focuses on a decrease in attitudes towards wife-beating.

#### 4.3.3.5 Challenges

The following were the key challenges under the GEWE programme:

- Difficulties in recruiting project staff within the government departments to support the programme implementation affected the programme implementation<sup>388</sup>

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<sup>378</sup> KIIs at national and provincial levels; UNFPA Annual Reports

<sup>379</sup> KIIs at national and provincial levels

<sup>380</sup> KIIs at national and provincial levels

<sup>381</sup> KIIs at national and provincial levels; UNFPA Annual Reports

<sup>382</sup> KIIs at national and provincial level (Provincial Commission on Status of Women UNFPA Annual Reports

<sup>383</sup> KIIs at provincial level; (Punjab State City Authority); UNFPA Annual Reports

<sup>384</sup> KIIs at national and subnational levels

<sup>385</sup> KIIs at national and subnational levels

<sup>386</sup> Document review of UNFPA Country Programme Document, 2018-2022

<sup>387</sup> KIIs at national level; Document review of UNFPA Country Programme Document, 2018-2022

<sup>388</sup> KIIs at national and provincial levels (Punjab and KP); document review of KP PA Child Marriage 29 Oct. 2020.docx and Punjab PEA Child Marriage 29 Oct. 2020.docx; UNFPA Annual Reports 2018-2020

- Women machineries (especially provincial departments of government) were less empowered/autonomous in the hierarchy of institutional landscape which made it challenging to implement the interventions smoothly.<sup>389</sup>

#### 4.3.3.5 Unintended Effects

There were no unintended effects from the GEWE programme, which were noted by the evaluation team nor reported by key informants.<sup>390</sup>

#### 4.3.4 PD Effectiveness

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

##### Summary

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

The **Strategic outcome 4 (PD)** had one output namely: Output 5: Enhanced national capacity to generate, analyse, disseminate, and use disaggregated population data to inform evidence-based policymaking, planning, budgeting, and monitoring. The aim of the output was to improve the in-country technical capacity related to population data and its utility for policy making.

##### 4.3.4.1 The Results and the Intervention Logic for PD Component

The evaluation team assessed the theory of change underlying the Population and Dynamics component and noted that it was based on a sound intervention logic. The linkages between activities for planned interventions for the output were clear and should lead to the achievement of the output indicators. The intervention logic for Output 5 builds on following programme interventions: (a) supporting census post enumeration phase, household surveys and Demographic and Health Surveys; (b) strengthening skills for data utilisation for evidence- and equity-based planning and budgeting; (c) promoting research on population and development issues for evidence-based advocacy; (d) enhancing institutional competencies to integrate population, reproductive health and gender into national and sub-national policies and programmes; (e) strengthening statistical systems for SDGs monitoring and mapping inequities; and (f) advocacy on harnessing the benefits of the demographic dividend. The key stakeholders at the federal level included the Ministry of Planning, Development and Reforms, PBS, and National Institute of Population Studies while in Punjab, the Department of Planning and Development and Punjab Bureau of Statistics were the major stakeholders.<sup>391</sup> Among the UN agencies, UNFPA closely worked with the UNDP while in the NGO sector, the Population Council was the key stakeholder.<sup>392</sup> The assessment of five output indicators revealed that four out of five (80%) indicators achieved their targets while only one (20%) was unlikely to be achieved as shown in Table 14.

<sup>389</sup> KIs at national and subnational levels; UNFPA Annual Reports 2018-2020

<sup>390</sup> KIs at national level; UNFPA Annual Reports

<sup>391</sup> KIs at national and provincial level UNFPA Annual Plans 2018, 2019, 2020

<sup>392</sup> KIs at national and provincial level; UNFPA Annual Plans 2018, 2019, 2020

**Table 14: Performance achievement of PD output indicators**

Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development					
Outputs	Total indicators	Achieved $\geq 100\%$	Most likely to be achieved 70-99%	Likely to be achieved 25-69%	Unlikely to be achieved <25%
PD Output 5	5	4			1
<b>Total</b>	<b>5</b>	<b>4</b>			<b>1</b>
<b>Per cent</b>		<b>80%</b>			<b>20%</b>

Source: Evaluation team analysis

**Contribution to the outcome:** The contribution of the output to the outcome is positive.<sup>393</sup>

The year-wise outputs by CP indicators are shown in Annex 10, based on information which was provided by the country team and annual reports. The evaluation suggests that overall, the CO did its best to provide the human, financial, material and management resources which were required for the implementation of various interventions and eventual achievement of results.<sup>394</sup> The information on the outcome indicator was not readily available given the fact that data can only be obtained from national survey such as MICS or demographic health surveys.

After the results of both the 2017-18 PDHS and 2017 Population Census, the GoP established a Task Force to address the challenge of high population growth in Pakistan. A new population narrative, *tawazun*, emerged in the policy era.<sup>395</sup> The narrative stipulates that, “Parents have the right to freely and responsibly decide the number and spacing of their children to fulfil the fundamental rights of their children and family by maintaining a balance (*tawazun*) between their family size and resources. The evaluation showed that UNFPA played a key role in developing this narrative.<sup>396</sup> The TOC also applies well on the introduction of courses on ‘population dynamics’ at college and university level education, particularly in Khyber Pakhtunkhwa (KP) as well as the incorporation of age appropriate LSBE in single curriculum supports the TOC.<sup>397</sup> The same is the case for introducing the PD in training courses for the civil servants.

#### 4.3.4.3 Achievement of Planned Results in the PD Component

Although some population census related activities such as post-census-enumeration-survey and census data analysis could not be carried out because of some administrative issues on the IPs’ side and the delay in releasing the census results, most planned results were achieved especially data generation, research, training and communication/advocacy.<sup>398</sup> It has been reported during the evaluation that 95 percent of activities under the PD component were implemented as planned.<sup>399</sup> The Indicator-wise situation was as follows:

**(i) Disaggregated population data available through Census, DHS, and other surveys:** With the support of UNFPA, NIPS completed the Fourth round of PDHS (2017-2018), and its full report is available.<sup>400</sup> The Punjab Bureau of Statistics completed the Social and Economic Well-being survey of Punjab for the Punjab Women Commission to generate provincial and district level representative data on the economic and employment status of women in Punjab province as well as the first ever stand-alone maternal mortality survey – Pakistan Maternal Mortality Survey (PMMS) –completed by the NIPS with the support of UNFPA and its final results and full report were launched.<sup>401</sup> The PMMS generated reliable statistics on the causes and risk factors of maternal mortality. The UNFPA also supported the development of National standards for establishing the Demographic Unit in PBS to strengthen the demographic data collection tools and to institutionalize the FP expenditures under the National Health Accounts.<sup>402</sup> Training on basic demography and population projection was provided to the staff from PWD Punjab and Baluchistan.<sup>403</sup> However, the post-enumeration-survey could not be carried out by the Pakistan Bureau

393 UNFPA Annual Plans 2018, 2019, 2020

394 KIs at national level (UNFPA)

395 UNFPA Annual Report 2018

396 KIs at national level (Ministry of Planning, Development and Reforms, PBS, NIPS)

397 Document review of UNFPA Country Programme Document, 2018-2022

398 KIs with UNFPA CO staff; UNFA Annual Reports 2018, 2019, 2020;

399 KIs at national level

400 KIs at national level; UNFPA Annual Report 2018

401 UNFPA Annual Report 2018; KIs at national level

402 UNFPA Annual Reports 2018, 2019, 2020; KIs at national level

403 KIs at national and provincial levels; UNFPA Annual Report 2018

of Statistics,<sup>404</sup> and the 2017 census results could be finally approved in 2021, after a delay of 4 years.<sup>405</sup> For no obvious reason, the elderly people were not included in the demographic research.<sup>406</sup>

**(ii) Establishment of think tank for data utilization and equity-based planning and budgeting:** With continued advocacy of UNFPA, the Ministry of Planning, Development and Reform agreed to establish a Population Resource Centre<sup>407, 408</sup> in the Planning Commission rather than at PBS and the reason was that the Planning Commission was the most suited place.<sup>409</sup> The Population Research Centre established to support evidence-based programming. The National Plan for 5 years for the Centre was approved.

**(iii) Thematic research and analyses of PD for policy development:** Three in-depth and theme-specific analytical reports on (i) unmet need for FP, (ii) child marriage and (iii) gender-based violence based on Pakistan Demographic and Health Survey (2017- 2018) were conducted and disseminated.<sup>410, 411</sup> The Population Situation Analysis 2020 (PSA) was undertaken by national/international consultants and was well received by the policymakers and development partners.<sup>412, 413</sup>

**(iv) Population Research Centres:** With the technical and financial support of UNFPA, three Population Research Centres were established at the FC College University Lahore, University of Peshawar and Institute of Business Administration (IBA), Karachi so that the academic institutions could carry out research studies related to population dynamics and share information with government.<sup>414</sup> Post-graduate students and faculty members from Social Science departments of the respective universities were associated with these research centres.

**(v) Incorporation of population dynamics in the curriculum of civil service training institutions:** After a series of advocacy meetings, the Civil Service Academy (responsible to train newly recruited civil servants) integrated PD in its training courses for young officers and anecdotal reports indicated that the course were useful to the students.<sup>415</sup> Furthermore, curricula on Demography have been developed for the integration in the graduate level (Bachelors of Science) courses of social sciences for the academy and other institutions.

**(vi) Integration of population related indicators into national data base for SDGs and Plan of Action for harnessing the demographic dividend:** UNFPA in collaboration with UNDP provided technical support to the Ministry of Planning, Development and Reform to set up a SDGs Unit. An SDG lab was established to support the data collection for tier 3 indicators. The National SDG framework was developed and population related indicators incorporated into the framework and as a result a SDG dashboard was designed and aims to document national and subnational progress on SDG indicators (data is disaggregated).<sup>416</sup>

#### **The evaluation found that:**

- a. The UNFPA support through its PD component contributed to improve disaggregation of data to ensure that evidence-based development and implementation of plans, programmes and policies reflect needs of variety of stakeholders, particularly the GoP, development partners, NGOs and research community of the country. The 2017-18 PDHS and 2019 PMMS were good examples of this contribution.<sup>417</sup> The disaggregation of data in the PDHS was age, sex, (including transgender), residence (urban vs rural), marital status, education level, people living with disabilities.
- b. The UNFPA interventions in PD contributed in generating evidence for development policies and plans and their implementation. For instance, in 2018, in the immediate aftermath of the release of the preliminary census

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<sup>407</sup> Population Resource Centre established to support evidence-based programming.

<sup>408</sup> KIs at national level

<sup>409</sup> KIs at the national level; UNFPA Annual Report 2019

<sup>410</sup> UNFPA Annual Reports 2018, 2019, 2020

<sup>411</sup> Document review of analytical reports on unmet need for FP; child marriage and GBV based on PDHS

<sup>412</sup> UNFPA Annual Report 2020

<sup>413</sup> KIs at national level

<sup>414</sup> UNFPA Annual Report 2019; KIs at national and provincial level

<sup>415</sup> KII at national level

<sup>416</sup> KIs at national level; UNFPA Annual Report 2019

<sup>417</sup> KIs at national level; UNFPA Annual Reports 2018, 2019

data, the Supreme Court set in motion a human rights case on population dynamics, which resulted in a set of eight recommendations calling for up scaling human rights-based population programmes and upholding reproductive rights, with the subsequent approval by the CCI.<sup>418</sup>

- c. Overall, the UNFPA support contributed to improving national data systems this was acknowledged by the PBS. The UNFPA support in providing the tablets for large surveys contributed to improving the data quality as well. Because of this digital technology, the efficiency and effectiveness of data processing improved especially on the reduced time taken and amount of data handled.

#### 4.3.4.3 Challenges in PD Programming

The PD component was well associated at the federal level with the Ministry of Planning, Development and Reforms, PBS and NIPS. The key challenges were as follows.

- (a) How to make population one of the priority areas of the State and GoP? There is need for UNFPA to ensure increased and sustained advocacy with the national and provincial governments to appreciate the significance of further investments in population dynamics.
- (b) The capacity building of the PBS was also a challenge particularly for holding the next digital census. The time was short and preparation process seemed to be at the initial stages. Some urgent actions from the PBS such as pressing for the approval and release of final census results would be useful for the census credibility.<sup>419</sup>
- (c) The situation of NIPS also needed some special attention from the GoP and UNFPA. It was the only specialized research institute in the public sector, but it lacked in human resources and research capabilities.<sup>420</sup> NIPS is a premier research organization which was established by the GoP since 1986 and currently working under the umbrella of the Ministry of National Health Services, Regulations & Coordination (NHSR&C).<sup>421</sup> NIPS is mandated to act as a technical arm of the Government for undertaking high quality research and to produce evidence-based data, information for utilization by the Public sector and others.

#### 4.3.4.4 Unintended Effects

There were no unintended effects reports or those noted by the evaluation team.<sup>422</sup>

### 4.4 Efficiency: Evaluation Question 7

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

#### Summary

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

<sup>418</sup> KIIs at national level; UNFPA Annual Reports 2018, 2019

<sup>419</sup> KIIs at national level (UNFPA CO and PBS); UNFPA Annual Reports 2019, 2020

<sup>420</sup> KIIs at national level

<sup>421</sup> <https://www.nips.org.pk/page/about-u>

<sup>422</sup> KIIs at national and provincial levels: UNFPA Annual Reports



#### 4.4.1 Funding Modalities, Reporting and Administrative Arrangements

UNFPA has a clear and robust system for ensuring checks and balances, and to ensure that IPs are accountable for deliverables in a timely manner.<sup>423,424</sup> UNFPA partners generally reported that UNFPA's systems were financially efficient with manifested strict cost benefit analysis, allowing for only 7 percent overhead/ institutional costs to IPs, showing that UNFPA was stringent about utilization of funds.<sup>425</sup> In general, the IPs were satisfied from the UNFPA modalities for transferring the resources. However, delays in finalization of contracts and complex procedures of the UNFPA were also reported by some IPs. Similarly, it was reported that nothing goes out without UNFPA approval from its different departments, which in some instances created delays in the implementation of activities.<sup>426</sup> Some partners, both from government and CSOs, complained about delays faced in approvals from UNFPA. The sharing of information among the agencies and with IPs was reported during the evaluation as a strong indicator of efficiency.<sup>427</sup>

The purpose of **results-based management (RBM)** in UNFPA is to enhanced effectiveness and operational excellence of the Country Office in results-based programming.<sup>428</sup> The main areas of focus were as follows:<sup>429,430</sup>

- (a) **Initiatives taken to strengthen the financial and operations management of the office:** Several initiatives were taken to strengthen the financial and operations management of the office, which included coaching and training of staff and IPs at all levels to ensure adherence to the financial and operations management. Examples of the initiatives include i) annual procurement plan was developed and approved by the management; ii) Monthly and quarterly financial accountability checklists were timely completed
- (b) **Implementation rate for regular resources:** It was expected that the implementation rate of the regular resources would be 97%. A slightly low achievement of the implementation rate as compared to previous years (99%) was attributed to COVID-19 pandemic and the postponement of the major activities considering the new normal.

**Monitoring at least 90% of CPD indicators and milestones during the year:** All programmatic monitoring and reporting requirements were completed with 100% compliance. SIS Dashboard reviews, quarterly milestone monitoring and regular budget review exercises were ensured to track the CO milestones. Some of milestones achieved include (i) evidence-based work plans were developed, operationally cleared, and approved in the Global Programming System (GPS); (ii) donor reports were prepared and uploaded in the Donor Agreement Report Tracking System. It was observed that UNFPA's CO's planning and monitoring system, did not have data disaggregated by disability, or other vulnerability domain, nor were there any indicators for segments within marginalised/ disadvantaged population groups.<sup>431</sup>

**Allocation of resources to targeted groups:** The allocation of resources to targeted groups considered the need to prioritize those most marginalized (including women and girls) and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like Afghan refugees among others.<sup>432</sup>

**Technology to improve efficiency:** The UNFPA adopted the Harmonized Approach to Cash Transfers (HACT) for transferring cash to government and non-government IPs.<sup>433</sup> The HACT system improved efficiency pertaining to office activities and programme implementation.<sup>434</sup>

##### 4.4.1.1 SRHR efficiency

Under the CP9, a total of US\$ 22.5M (57 percent) was allocated to SRH component. The funds were contributed by two resources, i.e., regular UNFPA resources and other resources. The proportion of contribution from UNFPA

<sup>423</sup> Country Programme Document (2018-2022)

<sup>424</sup> KIIs with UNFPA CO staff; IPs at national and sub-national levels

<sup>425</sup> KIIs at national and sub-national levels

<sup>426</sup> KIIs at national and sub-national levels

<sup>427</sup> KIIs at national and sub-national levels

<sup>428</sup> UNFPA CPD 2018-2022; KIIs with UNFPA CO staff

<sup>429</sup> UNFPA Annual Reports 2019, 2020

<sup>430</sup> KIIs with UNFPA CO staff

<sup>431</sup> KIIs with UNFPA C staff; UNFPA Annual Reports 2018 - 2020

<sup>432</sup> Country Office Annual Reports (2018, 2019, 2020)

<sup>433</sup> KIIs with UNFPA CO staff; Country Programme Document (2018-2022)

<sup>434</sup> KIIs with UNFPA CO staff; Country Office Annual Reports (2018, 2019, 2020)



resources and other resources was 47 percent and 53 percent, respectively.<sup>435</sup> The staff members from Government and NGOs who were associated with the component had positive views about the technical capacity of UNFPA staff and the former felt that the technical support was provided in good time in majority of instances.<sup>436</sup>

#### 4.4.1.2 AY efficiency

The UNFPA allocated US\$4.5 million for the AY component. It was only 11.4 percent of the total budget for the 9<sup>th</sup> CP. One-third of the allocated funds for the AY component was provided through the regular sources while the rest, two-third was mobilized from other sources (or donors).<sup>437</sup> The people from Government and NGOs staff who were associated with the AY component were of the view that the interagency collaboration potentially reduced transaction costs and enhanced efficiency.<sup>438</sup>

#### 4.4.1.3 GEWE efficiency

Provincial CSOs reported that logos, radio programme content and the like also needed approvals and were initially sent to provincial head office and further to Islamabad country office of UNFPA, which meant a long-time consuming route for approvals.<sup>439</sup> Because of this, they reported that implementation of their programme gets delayed with adverse impact as they were left with minimal time in which they ended up chasing deadlines.<sup>440</sup>

#### 4.4.1.4 PD efficiency

The UNFPA allocated US\$5 million for the population and component. It is about 13 percent of the total budget for the 9<sup>th</sup> CP. The UNFPA managed 70 percent of the budget for this component from its own sources while 30 percent were mobilized from other sources (or donors).<sup>441</sup> The funds allocated for the PD component were not sufficient to initiate some planned activities, although 95 percent of the activities under component were as planned.<sup>442</sup> Some IPs such as PBS reported that the allocation of funds was insufficient given the data needs for a country of 220 million people. The evaluation found the UNFPA was efficient in the utilization of funds by using the national systems and not creating new data system.<sup>443</sup> The national system for the UNFPA support in PD component consisted of federal Ministry of Planning, Development and Reforms, and provincial Departments of Education, Health and Population Welfare.

#### 4.4.2 Personnel Resources

The number of UNFPA CO staff was deemed as adequate and the professional calibre met the international standards.<sup>444, 445</sup> The key informants from across the provinces shared that they were not accounting authorities as such.<sup>446</sup> However, they confirmed that the activities which were planned with a commitment from UNFPA, did not face any delay or shortage of resources. Moreover, the key informants also shared that during the development of annual workplans with UNFPA, they preferred to include those interventions which had proven to be low cost with high outcome.

UNFPA team associated with the AY component was rated very high by the stakeholders, and their technical know-how was well acknowledged.<sup>447</sup> However, the attitude of a local UNFPA team in a province was considered by a stakeholder as “not good”. Another stakeholder from the government sector was unhappy with the “heavily paid consultants”. In this regard interns were preferred over the consultants in some cases despite the technical capacity of the interns being less than that of consultants.

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

<sup>435</sup> Country Programme Document (2018-2022)

<sup>436</sup> KIIs at national and provincial levels

<sup>437</sup> KIIs with UNFPA CO staff; Country Programme Document (2018-2022)

<sup>438</sup> KIIs with UNFPA CO staff and at provincial level

<sup>439</sup> KIIs at national and sub-national levels

<sup>440</sup> KIIs at national and sub-national levels

<sup>441</sup> Country Programme Document (2018-2022)

<sup>442</sup> KIIs at national level

<sup>443</sup> KIIs at national level; Country Office Annual Report 2020

<sup>444</sup> Country Office Annual Reports (2018 -2020)

<sup>445</sup> KIIs at national level

<sup>446</sup> KIIs at sub-national level

<sup>447</sup> KIIs at national and sub-national level

The team associated with the PD was also well respected by stakeholders because of its sound knowledge of the subject and close cooperation with stakeholders.<sup>448</sup> The PBS is the official agency for data generation and NIPS was also a public sector research organization which managed the PDHS during the last thirty years. UNFPA assisted these organizations as well as some provincial statistical bureaus in data generation. As part of this approach, public institutions were used for training. The team associated with the PD component was evaluated as technically sound by the stakeholders. It appears from the evaluation that the use of national systems, interagency collaboration, and an efficient team helped UNFPA to initiate and complete a sizeable number of activities.<sup>449</sup> The evaluation also showed that the value of money concept was well understood by the IPs, and this understanding played a crucial role to manage finances as well as achieve the planned results.

#### 4.5 Sustainability: Evaluation Question 8

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

##### Summary

There was evidence of a widespread ownership for interventions supported by UNFPA as well as of their respective governments. Although a sustainability plan involving GoP was non-existent in the 9th CP, there are aspects of the interventions that can guarantee sustainability of the various interventions. These include the various capacity-building initiatives, the health system strengthening, institutional structures like Ministries, institutionalizing training, development of policies and strategies and national involvement in the identification of needs and priorities in the country. Evaluation found a widespread ownership for interventions supported by UNFPA as well as of their respective governments. The UNFPA approach of using the national systems for its interventions was conducive for sustainability. While this confidence prevails that the respective governments would manage and ensure finances in almost a year's time, there are evident fears of facing financial constraints without UNFPA support.

##### 4.5.1 Ownership and Sustainability of Interventions

At design stage, a conscious effort was made by UNFPA to ensure that a sustainability mechanism was spelt out and documented within the CPD.<sup>450</sup>

###### 4.5.1.1 SRH

Among government sector key informants, evaluation found a widespread ownership for interventions supported by UNFPA as well as of their respective governments.<sup>451</sup> When asked about their technical capacities to continue planning and implementation of programmes without UNFPA support, almost all of them were found confident. The government sector key informants shared that they had gained sufficient experience while working with UNFPA team and their capacity building and training interventions, had further polished their skills.<sup>452</sup> In addition, they shared that despite having high ownership of interventions and capacities, financial resources were essentially required to carry out interventions currently supported by UNFPA. When asked about the potential alternatives, in case UNFPA support ceased, their responses included:<sup>453</sup> (i) it would much depend on the understanding and will of politicians particularly those in the government; and (ii) the size of UNFPA's assistance is not more than 10 to 15 percent of total expenditures, therefore the activities would suffer for about six months to a year, but government would definitely provide or arrange resources. The evaluation established that sustainability of SRH programme activities could be expected from those activities that addressed longer term development requirements. There were some sustainable elements, which were developed namely:<sup>454, 455</sup>

<sup>448</sup> KIs at national and sub-national level

<sup>449</sup> Country Office Annual Reports (2018 -2020)

<sup>450</sup> KIs with UNFPA CO staff; Country Programme Document (2018 -2022)

<sup>451</sup> KIs at national level (government counterparts); Country Office Annual Reports (2018, 2019, 2020)

<sup>452</sup> KIs at national and sub-national level

<sup>453</sup> KIs at national and sub-national level

<sup>454</sup> Country Office Annual Reports (2018, 2019, 2020)

<sup>455</sup> KIs at national and sub-national level

- The enacted policies, strategies, guidelines, and manuals for the different SRH components will continue to be used in future
- The standard training midwifery curricula will continue to be used in the future as national curricula endorsed by the government
- The existing staff of government structures such as the National Health Service, whose technical capacity was strengthened would continue to serve in future.

#### 4.5.1.2 AY

'Political will' is required for sustainability of interventions supported by the UNFPA.<sup>456</sup> The UNFPA approach of using the national systems for its interventions was conducive for sustainability.<sup>457</sup> For example, the UNFPA seized the opportunity to support the NCC and *KJP* at the federal level. With this approach, it has had very strong government counterparts in all interventions. The UNFPA interventions in AY have contributed in building the capacity of relevant federal government institutions and other partners to maintain the change made by the programme interventions. The NCC was the main stakeholder, responsible for developing the single curriculum and an appropriate forum for making the LBSE part of curriculum. The NCC was capable to maintain this change. The NYC, as an institution, was strengthened for engaging youth. The same was the case for YDI, developed by the *KJP* with the support of UNFPA. The *KJP* has a small team, but it was very motivated.<sup>458</sup> In the next phase, the UNFPA will assist the *KJP* to develop Youth SRH policy, enhancing further the capacity of *KJP* motivated team. The province level interventions contributed to strengthening the institutional capacity to maintain the change. In Punjab, sustainability was part of interventions and after three years, the PD board would take them over. In Sindh, UNFPA interventions were part of the 5-year plan, not a project base approach, thus helpful for strengthening the government structure. However, in Balochistan, the evaluation showed that capacity was limited, therefore the support (from UNFPA) would be needed for a relatively longer period.

#### 4.5.1.3 GEWE

##### *Sustainable elements:*

Most of the trainings imparted under the programme were sustainable as skills were being used by participants. Hotlines and Women's Safety App were part of government's projects,<sup>459</sup> (although supported by UNFPA during the COVID-19 pandemic), to help restore hotlines and trained operators and other staff for effective response to GBV survivors and these are likely to continue. Under evidence-generation UNFPA had landmark achievements including some pioneering initiatives.<sup>460</sup> Although Punjab Gender Parity Reports could not be produced each year without UNFPA's technical support provided through engagement of consultants, the data produced so far may be used. However, negotiations with PCSW should be initiated to ensure sustainability of this intervention when UNFPA withdraws support. PEA or SEWS reports are yet to be disseminated for usage by planners but contain reliable and valid data therein.<sup>461</sup> Policy advocacy and legal reform initiatives like support to the Reproductive Health Rights bill, implementation of CMR Act in Sindh by the Law Aid Society (LAS) working at community level, support in the formation of Enquiry Committees under Protection of women at Workplace Act 2010, among others would have the desired impact and remain sustainable. In addition, the Gender cell at NDMA that was established with UNFPA's support, remained operational and provided effective services for GBV survivors during the COVID-19 pandemic.<sup>462</sup>

##### *Non-sustainable elements:*

It was reported that technical assistance, which was supported through UNFPA providing short term assignment of consultants, in the absence of institutional arrangements for the government to fill these positions eventually at PCSW, KPCSW, National Commission on the Status of Women (NCSW), MoLJ, WDD, SWD, and P&D (Punjab and KP), which made it unsustainable.<sup>463</sup> Initiatives for MSCM to be established and functional were underway. However, it was reported that the forums at PD would not be sustainable without UNFPA's support. The health

<sup>456</sup> KIs at national and sub-national level

<sup>457</sup> Country Office Annual Reports (2018, 2019, 2020); KIs at national and sub-national levels

<sup>458</sup> KIs at the sub-national level

<sup>459</sup> Country Office Annual Reports (2019, 2020); KIs at national and sub-national levels

<sup>460</sup> Country Office Annual Reports (2019, 2020); KIs at national and sub-national levels

<sup>461</sup> Country Office Annual Reports (2019, 2020); KIs at national and sub-national levels

<sup>462</sup> KIs at national level

<sup>463</sup> KIs at national (Government IPs) and sub-national level (provincial government departments)

sector response to GBV through adoption of WHO's protocols/ guidelines, could be a sustainable initiative in future. Presently the intervention was deemed not effective or large enough (200 staff trained instead of Training of Trainers programme) to achieve sustainability.

#### 4.5.1.4 PD

##### *Sustainable elements:*

The UNFPA approach of using the national system for its interventions is conducive for capacity building for the Government structure.<sup>464</sup> The evaluation indicated that the UNFPA interventions contributed in capacity building of the PBS by strengthening its 'data processing centre', providing training opportunities for 'population projection', and assisting in 'population census planning' through an international advisor. The UNFPA support to NIPS through the surveys and research activities was a major source for its overall sustainability and building the capacity of this Institute. The province level interventions also contributed to strengthening the institutional capacity to maintain the change e.g., Punjab Bureau of Statistics. All these organizations in public and private sectors were capable to maintain changes made under the 9<sup>th</sup> CP of UNFPA. With the availability of disaggregated data, age-gender-appropriate and evidence-based planning has increased overtime in the country. Policies for different segments of population e.g., women, children, youth, disabled were possible because of the availability of disaggregated data. The UNFPA supported datasets were part of the national data systems, which generated the disaggregated data. Thus, the increase in the use of disaggregated demographic and socio-economic information and data in evidence-based planning was sustainable. There was the biggest ownership of a new population narrative 'tawazun', which was evaluated as durable and would stay. The strong ownership of newly established population research centres at three universities indicated to their sustainability.

##### *Non-sustainable elements:*

The delay in holding of the population census and getting the final approval of results affected the decision-making process in the country.<sup>465</sup> The evaluation found that CRVS initiative supported by the UNFPA was probably not sustainable.<sup>466</sup> The UNFPA needed to assess the issue so its sustainability could be ensured.

## 4.6 Coverage: Evaluation Question 9

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

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<sup>464</sup> KIIs with UNFPA CO staff

<sup>465</sup> Country Office Annual Reports (2019, 2020)

<sup>466</sup> KIIs with UNFPA CO staff

## Summary

There was systematic target segmentation of beneficiary groups (women, men, girls, boys and persons living with disabilities, ethnic minorities etc) across socio-economic and geographical dimensions, to reach vulnerable and marginalised groups. UNFPA humanitarian interventions systematically reached all the geographic areas in which affected populations reside and where the need was greatest. In order to reach the above affected population, UNFPA CO used the Minimum Initial Services Package for Reproductive Health. In addition, several SRH initiatives aimed at reaching the vulnerable people and these were LHWs involvement in FP and referral strategy; (to increase access to FP services through LHWs for remote populations. UNFPA ensured to cover the marginalized segments of the population, such as transgender, minority girls, and LSBE vulnerable women. Under AY, the single curriculum, which incorporated LSBE, was universal and covered all segments of the society. However, out-of-school children were missing from the LSBE efforts of UNFPA. The marginalized segments of the population, such as transgender, minority girls, and vulnerable women were prioritized through some interventions. Under GEWE, there was evidence of socio-economic disparities whereby women from urban slum areas or remote rural districts where pockets of poverty exist were not targeted. The coverage of demographic surveys, supported by the UNFPA, was generally universal, generating data for all regions and provinces with rural/urban background. UNFPA as pro-active in responding to the COVID-19 emergency by developing a COVID-19 Response Plan and ensured that the interventions and priority actions reduced the impact of the emergency on the vulnerable segments of population.

Pakistan is affected by recurrent natural disasters such as drought, earthquake, and flooding (Monsoon rainy season). The country also hosts the second-largest number of refugees in the world, predominantly from Afghanistan. Women and girls also face grave protection risks, including GBV and harmful practices such as early and forced marriage. UNFPA provided SRH services and support mechanisms to prevent and respond to GBV violence in crisis-affected communities.<sup>467</sup>

Under Outcome 1 (Integrated sexual and reproductive health services) is output 3, which states “Enhanced national and subnational capacity to provide integrated sexual and reproductive health services, particularly for marginalized and affected population in humanitarian settings”. The extent of how UNFPA systematically targeted different segments of the society with humanitarian assistance is presented in the succeeding sections.

### **4.6.1 Targeting different segments of the population with humanitarian assistance**

#### **4.6.1.1 Systematic target segmentation of beneficiary groups across socio-economic and geographical dimensions, to reach vulnerable and marginalised groups**

There was systematic target segmentation of beneficiary groups (women, men, girls, boys and persons living with disabilities, ethnic minorities etc) across socio-economic and geographical dimensions, to reach vulnerable and marginalised groups, which was evidenced by the results during 2020<sup>468</sup> as follows:

- People reached with Dignity Kits - 14,000
- UNFPA-assisted safe deliveries - 8,995
- Total people reached with all types of GBV services – 28,027
- Number of women of reproductive age (aged 15-49 years) reached with SRH services – 80,518
- Number of young people aged 20-24 years reached with SRH services – 3,873
- Number of adolescents aged 15-19 years reached with SRH services – 4,150
- Number of adolescents aged 10-14 reached with SRH services – 4,409
- Number of people reached with SRH/GBV information and awareness activities – 114,051
- Affected population reached with FP services – 26,909

<sup>467</sup> KIs at national and provincial levels; UNFPA Annual Reports 2018, 2019, 2020

<sup>468</sup> <https://www.unfpa.org/data/emergencies/pakistan-humanitarian-emergency>



On the **geographic dimension**, UNFPA humanitarian interventions were located in areas where the need was greatest, and examples include the following: (i) The Neighbourhood Watch project, which was launched in the worst hit urban slums of six Karachi districts in response of COVID-19 outbreak.<sup>469</sup> A total of 1,224 community health workers were engaged and reached out to around 600,000 households with COVID 19 messages and offering support to link up the community to SRH services; and (ii) A humanitarian programme titled “Provision of Life-Saving Maternal and Reproductive Health, Protection Support Services for Women and Girls” was located in Khyber Pakhtunkhwa, including the tribal Districts and Host communities in Balochistan<sup>470</sup>

#### 4.6.1.2 Affected communities are mapped and disaggregated

UNFPA facilitated a Rapid Need Assessment jointly with WFP, WHO and UNICEF to identify the need for further support of those affected by seasonal floods in Sindh Province. The comprehensive questionnaires included the aspect related to access to SRH/GBV services.<sup>471</sup> The result of the first and second wave of the Rapid Need Assessment was used for the identification of critical geographic zones/districts in Sindh, population in need (1,2 million), women and the most at risk population.

#### 4.6.1.3 Mapping evidence of geographical area covered for humanitarian assistance

UNFPA has been actively involved in a UN joint assessment on flood response in Sindh province.<sup>472</sup> Interventions were prioritized in consultation with the national counterparts and humanitarian stakeholders.

#### 4.6.1.4 Budgetary allocation for SRH and GBV in humanitarian assistance programmatic interventions

Core resources as well as resources through Central Emergency Response Fund (CERF) were mobilized to respond to humanitarian situation in the country. The resources requested and received between 2018 and 2020 were as follows:

Year	Funds requested (US\$)	Funds received (US\$)	% funds received
2018	2,500,000	2,200,000	88
2019	5,000,000	3,724,463	74
2020	5,467,000	3,016,046	55
2021	9,000,000		

The proportion of funds received against requests reduced from 88 percent in 2018 to 55 percent in 2020 respectively.<sup>473</sup>

### **UNFPA supported interventions targeted for the elimination of barriers to access to SRH and GBV information and services for vulnerable and marginalized populations, particularly those within groups that are furthest behind**

#### 4.6.1.5 Pakistan COVID-19 prevention and response framework

In response to the coronavirus outbreak, UNFPA CO Response Plan to COVID 19 pandemic was developed and implemented from onset of the public health emergency.<sup>474</sup> The response framework presented the Plan of action aligned within the mandate of the organization and identified key interventions and high priority action to reduce the impact of the emergency to overall development and humanitarian areas of the programme. The specific milestones under the response framework were as follows:

- Pakistan COVID-19 Response Framework was developed and rolled out in line with the WHO guidelines and the national priorities<sup>475</sup>
- UNFPA participated in joint programmes with UNDP and WHO to strengthen the COVID-19 response led by the government. In this regard, UNDP was engaged to establish helpline in collaboration with Ministry

<sup>469</sup> KIIs with UNFPA CO staff; UNFPA Annual Report 2020

<sup>470</sup> KIIs with UNFPA CO staff and at provincial level (KP and Balochistan); UNFPA Annual Report 2020

<sup>471</sup> KIIs at national and provincial level (Sindh); UNFPA Annual Report 2020

<sup>472</sup> KIIs at national and provincial level (Sindh); UNFPA Annual Report 2020

<sup>473</sup> UNFPA CO financial reports

<sup>474</sup> KIIs at national and provincial levels; Country Office Annual Reports (2019, 2020)

<sup>475</sup> KIIs with UNFPA CO staff; UNFPA Annual Report 2020; Review of the Pakistan COVID-19 Response Framework



of Human Rights, establishment of the Model Quarantine Centre for women and girls in Balochistan and the Innovative Solution for Youth Engagement<sup>476</sup>

- To respond to the COVID-19 pandemic, the CO allocated a total of US\$ 1,630,702 for the response. These included resources reprogrammed (in close consultations and coordination with implementing partners) through available donor funds (US\$ 560,292) and the resources reprogrammed through core UNFPA funds (US\$ 1,070,410)<sup>477</sup>
- Over 24,000 of COVID-19 IEC materials/flyers and infographics on COVID-19 and pregnancy, breastfeeding, respectful maternity care and GBV were adopted, contextualized, and disseminated to provinces. In addition to the IEC Material, various awareness raising campaigns were conducted using social and electronic media<sup>478</sup>
- UNFPA made tangible contributions to the UN Crisis Management Team functioning and coordination efforts, UNCT Business Continuity Plan and its activation, as well as UNCT/HCT, SMT, PMT and OMT coordination work during the COVID-19 outbreak. UNFPA proactively contributed to the UNCT Pakistan Crisis Management Team terms of reference, suggested making the terms of reference gender-responsive and inclusive for all. As a result, a lot of the ideas on inclusiveness were included in the TOR<sup>479</sup>
- Through on-going series of trainings supported by UNFPA, over 110 master trainers from 18 districts were trained on Infection Prevention & Control and Standard Operating Procedures<sup>480</sup>
- Psychosocial and referral mechanism for women and girls was established. UNFPA supported two helplines (i) Bolo Helpline in KP and (ii) Rozan's helpline for GBV survivors at national level through technical support and equipment<sup>481</sup>
- UNFPA worked closely with GoP's NDMA, MoNHSRC, UN Agencies and other organizations working on health and protection issues, to ensure that accurate information is provided to women, on infection prevention, potential risks and timely medical care, as well as protection from gender-based violence.<sup>482</sup>

GBV helplines in KP and Punjab were strengthened and GBV referral services were provided to 2,551 women and girls during COVID-19 pandemic.<sup>483</sup>

#### 4.7 Connectedness: Evaluation Question 10

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

##### Summary

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

#### 4.7.1 Initiatives Undertaken by UNFPA during a Humanitarian Situation

##### 4.7.1.1 Active participation of UNFPA in UN technical working groups during humanitarian situation

UNCT jointly with GoP established a coordination mechanism to respond to the COVID-19 pandemic and the multiplying emergencies represented by refugees, temporarily displaced persons crisis and natural disasters (earthquake, drought and locust emergency). Under the leadership of National Disaster Management Authority

<sup>476</sup> KIs with UNFPA CO staff; KIs with UNDP, WHO and Ministry of Human Rights

<sup>477</sup> KIs with UNFPA CO staff; UNFPA Annual Report 2020

<sup>478</sup> KIs with UNFPA CO staff; UNFPA Annual Report 2020

<sup>479</sup> KIs with UNCT members and UNFPA CO staff; UNFPA Annual Report 2020

<sup>480</sup> KIs with UNFPA CO staff; UNFPA Annual Report 2020

<sup>481</sup> KIs with UNFPA CO staff; UNFPA Annual Report 2020

<sup>482</sup> KIs with NDMA, MoNHSRC, UN Agencies and UNFPA CO staff; UNFPA Annual Report 2020

<sup>483</sup> KIs with UNFPA CO staff and at provincial level (KP and Punjab); UNFPA Annual Report 2020

(NDMA), UN agencies and INGOs got engaged to the sectoral coordination body.<sup>484</sup> **UNFPA was and still is an active member of two coordination mechanisms** which are the protection sector and health sectors.<sup>485</sup> The GBV sub-group is functional under protection sector to coordinate and to ensure that minimum requirements for GBV response and prevention are in place at time of emergency. The Humanitarian Response Plan for Pakistan was submitted with the reflection of UNFPA mandate areas to address the needs of most vulnerable population and people in need in time of emergency.<sup>486</sup> UNFPA Pakistan contributed to the national process on winter emergency response which resulted in the development of an inter-agency tool to assess the readiness of the system and response plans to prevent a massive impact of the winter emergency.<sup>487</sup>

UNFPA actively participated in all UN Security Management System/security meetings including SMT, Security Cell, Working group meetings.<sup>488</sup> During the COVID-19 Pandemic, UNFPA was a regular member of the Crises Management Team at the One UN level and provided extensive and timely assistance to support the Government response to the COVID-19 pandemic.<sup>489</sup>

**Sharing of information between UN agencies:** The Business Continuity Plan and Information Communication and Technology disaster recovery measures were validated, updated, and rolled out during the COVID 19 pandemic.<sup>490</sup>

#### *4.7.1.2 Participation and leadership in humanitarian coordination structures*

UNFPA was designated its mandated role of co-chair of the **Health (RH) and Protection (GBV) Sector Working Groups** both at national and provincial level.<sup>491</sup> Using a survivor-centred and rights-based approach, a Women and Child (W&C) Working Group was formed to work for effective and inclusive protection mechanisms adopting a coherent, comprehensive and coordinated approach at national, provincial and district levels. UNFPA, in collaboration with H5 partners (UNFPA, UNICEF, WHO, UNAIDS, UNHCR and WB) drafted the Essential Services Packages for SRH and FP to ensure continuity of life saving services during the COVID-19 pandemic.<sup>492, 493</sup>

#### *4.7.1.3 Leading role played by UNFPA in the working groups and/or joint initiatives corresponding to mandate areas*

UNFPA co-chairs the Reproductive Health Working Group (RHWG), which was notified by the National Disaster Management Authority (NDMA) during the COVID-19 pandemic.<sup>494</sup> In line with NDMA notification for the establishment of a sectoral working group, Gender-Based Violence Sub-Working Groups (GBV SWGs) were established at national and provincial level with UNFPA as co-chair. The GBV Sub Working Groups were effectively functional at the national and KP level under agreed terms of reference. UNFPA led the protection coordination structures in the provinces of Punjab and Sindh under local arrangements in these provinces.<sup>495</sup> Since UNHCR did not have presence in these provinces, therefore, the coordination structures which were established leveraged on the provincial level presence of UNFPA. The evaluation shows that the UNFPA was well connected with UN agencies, concerned departments of the federal and provincial governments, and IPs.<sup>496</sup> The PD component for example supported the other components of youth and FP. A source of connectedness was the formation of technical groups for conducting surveys and larger studies.<sup>497</sup> At the initial stage of COVID-19 pandemic, population welfare centres were closed by declaring them as non-essential service providers.<sup>498</sup> However, the connectedness of key stakeholders, which was termed as a source of resilience, these centres were restored by declaring them essential service providers.

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<sup>484</sup> UNFPA Reports 2018, 2019, 2020

<sup>485</sup> UNFPA Annual Reports 2018, 2019, 2020; KIIs at national level (UN agencies and government ministries)

<sup>486</sup> UNFPA Annual Report 2020

<sup>487</sup> UNFPA Annual Report 2020

<sup>488</sup> KIIs at national level (UN agencies)

<sup>489</sup> UNFPA Annual Reports 2019, 2020

<sup>490</sup> KIIs with UNFPA CO staff; UNFPA Annual Reports 2019, 2020

<sup>491</sup> KIIs at national level

<sup>492</sup> UNFPA Annual Report 2020

<sup>493</sup> Review of Essential Services Packages for SRH and FP

<sup>494</sup> KIIs with UNFPA CO staff and National Disaster Management Authority

<sup>495</sup> UNFPA Annual Reports 2018, 2019, 2020; KIIs at national and provincial levels

<sup>496</sup> KIIs with UNFPA CO staff and at provincial level

<sup>497</sup> KIIs with UNFPA CO staff and PBS

<sup>498</sup> KIIs with UNFPA CO staff; UNFPA Annual Report 2020

#### 4.7.1.4 Participation in joint programming initiatives (planning) & M&E

UNFPA country office contribution to joint initiatives was as follows:<sup>499</sup>

- (a) UNFPA and UNDP worked hand in hand in COVID-19 response, youth engagement.
- (b) UNFPA coordinated efforts with OCHA and other humanitarian partners and actors in addressing the plight of flood and winter affected populations in Balochistan and AJK.

#### 4.7.1.5 National/ Societal Resilience

The Community Resilience Strategy was developed and disseminated (national and sub-national levels) and its purpose was to develop an outline for developing strategies at national and sub-national level for institutional and community resilience for SRH and GBV response to humanitarian emergencies.<sup>500</sup> The pioneering work on integration of GBV in humanitarian setting was facilitated under COVID-19 response, with UNFPA's support to the National Disaster Management Authority, and Provincial Disaster Management Authority (PDMA) KP.<sup>501</sup> Interventions included awareness raising via a national campaign on GBV, providing access to women / girls to WFHS, providing psycho-social support via referral pathways, and establishing a Gender and Child cell at NDMA.

#### 4.7.1.7 Community Resilience

Drought in some districts of Sindh and Balochistan provinces was an emergency/ humanitarian need. Timely response from UNFPA was coherent and well connected with the population needs.<sup>502</sup> The community resilience was enhanced among beneficiaries (including people living with disabilities) through the provision of SRH and GBV services. UNFPA, as Co-chair with UNICEF, and NDMA implemented "Safeguarding women and girls in drought affected areas in Pakistan" from January to December 2019.<sup>503</sup> The project areas included two tehsils of Tharparkar district in Sindh i.e., Nagar Parkar and Islamkot Tehsils, and two tehsils, Gulistan and Killa Abdullah, of district Killa Abdullah in Balochistan. This project benefited 91,095 women and 82,192 children. The project responses included among others: (i) Provision of multi-sectorial services to respond to the most vulnerable individuals, and child protection focused interventions; (ii) conducted general protection assessments to understand linkages of drought to protection concerns of women and children; and (iii) strengthened referral mechanisms in targeted areas through provision of direct services, mapping and assessment of referral services available in target locations.

#### 4.7.1.9 Challenges

The evaluation team noted some challenges namely:<sup>504</sup> (a) there was a disconnect between GEWE component with the other sections in that the GEWE staff had neither visited nor assessed from a gender lens the Model Quarantine Centre that was established for COVID women and girls' patients in Balochistan; (b) GEWE staff were not cognizant of data on number of women who availed this facility or other details; (c) Both GEWE and Humanitarian sections were working in their own silos, although gender as cross cutting theme required GEWE to assess inputs of other sections for gender mainstreaming and ensuring effectiveness.

## 4.8 Lessons Learnt

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

- (a) **Strategic focus and collaboration** proved to be key in maintaining and advancing Pakistan's commitment to the ICPD agenda despite the COVID-19 pandemic risks and challenges.<sup>505</sup>
- (b) **Broader partnership perspectives and arrangements**, which were not restricted to a mere programme delivery, turned out to be key to building a strong base of support and enabling environment for the ICPD agenda, especially creating alliances and networks for transformative changes and innovative solutions.<sup>506</sup>  
*This was based on the lesson that past approaches and conventional partnerships used to address past situations turned out to be no longer enough, or necessarily relevant, to handle the challenges and operate in the complex context.*

<sup>499</sup> UNFPA Annual Reports 2018, 2019, 2020

<sup>500</sup> UNFPA Annual Report 2018; Review of the Community Resilience Strategy

<sup>501</sup> KIIs with UNFPA Co staff; KIIs with NDMA and Provincial Disaster Management Authority (PDMA) KP

<sup>502</sup> KIIs at national and provincial levels

<sup>503</sup> UNFPA Annual Reports 2019, 2020

<sup>504</sup> KIIs with UNFPA CO staff and level; UNFPA at provincial Annual Report 2020

<sup>505</sup> KIIs at national (UNFPA CO staff and government IPs) and provincial levels (government and CSO IPs)

<sup>506</sup> KIIs at national (UNFPA CO staff and government IPs) and at provincial level

- (c) Even though FP was one of the focus areas of the ninth CP, one of the key lessons validated is that FP pathways and interventions could not be rights-based and sustained without due consideration to the **broader SRHR agenda** in the framework of the next country programme.<sup>507</sup>

*This goes beyond the dilemma of spreading resources and efforts too thinly with the subsequent risk of reducing the impact of FP as a core area, but involves a more strategic role of UNFPA, which is to demonstrate the value of higher quality and integrated delivery of SRH care as a model, while continuing to approach the government with advocacy for institutional and policy reforms and donors for resources.*

- (d) **Brokering partnership** arrangements **between civil society organizations and government institutions** to create greater synergies for the ICPD agenda, ensuring the transfer of knowledge and expertise as well as operational space for the civil society constituents in the complex environment.<sup>508</sup>
- (e) **Continuous environmental scanning** and investing in **knowledge acquisition** and use pay off in terms of readjusting operational plans and accelerating progress towards the transformative results.<sup>509</sup>
- (f) Focus on **high-impact interventions, value addition, perseverance, transparent and principle-oriented communication in partnerships** is key to building and maintaining trust, be it with government partners or development counterparts and donors.<sup>510</sup>

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<sup>507</sup> KIs with UNFPA CO staff

<sup>508</sup> KIs with UNFPA CO staff; KIs with government IPs and CSOs

<sup>509</sup> KIs with UNFPA CO staff

<sup>510</sup> KIs at national level (UNFPA CO staff, government IPs, development partners)

## CHAPTER 5: Conclusions

This chapter presents the conclusions based on the findings that are showcased in chapter 4 of this report. The conclusions are drawn directly from the findings and are provided at strategic and programmatic levels. The origin of the conclusion, evaluation criteria, and the corresponding recommendation to which the respective conclusion refers to are also provided.

### 5.1 Strategic Level

#### Conclusion 1:

**UNFPA adapted effectively to the humanitarian situation brought about by COVID-19 pandemic and facilitated a humanitarian focus extending beyond health by incorporating gender, GBV, SRH, psycho-social support, referral pathways, protection, and alignment with Social Welfare Departments and P&D. However, there was inadequate capacity for resilience programming and emergency preparedness at all levels of government. The GEWE and humanitarian sections at times worked in their silos and this constrained smooth implementation.**

*Origin: EQ2; EQ9, EQ10 Evaluation criteria: Relevance, Coverage and Connectedness*

*Recommendation: Strategic level R1*

#### Conclusion 2:

**UNFPA Pakistan has been a pro-active and respected UNCT member, which has earned itself a place to be recognized as a useful strategic development partner at the national level, including the Prime Minister and President. UNFPA worked with other UN agencies following the Delivering as One approach and within UNSDF 2018-2022. The convening, partnership, and coordination role of UNFPA, involving government institutions, CSOs, NGOs, Academia, Private Sector, and International Development Partners is viewed to have been effective and relevant, especially in the cases of coordination of high-level government task forces and action plans, in pursuance to the Supreme Court Judgement on Population. It is important that UNFPA increases the portfolio of its partners by soliciting the interest of professional associations and private sector institutions.**

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

*Recommendation: Strategic level R2.*

#### Conclusion 3:

**UNFPA's existing strategic partnership arrangements with the Office of the President, the Prime Minister and the provincial chief ministers of Population, Health, Education, Finance, and Planning were beneficial.**

*Origin: EQ10, EQ3 and EQ5; Evaluation criteria: Connectedness and effectiveness*

*Recommendation: Strategic level R3.*

### 5.2 Programmatic Level

#### Conclusion 4:

**UNFPAs advocacy efforts were critical and useful and led to significant achievements regarding the development of policies and laws related to the ICPD agenda. However, there were gaps in the monitoring/tracking of these policies and the accountability systems as well as the community-based mechanisms for the implementation of the policies, strategies and laws were a challenge.**

*Origin: EQ2; EQ3; EQ5; Evaluation criteria: Coherence, effectiveness*

*Recommendation: Strategic level R4*

#### Conclusion 5:

**UNFPA has been successful in advocating to the policymakers at higher government levels to increase budgetary allocations and to enhance access to services related to SRHR, youth, gender and population and development, to address vulnerabilities, socioeconomic and geographic disparities.**

*Origin: EQ3; EQ4; EQ5; EQ6; Evaluation criteria: effectiveness*

*Recommendation: Programmatic level R5*

**Conclusion 6:**

The provision of integrated SRHR services (FP, ANC/ PNC, EmONC, HIV/STIs and GBV, among others) improved the effectiveness of service delivery on side of clients (e.g reduced consultation time, clients getting services in one health facility spot). However, there is need for strengthening the human resources of government departments in order to achieve fully functional integration of SRHR in the national universal health coverage package. UNFPA Pakistan should advocate for regular discussions on this integration process.

*Origin: EQ3; Evaluation criteria: effectiveness*

*Recommendation: Programmatic level R6*

**Conclusion 7**

Leaving No One Behind was a programmatic approach that UNFPA valued and practised. However, not all vulnerable and marginalised groups were reached. It is important the UNFPA continuously reaches out to serve the vulnerable (e.g., young people living with disabilities, minority groups) and marginalised people (e.g., youth living in remote areas) with comprehensive services related to UNFPAs mandate areas.

*Origin: EQ3; EQ4; EQ5; EQ6; EQ10: Evaluation criteria: effectiveness*

*Recommendation: Programmatic level R7*

**Conclusion 8:**

UNFPA succeeded in the institutionalization and operationalization of humanitarian preparedness through adequate and systematic targeting of beneficiary groups across socio-economic and geographical dimensions. UNFPA worked collaboratively with other humanitarian partners and ensured that the humanitarian interventions were where the need was greatest. However, the unpredictable nature of humanitarian emergencies (such as COVID-19, drought in prone provinces of Sindh and Balochistan, seasonal floods in Sindh province and earthquakes especially in Balochistan province) placed a huge burden on the limited financial and human resources.

*Origin: EQ3; Evaluation criteria: Effectiveness*

*Recommendation: Programmatic level R1, 5*

**Conclusion 9**

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

*Origin: EQ4; Evaluation criteria: effectiveness*

*Recommendation: Programmatic level R8*

**Conclusion 10:**

The quality of the institutional structures (including Multi-Sectoral Coordination Mechanisms - MSCMs) for GBV programming was deemed sub-optimal especially at provincial level. The absence of hard or fast rules about who or which government department should be responsible for the MSCM and the inadequate capacity of government and CSO providers resulted into different coordination models at provincial level and delays in the implementation of the GBV Essential Services Package. The lack of targeted interventions for men (male engagement) was a weak link in the GBV programming and affected results.

*Origin: EQ5; Evaluation criteria: Effectiveness*

*Recommendation: Programmatic level R10*

**Conclusion 11:**

The technical and advisory support provided by UNFPA to ensure universal coverage of national surveys such as the Pakistan Demographic Health Survey was important and it generated data for all regions and provinces with rural/urban background. Organisations whose role was data collection appreciated the Leaving No One Behind approach such that efforts were made to capture data related to the vulnerable (e.g. young people living with disabilities, minority groups) and marginalised groups (e.g. youth living in



remote areas). However, the evaluation indicated that the elderly population was so far neglected in the demographic research. Given the close proximity of Punjab Province to the capital, it benefitted from the UNFPA support more than other provinces.

*Origin: EQ6; Evaluation criteria: Effectiveness*

*Recommendation: Programmatic level R11*

## CHAPTER 6: Recommendations

Based on the findings presented in Chapter 4, the conclusions provided in Chapter 5 and the feedback from the key evaluation stakeholders, the recommendations showcased in this chapter were developed. These recommendations were fine-tuned in a consultative process, because of participatory discussion with UNFPA CO and follow-up rounds of validation with the Evaluation Reference Group. The recommendations are within the primary responsibility of UNFPA CO supported by the government at all levels, development partners, APRO and HQ. The support by UNFPA is principally in terms of technical assistance, advocacy, and capacity building. The evaluation team prioritised 3 strategic and 7 programmatic recommendations.

### 6.1 Strategic Level

**1. Drawing on the successful lessons of handling the COVID-19 pandemic crisis, UNFPA should strengthen the national and subnational capacity in resilience programming as well as emergency preparedness. UNFPA should also support national and provincial governments to consolidate the gains made on the COVID-19 prevention efforts.**

**Operational Implications:** The technical implications are (a) policy and strategic coordination between the development and humanitarian sectors should take place for effective implementation; (b) make an investment on preparedness, and empowerment of individuals and communities to withstand shocks and recover; (e) strengthen the institutional capacity (planning, coordination, monitoring, data management) of local service providers (connectedness) to deliver effective programmes. UNFPA should strengthen its human resource capacity and core skills for all respective officers in responding to SRH, GBV, ASRH and PD in humanitarian situations. The other human resource implication is that UNFPA availing its staff to facilitate the capacity building initiatives.

**Priority:** High; **Target level:** UNFPA CO, national and provincial governments; and IPs; **Based on Conclusions:** 1, 8

**2. Drawing on the lessons of the 9th Country Programme, which succeeded in expanding the partnership base beyond implementing partner and contribution agreements by applying various cooperation and collaboration modalities (e.g. memoranda of understanding or brokering partnership between civil society and government institutions, among others), the country programme should further strengthen the convening role of UNFPA, within its core mandates of SRHR, gender, youth, and population & development, through diversifying the partner portfolio to embrace professional associations and private sector institutions given their contribution in development and other strategic partnerships.**

**Operational Implications:** The technical implications to be considered by the CO are as follows (a) the County Office should maximally use its technical expertise to strengthen capacities at national and subnational levels to plan, coordinate and monitor government action plans relevant to UNFPA's mandate across the humanitarian-development nexus. (b) broker practical partnership arrangements between government and the specialized private sector bodies at all levels. The human resource implication is that UNFPA CO should have targeted capacity/skill enhancement covering leadership, advocacy and policy dialogue, and demographic intelligence.

**Priority:** High; **Target level:** UNFPA CO, national & provincial governments; and IPs; **Based on Conclusion:** 2

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

**Operational Implications:** The technical implications are that (a) UNFPA should strengthen the partnerships with national and sub-national governments for supporting the implementation of the next CP; (b) quality technical support (orientation/training and guidance) should be provided by UNFPA to ensure that the national and provincial taskforces are continuously functional.

**Priority:** Medium; **Target level:** UNFPA CO, national and provincial governments; and IPs; **Based on Conclusion:** 3

## 6.2 Programmatic Level

**4. Building on the ninth Country Programme's momentum and accomplishments, UNFPA support to government should focus on strengthening the monitoring /tracking and accountability systems for quality implementation of approved policies and laws related to the ICPD agenda.**

**Operational Implications:** The technical implication is that UNFPA should provide quality technical support to national and provincial governments to improve their monitoring and tracking and documentation systems for the implementation of policies and laws. The human resource implication is UNFPA assigning dedicated staff to support the capacity building efforts.

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

**5. It is recommended that UNFPA should draw on technical support from APRO and HQ undertake financial analyses and investment cases that provide evidence for budgeting and advocate to government and donors for increased funding allocations for the next CP including humanitarian interventions.**

**Operational Implications:** The human resource implications are as follows: (a) UNFPA CO should strengthen the staff skills for high level advocacy and policy dialogue; (b) carry out capacity strengthening of UNFPA staff to engage in financing /budget related dialogue and to understand policy processes for better advocacy; (c) Strengthen UNFPA human resource capacity and core skills for all respective officers in responding to SRHR, ASRH, A&Y, GEWE (including GBV) and PD in humanitarian situations, data preparedness and collection during humanitarian responses (ideally all UNFPA technical staff should have the capacity to provide humanitarian assistance when the need arises).

**Priority:** High; **Target level:** UNFPA CO; IPs; **Based on Conclusion:** 5, 8

**6. UNFPA should continue focusing on the current assemblage of SRHR services, quality of SRHR services and advocate for strengthening the technical capacity as well as the number of human resources of provincial governments to enable full integration of SRHR in the national universal health coverage package.**

**Operational Implications:** The human resource implication is that UNFPA should identify a cadre of technical staff and other partners with a specific responsibility of continuous technical capacity development of subnational government staff.

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

**7. UNFPA should employ tested methods of consulting and serving all vulnerable and marginalised groups in order to address inequalities. UNFPA should advocate for a scale-up based on evidence from the pilot service models. In addition, UNFPA and partners should consider targeted geographic coverage in the provinces that are further away from the country's capital.**

**Operational Implications:** The implications are that the UNPA needs to provide technical support, human and financial resources (i) to conduct a cost-benefit analysis so that the most appropriate hard-to-reach areas are identified; (ii) for the development and implementation of models geared for leaving no one behind. Some funds would be required to hire experts for the analysis and model development.

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

**8. UNFPA Pakistan should continue investing in Adolescents and Youth participatory platforms, which promote integration of both in- and out-of-school adolescents and youth SRH across the humanitarian-development continuum.**

**Operational Implications:** The technical implications are that (a) UNFPA CO should invest time and energy to secure buy-in from the top leadership of national and provincial governments on the above matter; (b) In order to promote gender-responsive and age-appropriate LSBE for out-of-school youth, UNFPA should provide technical assistance (short-term consultants) to do the following (i) carry out a mapping exercise to identify the needs of out-of-school youth; (ii) develop clear and actionable plans focused on the out-of-school youth LSBE; (iii) draw lessons and practices from the in-school youth LSBE and use them to improve the programming for out-school youth. The hiring of consultants for provision of TA will have a financial implication which UNFPA should be ready to plan for.

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

**9. UNFPA and partners should advocate with and support national and provincial government officials about the need and value of the appropriate placement of Multi-Sectoral Coordination Mechanisms (MSCMs) for GBV programming. The GBV Essential Service Package indicated health, social services, police and justice as the main sectors of the intervention. In addition, male engagement should be incorporated into GBV programming.**

**Operational Implications:** The technical implications for the improvement of GBV programming are as follows:  
(a) UNFPA CO should invest time and energy to secure buy-in from the top leadership of national and provincial governments on the most appropriate coordination model for MSCM as well as establishing rapport among the different service delivery actors.  
(b) UNFPA should provide technical assistance to strengthen coordination activities among government and CSO providers.  
(c) UNFPA should develop a strategy and plan for addressing gender barriers through male engagement and select the appropriate male engagement partners with the right expertise and experiences.

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

**10. UNFPA should focus on strengthening the data systems (that counts all population groups, leaving no one behind) and knowledge platforms on population data and trends. This will promote evidence-based programme strategies for both development and humanitarian contexts. UNFPA should take a pro-active approach to engage more with the provinces, which have minimal services (Balochistan, KP and Sindh) for equitable support.**

Given the technical expertise resident in the PD team as well as the knowledge assets which the team can marshal from within the UNFPA global system and APRO, the PD team could be a source of knowledge and fresh ideas to the Ministry of Planning, Development and Reform, Pakistan Bureau of Statistics and Planning Commission.

**Operational Implications:** The technical implications are that UNFPA CO should (a) support the generation of disaggregated data during different stages of emergencies (specifically relief and recovery) in humanitarian setting to identify the needs of the people and adapt to changes; (b) make pro-active efforts to collaborate with existing institutions involved in data collection (Population Research Centres and the National Institute of Population Studies) to complement generation of disaggregated data and sharing the same with national and provincial governments; (c) make a deliberate plan to support services in far flung provinces and to include the elderly in future data collection exercises.

**Priority:** Medium; **Target level:** UNFPA CO; Other UN agencies; National and Provincial governments; IPs. **Based on Conclusion:** 11

## Annexes

### Annex 1: Terms of Reference

#### INTRODUCTION

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

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

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

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

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

The purpose of the evaluation is to ensure the <sup>511</sup>*relevance, effectiveness, efficiency, sustainability, and coherence* of the CPD9 in addressing the dynamic development context of Pakistan, a Lower Middle-Income Country. This evaluation will contribute to the evidence base for the next Country Programme.

#### Audience

The primary users of this evaluation are the decision-makers within the UNFPA country office, other country offices and the organization as a whole, government counterparts, civil society organizations and beneficiaries in the country, the UNFPA Executive Board, and other development partners. The UNFPA Asia Pacific Regional Office and UNFPA Headquarters divisions, branches and offices will also use the evaluation as an objective basis for programme performance review and decision-making. The evaluation will be managed by the evaluation manager of the country office with guidance and support from the UNFPA Regional Advisor on Monitoring and Evaluation,

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<sup>511</sup> Evaluation Criteria, 2019 UNFPA Evaluation Handbook

and in consultations with the Evaluation Reference Group (see Annex IX Responsibilities of ERG) and with oversight from the Evaluation Office of UNFPA Headquarters.

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

## CONTEXT

### Situation Analysis

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

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

The share of adolescents (10-19) in the total population is about 23 per cent while the share of youth (15-24) is one fifth<sup>512</sup>. The combined share of adolescents and youth (10-24) is 32 percent, or one in every three persons. This presents both opportunities and challenges for the country. Currently adolescents and youth face challenges in crucial areas, such as lack of education and employment opportunities and poor access to SRH information and services.

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

Contraceptive prevalence rate (CPR) of any method remains low at 34.2 per cent in 2017-18<sup>513</sup>, down from 35.5 per cent in 2012-13, and ranging from a high of 38 per cent in Punjab to a low of 20 per cent in Balochistan. Overall, 25 percent of married women in reproductive age were using a modern method of contraception in 2017-18, one percentage point lower than in 2012-13.

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

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

The antenatal care coverage is 86 per cent, and 69 per cent of deliveries are attended by qualified health personnel. Nevertheless, the maternal mortality ratio (MMR) is high, at 186 maternal deaths per 100,000 live

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<sup>512</sup> Pakistan Demographic and Health Survey 2017-18

<sup>513</sup> Pakistan Demographic and Health Survey 2017-18



births<sup>514</sup> (excluding Azad Jammu and Kashmir and Gilgit Baltistan, with 95 percent confidence interval: 138- 234). The MMR shows wide disparities as it ranges from 157 per 100,000 live births in Punjab to 224 and 298 per 100,000 live births in Sindh and Balochistan respectively. The MMR is higher in rural areas than in urban areas (199 versus 158). Obstetric hemorrhage was the leading cause (41 per cent) of maternal deaths, followed by hypertensive disorders (29 per cent). Contributing factors include limited community education on maternal health; the low quality of maternal and postnatal care and counselling; and poorly equipped and staffed health facilities offering basic and comprehensive emergency obstetric and neonatal care. In this respect, it is worth noting the ratio of health workers is 14 to 10,000 population, well below of the minimum of 23 recommended by World Health Organization, with an insufficient number of competent midwives. Nearly 40 percent of areas in the country are not covered by lady health workers (LHWs). It is estimated that for every woman who dies in childbirth, 30 to 100 others are injured (often for life) and develop obstetric fistula as a result of obstructed and unattended labour. Although exact numbers are not available, it is estimated that around 4,000 – 5,000 women in Pakistan are living with obstetric fistula.

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

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

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

In 2019, the Government launched the Prime Minister’s policy statement and flagship programme titled ‘Ehsaas’, the objective of which is to reduce inequality, invest in people, and lift lagging districts. One of the clauses of the

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<sup>514</sup> Pakistan Maternal Mortality Survey 2019

'Ehsaas' programme calls for ensuring universal access to FP predicated on the understanding that population is the denominator of poverty alleviation.

The issue of adolescent fertility is important for both health and social reasons. Early marriage increases the risk of teenage pregnancy that involves risks to the health of mother and child. The proportion of teenagers who had begun childbearing has risen with age i.e. from 1 percent at age 15 to 19 percent at age 19. Children born to very young mothers are at increased risk of sickness and death. Young women age 15-19 are 14 percent more likely than 3 percent young men to be currently married. Overall, 8 percent of women age 15-19 had begun childbearing<sup>515</sup>. 18 per cent of women aged 20-24 had been married before age 18, and 3.6 per cent before age 15<sup>516</sup>. Between 2013 and 2020, several bills to restrict child marriage were introduced at both federal and provincial levels; however, Sindh is the only province that managed to raise the marriageable age for girls to 18 – at least on paper. Experience in many countries indicates that proposing, and even enacting, laws to raise minimum marriage age without working in parallel on social and behavior change communication and advocacy for law endorsement measures is unlikely to have much effect on actual practices.

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

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

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

The use of population and housing census, household surveys and other data sources to inform national and provincial SRHR, youth and gender policies and programmes is need of further improvement. Investing in in-depth

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<sup>515</sup> Pakistan Demographic & Health Survey, PDHS 2017-18

<sup>516</sup> Pakistan Demographic & Health Survey, PDHS 2017-18

analysis of disaggregated data to enable identification of the specific needs of women, adolescents and youth will contribute to strengthening federal and provincial policies and programmes on SRH, gender equality and GBV prevention and response. This will support the increased availability and use of integrated SRH (including FP and maternal health) and GBV related services by identifying population groups that are furthest behind.

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

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

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

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

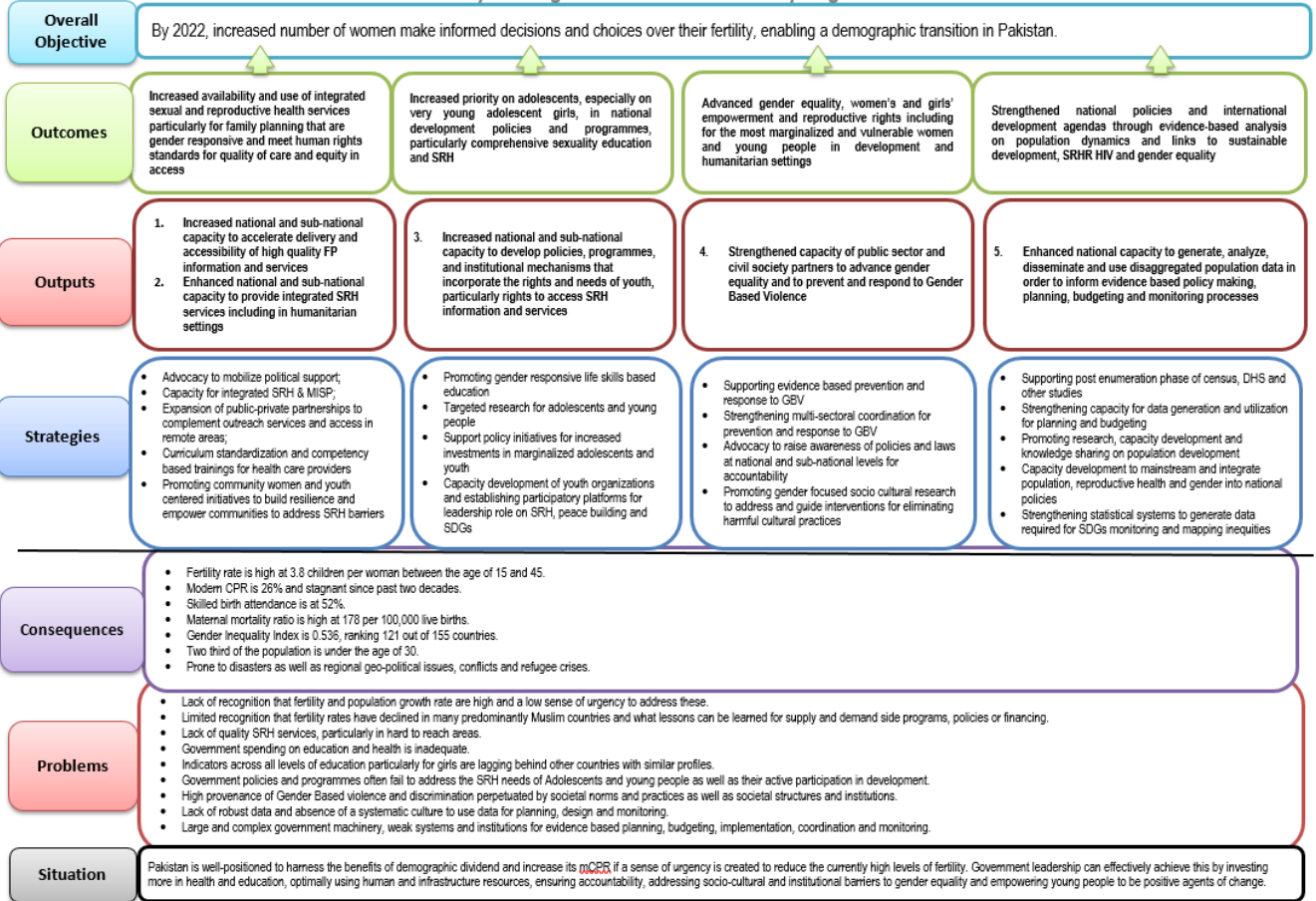
#### UNFPA Country Programme (2018-2022)

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

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

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

Theory of Change UNFPA Pakistan 9<sup>th</sup> Country Programme



## **PURPOSE, OBJECTIVE AND SCOPE OF COUNTRY PROGRAMME EVALUATION**

### **Purpose**

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

### **Objectives**

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

The specific objectives are:

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

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

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

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

### **Scope**

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

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

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

## Evaluation Criteria and Preliminary Evaluation Questions

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

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

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

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

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

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

Following are the preliminary evaluation questions specific to above criteria:

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



7. To what extent has UNFPA made good use of its human, financial, and administrative resources and used an appropriate combination of tools, approaches and innovation also leveraging the national resources, to pursue the achievement of the outcomes defined in the country programme?	Efficiency
8. To what extent has UNFPA been able to generate political will and support partners and stakeholders in developing capacities and establishing mechanisms to ensure ownership and the durability of effects also considering the COVID-19 context?	Sustainability
9. Using policy level initiatives, to what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/marginalized groups <sup>517</sup> based on socio-economic and geographical disparities?	Coverage
10. To what extent, the initiatives undertaken by UNFPA during a humanitarian situation took longer-term development needs, concerns and inter-connected problems into consideration?	Connectedness

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

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

## **METHODOLOGY AND APPROACH**

### **Evaluation Approach**

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

### **Theory-based approach**

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

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

<sup>517</sup> Marginalized groups may include Women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with disabilities; refugees, including Afghan refugees, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas.

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

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

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

### **Participatory approach**

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. The UNFPA Pakistan CO has developed an initial stakeholder map (Annex 5) to identify stakeholders who have been involved in the preparation and implementation of the CP, and those partners who do not work directly with UNFPA yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organizations, implementing partners, academia, other United Nations organizations, donors and, most importantly, rights-holders (notably men, women and girls, adolescents and youth). They can provide information and data that the Evaluation team should use to assess the contribution of UNFPA support to changes in each thematic area of the CP. Particular attention will be paid to ensuring participation of women, adolescent girls and young people, especially those from vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.).

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

### **Mixed-method approach**

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

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

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

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

### **Evaluation matrix**

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

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

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

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

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

### **Sampling Strategy**

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

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

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

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

### **Data Collection**

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

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

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

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

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

Methods for data analysis

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

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

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

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

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

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

### **Data triangulation**

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

### **Validation**

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

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

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

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

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

## **EVALUATION PROCESS**

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

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

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

### ***Preparation phase;***

This phase will include:

- Drafting the Terms of Reference (ToR) for the CPE with support from the Regional M&E adviser in UNFPA APRO,
- Submission of the draft ToR (without annexes) to the UNFPA Evaluation Office for review and approval
- Recruitment of the Evaluation team,
- Set up Evaluation Reference Group,
- Compilation of background information and documentation on the country context and CP for desk review by the evaluation team in the design phase,
- Stakeholders mapping and compilation of list of projects and its key interventions
- Pre-selection of consultants by the CO, pre-qualification of the consultants by the UNFPA Evaluation Office, and recruitment of the consultants by the CO to constitute the evaluation team.

### ***Design phase;***

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

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

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

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

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

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

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

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

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

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

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

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

***Field phase:***

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

***Reporting phase:***

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

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

***Dissemination and Facilitation of use;***

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

The evaluation manager will finalize the communication plan together with the communication officer in the UNFPA Pakistan CO. Overall, the communication plan will include information on (i) target audiences of the evaluation; (ii) communication products that will be developed to cater to the target audiences’ knowledge needs; (iii)



dissemination channels and platforms; and (iv) timelines. At a minimum, the final evaluation report will be accompanied by a Power point presentation of the evaluation results (prepared by the evaluation team).

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

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

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

### **EXPECTED OUTPUTS**

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

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

#### **The final stakeholder map;**

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

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

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

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

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

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

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

### **Quality Assurance and Assessment**

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

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

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

1. Structure and Clarity of the Report	Ensure the report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with standards and practices of international organizations, including the editorial guidelines of the UNFPA Evaluation Office.
2. Executive Summary	Provide an overview of the evaluation, written as a stand-alone section, including the following key elements of the evaluation: Purpose of the evaluation and target audiences; objectives of the evaluation and brief description of the country programme; methodology; main conclusions; and recommendations.
3. Design and Methodology	Provide a clear explanation of the methods and tools used, including the rationale for the methodological approach and the appropriateness of the methods selected to capture the voices/perspectives of a range of stakeholders, including vulnerable and marginalized groups. Ensure constraints and limitations are made explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc.)
4. Reliability of Data	Ensure sources of data are clearly stated for both primary and secondary data. Provide explanation on the credibility of primary (e.g. interviews and group discussions) and secondary (e.g. documents) data collected and make limitations explicit.
5. Analysis and Findings	Ensure sound analysis and credible, evidence-based findings. Ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause-and-effect links between an intervention and its end results (incl. unintended results) are explained.
6. Validity of Conclusions	Ensure conclusions are based on credible findings and convey the evaluators' unbiased judgment of the intervention. Ensure conclusions are presented in order of priority; divided into strategic and programmatic conclusions (for guidance, see Handbook, p. 238); briefly summarized in a box that precedes a more detailed explanation; and for each conclusion its origin (on which evaluation question(s) the conclusion is based) is indicated.
7. Usefulness and Clarity of Recommendations	Ensure recommendations flow logically from conclusions, are realistic and operationally feasible. Ensure recommendations are presented in order of priority; divided into strategic and programmatic recommendations (as done for conclusions); briefly summarized in a box that precedes a more detailed explanation of the main

elements of the recommendation and how it could be implemented effectively. For each recommendation, indicate a priority level (high/moderate/low), a target (administrative unit(s) to which the recommendation is addressed), and its origin (which conclusion(s) the recommendation is based on).

8. United Nations System-wide Action Plan (SWAP) Evaluation Performance Indicator – Gender Equality  
Ensure the evaluation approach is aligned with the United Nations SWAP on Gender Equality and the Empowerment of Women and UNEG guidance on integrating human rights and gender perspectives in evaluation.

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

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

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

#### WORKPLAN AND INDICATIVE SCHEDULES OF DELIVERABLES

Evaluation Phases and Activities	Deliverables	Dates	Handbook/CPE Management Kit
Preparatory Phase			
Establishment of the Evaluation Reference Group (ERG)		1-5 April 2021	Template 14: Letter of Invitation to Participate in a Reference Group, p. 277
Compilation of background information and documentation on the country context and the CP for desk review by the evaluation team	<i>Creation of a Google Drive folder containing all relevant documents on country context and CP</i>	1-10 April 2021	Tool 8: Checklist for the Documents to be Provided by the Evaluation Manager to the Evaluation Team, pp. 179-183 CPE Management Kit: <a href="#">Document Repository Checklist</a>
Drafting the terms of reference (ToR) based on the ready-to-use ToR (R2U ToR) template (in consultation with the regional M&E adviser and with input from the ERG)	<i>Draft ToR</i>	20-30 March 2021	CPE Management Kit: Evaluation Office Ready-to-Use ToR (R2U ToR) Template
Review and approval of the ToR by the UNFPA Evaluation Office	<i>Final ToR</i>	1-10 April 2021	
Publication of the call for evaluation consultancy		10-15 April 2021	CPE Management Kit: <a href="#">Call for Evaluation Consultancy Template</a>
Completion of the annexes to the ToR (in consultation with the regional M&E adviser and with input from CO staff)	<i>Draft ToR annexes</i>	1-10 April 2021	Template 4: The Stakeholders Map, p. 255 Tool 4: The Stakeholders Mapping Table, p. 166-167 Template 3: List of Atlas Projects by Country Programme Output and Strategic Plan Outcome, pp. 253-254 Tool 3: List of UNFPA Interventions by Country Programme Output and Strategic Plan Outcome, pp. 164-165 Template 15: Work Plan, p. 278

Pre-selection of consultants by the CO	<i>Consultant pre-selections scorecard</i>	15-20 April 2021	CPE Management Kit: Pre-qualified CPE Consultants Directory CPE Management Kit: <a href="#">Consultant Pre-selection Scorecard</a>
Pre-qualification of consultants by the UNFPA Evaluation Office		20-25 April 2021	
Recruitment of the evaluation team by the CO		25-30 April 2021	
<b>Design Phase</b>			
Evaluation kick-off meeting between the evaluation manager, the evaluation team and the regional M&E adviser		1-5 May 2021	
Development of an initial communication plan by the evaluation manager	<i>Initial communication plan</i>	1-5 May 2021	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: <a href="#">Guidance on Strategic Communication for a CPE</a>
Desk review of background information and documentation on the country context and the CP (incl. bibliography and resources in the ToR)		5-15 May 2021	
Drafting of the design report (incl. approach and methodology, theory of change, evaluation questions, duly completed evaluation matrix, final stakeholder map and sampling strategy, evaluation work plan and agenda for the field phase)	Draft design report	15-20 May 2021	Template 8: The Design Report for CPE, pp. 259-261 Tool 5: The Evaluation Questions Selection Matrix, pp. 168-169 Tool 1: The Evaluation Matrix, pp. 138-160 Template 5: The Evaluation Matrix, pp. 256 Template 15: Work Plan, p. 278 Tool 10: Guiding Principles to Develop Interview Guides, pp. 185-187 Tool 11: Checklist for Sequencing Interviews, p. 188 Template 7: Interview Logbook, p. 258 Tool 9: Checklist of Issues to be Considered When Drafting the Agenda for Interviews, pp. 183-187 Template 6: The CPE Agenda, p. 257 Tool 6: The CPE Agenda, pp. 170-176 CPE Management Kit: <a href="#">Compilation of Resources for Remote Data Collection</a> (if applicable)
Review of the draft design report by the evaluation manager and the regional M&E adviser	<i>Consolidated feedback provided by evaluation manager to evaluation team leader</i>	20-30 May 2021	
Presentation of the draft design report to the ERG for comments and feedback	PowerPoint presentation of the draft design report	1-5 June 2021	
Revision of the draft design report and circulation of the final version to	Final design report	1-10 June 2021	

the evaluation manager for approval by Regional M&E Adviser				
Update of the communication plan by the evaluation manager, in particular target audiences and timelines (based on the final stakeholder map and the evaluation work plan presented in the approved design report)	<i>Updated communication plan</i>	10-15 2021	June	Template 16: Communication Plan for Sharing Evaluation Results, p. 279  CPE Management Kit: <a href="#">Guidance on Strategic Communication for a CPE</a>
<b>Field Phase</b>				
Inception meeting for data collection with CO staff	<i>Meeting between evaluation team/CO staff</i>	10-15 2021	June	Tool 7: Field Phase Preparatory Tasks Checklist, pp. 177-183
Individual meetings with relevant CO programme officers	<i>Meeting of evaluators/CO programme officers</i>	15-25 2021	June	
Data collection (incl. interviews with key informants, site visits for direct observation, group discussions, desk review, etc.)	Entering data/information into the evaluation matrix	25 June-30 2021	July	Tool 12: How to Conduct Interviews: Interview Logbook and Practical Tips, pp. 189-202 Tool 13: How to Conduct a Focus Group: Practical Tips, pp. 203-205 Template 9: Note of the Results of the Focus Group, p. 262 CPE Management Kit: <a href="#">Compilation of Resources for Remote Data Collection</a> (if applicable)
Debriefing meeting with CO staff and the ERG to present emerging findings and preliminary conclusions after data collection	PowerPoint presentation for debriefing with the CO and the ERG	30 July- August 2021	5	
Update of the communication plan by the evaluation manager (as required)	<i>Updated communication plan</i>	5-10 2021	August	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: <a href="#">Guidance on Strategic Communication for a CPE</a>
<b>Reporting Phase</b>				
Drafting of the evaluation report and circulation to the evaluation manager	Draft evaluation report	10-30 2021	August	Template 10: The Structure of the Final Report, pp. 253-264 Template 11: Abstract of the Evaluation Report, p. 265 Template 18: Basic Graphs and Tables in Excel, p. 288
Review of the draft evaluation report by the evaluation manager, the ERG and the regional M&E adviser  Joint development of the EQA of the draft evaluation report by the evaluation manager and the regional M&E adviser	<i>EQA of the draft evaluation report (by the evaluation manager and the regional M&amp;E adviser)</i>	1 September October 2021	5	Template 13: Evaluation Quality Assessment Grid and Explanatory Note, pp. 269-276 Tool 14: Summary Checklist for a Human Rights and Gender Equality Evaluation Process, pp. 206-207 Tool 15: United Nations SWAP Individual Evaluation Performance Indicator Scorecard, pp. 208-209
Presentation of the draft Evaluation Report to the ERG		5-10 2021	October	

Drafting of the final evaluation report (incl. annexes) and circulation to the evaluation manager	Final evaluation report (incl. annexes)	10-30 October 2021	
Circulation of the final evaluation report to the UNFPA Evaluation Office		1-10 November 2021	
Preparation of the independent EQA of the final evaluation report by the UNFPA Evaluation Office	<i>Independent EQA of the final evaluation report (by the UNFPA Evaluation Office)</i>	10-25 November 2021	
Update of the communication plan by the evaluation manager (as required)	<i>Updated communication plan</i>	25-30 November 2021	Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: <a href="#">Guidance on Strategic Communication for a CPE</a>
<b>Dissemination and Facilitation of Use Phase</b>			
Preparation of the management response by the CO and submission to the Policy and Strategy Division	<i>Management response</i>	1-10 December 2021	Template 12: Management Response, pp. 266-267
Finalization of the communication plan and preparation for its implementation by the evaluation manager, with support from the communication officer in the CO	<i>Final communication plan</i>	10-15 December 2021	Template 16: Communication Plan for Sharing Evaluation Results, p. 279  CPE Management Kit: <a href="#">Guidance on Strategic Communication for a CPE</a>
Development of the presentation on the evaluation results	PowerPoint presentation of the evaluation results	15-25 December 2021	Example of PowerPoint presentation (for a centralized evaluation undertaken by the UNFPA Evaluation Office): <a href="https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PPT_Long_version.pdf">https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PPT_Long_version.pdf</a>
Development of the evaluation brief by the evaluation manager, with support from the communication officer in the CO	<i>Evaluation brief</i>	25-31 December 2021	Example of evaluation brief (for a centralized evaluation undertaken by the UNFPA Evaluation Office): <a href="https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_MTE_Supplies_Brief_FINAL.pdf">https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_MTE_Supplies_Brief_FINAL.pdf</a>
Publication of the final evaluation report, the independent EQA and the management response in the UNFPA evaluation database by the Evaluation Office		1-10 January 2022	
Publication of the final evaluation report, the evaluation brief and the management response on the CO website		10-20 January 2022	
Dissemination of the evaluation report and the evaluation brief to stakeholders by the evaluation manager	<i>Including: Communication via email; stakeholders meeting; workshops with implementing partners, etc.</i>	20-30 January 2022	CPE Management Kit: <a href="#">Guidance on Strategic Communication for a CPE</a>



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

### **COMPOSITION OF THE EVALUATION TEAM**

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

#### **(i) Evaluation Team Leader (International Consultant)**

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

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

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

#### Qualifications, Experience, and Competencies

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

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

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

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

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

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

Excellent analytical, communication, and reporting skills;

Fluency in English written and oral skills.

#### **(ii) Evaluation team member: SRHR expert**

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

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

#### Qualifications, Experience, and Competencies

An advanced degree in public health,

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

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

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

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

Good knowledge of the national development context

Fluency in English written and oral skills;

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

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

Substantive knowledge and experience in the disaster response program is desirable

Familiarity with UNFPA or UN mandates and operations is necessary;

#### (ii) Gender Expert

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

S/he will be responsible for covering the Gender component of the evaluation, focusing on gender equality, women's empowerment, and gender-based violence including domestic violence and child marriage, among others. S/he will develop the Gender part of the design report including the evaluation matrix, and collect information, conducting desk reviews of relevant documents and interviews with key stakeholders in the respective area. S/he will draft the Gender part (Gender equality and Gender Based Violence) part and provide inputs on GBV related parts including programme adjustments and priority actions of the 1st and 2nd drafts and the final evaluation report that meets all of UNFPA's quality standards;

#### **Qualifications, Experience, and Competencies**

Master's Degree in social sciences, including population and gender studies, and other relevant fields;

At least 7 years of professional/technical experience in gender equality and women's empowerment (GEWE), including in gender-based violence and harmful practices;

3 years of experience in conducting complex reviews, evaluations, research in areas of GEWE;

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

Substantive knowledge and/or significant experience on gender equality and the empowerment of women and girls, Gender Based Violence and other harmful practices,

Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.

Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage;

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

Excellent analytical, communication and writing skills;

Fluency in English is required;

#### (iii) Population and Development and Youth Expert

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

#### **Qualifications, Experience, and Competencies**

An advanced degree in demography, social sciences, political science, economics, statistics or related fields;

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

### **Population and Development**

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

Good knowledge of the national development context of Pakistan;

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

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

Fluency in English is required;

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

### **Indicative Allocation of Working Days per Evaluation Team Member**

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

### **Remuneration and Duration of Contract**

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

The following payment scheme will be applied:

Upon receipt of the approved design report: 30 percent

Upon receipt of the second draft evaluation report: 40 percent

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

#### **MANAGEMENT OF COUNTRY PROGRAMME EVALUATION**

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

#### **UNFPA-Pakistan Evaluation Manager:**

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

#### **Evaluation Reference Group (ERG):**

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

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

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

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

### **Brief outline of the quality assurance process**

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

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

#### *Quality assurance during the design phase*

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

#### *Quality assurance during the field phase*

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

#### *Quality assurance during the reporting phase*

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

The importance of quality assurance throughout the evaluation process

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

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

### **Key quality assurance milestones**

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

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

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

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

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

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



## Annex 2: List of Persons/Organisations/ Institutions Interviewed

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

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

### Annex 3: List of Documents Consulted/Reviewed

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

Political Economy Assessment on Child Marriage in Khyber Pakhtunkhwa Province
Political Economy Assessment on Child Marriage in Punjab Province
Policy Briefs and Fact Sheets on Social and Economic Wellbeing Survey
Interagency Protocols for prevention and Response to Gender Based Violence
Five-year Strategic Plan of KP Commission on the Status of Women
Capacity assessment of social services on GBV in KP province
Multi Sectoral Coordination Model for prevention and response to Gender based Violence
Health Sector Response to Gender Based Violence through Essential Service Package
<b>Output 5: Population and Development</b>
Demographic Health Survey 2017-18
PSLM Report 2018-19: <a href="https://www.pbs.gov.pk/sites/default/files//pslm/publications/pslm_2018-19/pslm_report_2018-19_national_provincial.pdf">https://www.pbs.gov.pk/sites/default/files//pslm/publications/pslm_2018-19/pslm_report_2018-19_national_provincial.pdf</a>
Pakistan Economic Survey 2020-21
Population Situation Analysis 2020
Media Engagement Strategy Population Dynamics
Census 2017 Preliminary Results – preliminary report
Multiyear Framework on Population Dynamics
Civil Service Curriculum Assessment
Research Centers on Population Dynamics
In-depth Analysis of PDHS 2017-18 on Unmet Need for Family Planning
In-depth Analysis of PDHS 2017-18 on Gender Based Violence
In-depth Analysis of PDHS 2017-18 on Child Marriage
National Transfer Account Pakistan Report and Policy Brief
<b>Communication</b>
Multi-sectoral FP Advocacy and Communication Strategy
<b>Partnership and Resource Mobilizations</b>
Donor Agreements
<b>Other Reports Consulted by the Evaluation Team:</b>
1973 Constitution of Pakistan
2017 Housing and Population Census of Pakistan – full report
Adeeba Sarwar, Mushtaq Hassan & Tahir Mahmood (2015). Pakistan Economic and Social Review
OECD. Applying Evaluation Criteria Thoughtfully, OECD
Bureau of Emigration and Overseas Employment; <a href="https://beoe.gov.pk/reports-and-statistics">https://beoe.gov.pk/reports-and-statistics</a>
Burki, Shahid Javed (2021); Population and Pakistan's development, The Express Tribune, May 31, 2021. data.html
Dawn (2021); Pakistanis send back record \$29.4bn in year, Dawn, July 14, 2021, page 1.
Development and Reforms, Government of Pakistan, Islamabad
Draft Terms of Reference Pakistan Country Programme Evaluation 6 April 2021-APRO Reviewed.docx
Evaluation in the United Nations system, accessible at: <a href="http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=100">http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=100</a>
Federal SDGs Support Unit - SDGs Pakistan_ <a href="https://www.sdgpakistan.pk">https://www.sdgpakistan.pk</a> › web › news › get_news
Gender Equity Project Endline Study Final Report, USAID 2018
Gender Parity Reports Punjab 2017, 2018
Girls Not Brides, Where Does It Happen, available at <a href="https://www.girlsnotbrides.org/where-does-it-happen/">https://www.girlsnotbrides.org/where-does-it-happen/</a>
Global Gender Gap Index Report 2020
Global Slavery Index, <a href="https://www.globalslaveryindex.org/2018/data/country-data/pakistan/">https://www.globalslaveryindex.org/2018/data/country-data/pakistan/</a>
Global_POVEQ_PAK.pdf

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

Housing and Population Census 2017

[http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/PAK.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/PAK.pdf)

[http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/PAK.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/PAK.pdf)

[http://www.na.gov.pk/en/mna\\_list\\_w2.php?list=women](http://www.na.gov.pk/en/mna_list_w2.php?list=women)

[http://www.uneval.org/papersandpubs/documentdetail.jsp?doc\\_id=102](http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=102) and UNEG Code of Conduct for

<http://www.unevaluation.org/document/detail/102>

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

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

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

[https://pdf.usaid.gov/pdf\\_docs/PA00TR3D.pdf](https://pdf.usaid.gov/pdf_docs/PA00TR3D.pdf)

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

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

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

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

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

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

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

[https://www.pbs.gov.pk/sites/default/files//population\\_census/census\\_2017\\_tables/pakistan/Table01n.pdf](https://www.pbs.gov.pk/sites/default/files//population_census/census_2017_tables/pakistan/Table01n.pdf)

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

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

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

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

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

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

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

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

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

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

Pakistan Maternal Mortality Survey, 2019

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

Population Reference Bureau – demographic survey reports

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

[Poverty in Pakistan rises to over 5% in 2020, estimates World Bank](#)

Saud, Muhammad, Rachmah Ida & Musta'in Mashud (2020); Democratic practices and youth in political participation: a doctoral study, <i>International Journal of Adolescence and Youth</i> 25:1, 800-808
Sustainable Development Report (SDR) 2021 <a href="https://dashboards.sdgindex.org/static/profiles/pdfs/SDR-2021-pakistan.pdf">https://dashboards.sdgindex.org/static/profiles/pdfs/SDR-2021-pakistan.pdf</a>
The DAC Principles for the Evaluation of Development Assistance. OECD (2000).
The World Bank, Data, <a href="https://data.worldbank.org/indicator/SI.POV.DDAY?locations=PK">https://data.worldbank.org/indicator/SI.POV.DDAY?locations=PK</a> .
UNCT comprises of 24 resident and non-resident UN agencies
UNDP, Human Development Indices and Indicators: 2018 Statistical Update: Pakistan (UNDP, 2018)
UNFPA 8th CPE Design Report Pakistan
UNFPA Pakistan Financial Overview – Resources mobilized 2018-2021
<a href="#">UNFPA Evaluation Office. (2019). Evaluation Handbook. How to Conduct a Country Programme Evaluation at UNFPA. Available at: www.unfpa.org/EvaluationHandbook</a>
United Nations Evaluation Group, UNEG Ethical Guidelines, accessible at:
Volume 53, No. 2 (Winter 2015), pp. 149-176
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World Bank. <a href="https://openknowledge.worldbank.org/handle/10986/35772">https://openknowledge.worldbank.org/handle/10986/35772</a> License: CC BY 3.0 IGO
World Data Atlas (2021); <a href="https://knoema.com/atlas/Pakistan/topics/Poverty/Income-Inequality/GINI-index">https://knoema.com/atlas/Pakistan/topics/Poverty/Income-Inequality/GINI-index</a>
World Health Organization, <a href="https://apps.who.int/gho/data/view.main.CTRY2450A">https://apps.who.int/gho/data/view.main.CTRY2450A</a> .
World Health Organization. (2015), Trends in maternal mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division.



## Annex 4: The Evaluation Matrix

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

	<p>detailed in the needs assessment) and was revised to adapt to changing priorities in the COVID-19 situation.</p> <ul style="list-style-type: none"> <li>• Evidence that the programmatic interventions had flexibility to respond to changing needs.</li> <li>• Extent to which the interventions planned within the AWP (across the four components of the programme) targeted women and girls, and the most vulnerable, disadvantaged, and excluded population groups listed above, in a prioritized manner with evidence that they were targeted as participants and beneficiaries.</li> </ul>		
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**COHERENCE**

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

<p><b>Assumption:</b>  <b>UNFPA Pakistan’s support was coherent with the national priorities and international normative frameworks; due to coherence UNFPA CP9 has improved other UN and development partners work in Area of Responsibility (AoR) and COVID-19 interventions.</b></p>	<ul style="list-style-type: none"> <li>• The extent to which Pakistan UNFPA CO has appropriately taken into account the priorities of the GoP and key stakeholders.</li> <li>• Evidence of UNFPA’s partnership/consultation with national institutions on AoR.</li> <li>• Evidence of UNFPA’s contribution to programmatic interventions stated in national policies and programs on AoR.</li> <li>• Evidence of active participation in UN technical working groups;</li> <li>• Evidence of participation &amp; leadership in humanitarian coordination structures, Area of Responsibility and SRHR, P&amp;D,</li> </ul>	<ul style="list-style-type: none"> <li>• Pakistan 9<sup>th</sup> CPD (2018-2022)</li> <li>• National policies/ strategic documents such as Government of Pakistan Vision 2025, the United Nations Sustainable Development Framework for Pakistan (UNSDF) 2018-2022, the International Conference on Population and Development, the 2030 Agenda for Sustainable Development, and Family Planning 2020.</li> <li>• National policy/strategy documents pertaining to AoR: National Plan of Action on Human Rights (GE/minorities/disability/children),</li> </ul>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with UNFPA CO staff</li> <li>• Interviews with development partners</li> <li>• Interviews with UN agencies that include: UNICEF; WHO; UNDP; and UNHCR, among others.</li> </ul>
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	<p>GE/GBV working groups at national &amp; sub-national level.,</p> <ul style="list-style-type: none"> <li>• Evidence of UNFPA participation in the working groups and/or joint initiatives corresponding to mandate areas and COVID program;</li> <li>• Evidence of sharing of information between UN agencies.</li> <li>• Evidence of joint programming initiatives (planning) &amp; M&amp;E.</li> <li>• Evidence of projects/ outputs that actually added value to partners'/ UN agencies work in UNFPA mandated areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Alignment of CP9 with UNDAF, and national documents till 2018 but including documents for the period 2018-2022 for programmatic changes</li> <li>• Monitoring and evaluation reports</li> <li>• Joint programmes and work plan and reports</li> <li>• UNCT and programme specialists in UN agencies</li> <li>• AWP</li> <li>• APR</li> <li>• CO staff</li> <li>• UNCT</li> <li>• GoP and key partners</li> </ul>	
<p><b>EFFECTIVENESS</b></p>			
<p><b>EQ3:</b></p>			
<p><b>To what extent has UNFPA strengthened the national capacities and the policy environment to provide quality integrated Sexual and Reproductive Health and Family Planning information and services, especially for the vulnerable and marginalized populations?</b></p>			
<p><i>(with a focus on comparison of the intended goals, outcomes and inputs with the actual achievements in terms of results as well as measurement of unintended results)</i></p>			
<p><b>Assumption:</b>  <b>Quality integrated Sexual and Reproductive Health and Family Planning information and services, especially for the vulnerable and marginalized populations were demonstrably increased and national policy environment for it was improved, where contribution of UNFPA is demonstrated, and with a robust theory of change underlying the results chain logic; and that a limited number of strategic activities led to significant results, in a complex country programme.</b></p>	<p>With regard to vulnerable and marginalized populations, during CP9:</p> <ul style="list-style-type: none"> <li>• Evidence of change/s in policy environment at provincial and national level that have markedly improved the integrated SRH and FP information and services.</li> <li>• Extent to which these change/s in policy environment is/are a contribution from UNFPA interventions.</li> <li>• Extent to which these improvements in integrated SRH and FP information and services is/are a contribution from UNFPA interventions.</li> </ul>	<p>Regarding policy environment, at national and provincial levels:</p> <ul style="list-style-type: none"> <li>• Relevant policy documents that were revised.</li> <li>• Relevant plans that were revised in response to changes in policies;</li> <li>• Relevant National and Provincial data sources for service and outcome indicators: <ul style="list-style-type: none"> <li>- PDHS</li> <li>- MICS</li> <li>- DHIS</li> <li>- UNFPA Annual Reports</li> </ul> </li> <li>• Monitoring and periodic reports produced by:</li> </ul>	<p>Review of Relevant Documents</p> <ul style="list-style-type: none"> <li>- Policy and planning documents</li> <li>- Relevant reports</li> <li>- Analysis of secondary data</li> </ul> <p>Political support and engagement</p> <ul style="list-style-type: none"> <li>- Analysis of primary data</li> <li>- Review of assembly records</li> <li>- Analysis of interviews with politicians</li> </ul> <p>Strengthening the capacities</p> <ul style="list-style-type: none"> <li>- Analysis of relevant reports <ul style="list-style-type: none"> <li>o training reports</li> </ul> </li> </ul>

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

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

**EQ5:**

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

**Assumption 1:**

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

**Assumption 2:**

- Advocacy / Coordination Committees on GEWE & GBV established/ strengthened and functioning
- Number of lobbying initiatives/ coaching meetings held by UNFPA country office with Parliamentarians and Women's Cauci for GEWE & GBV related laws and its effective implementation, like improvement in Domestic Violence, Child Marriage Restraint and other laws/ policies and its implementation
- Number of Advocacy / Coordination / Coaching meetings held by UNFPA country office with Commissions to support improvement in laws/ policies and its effective implementation pertaining to GEWE & GBV
- Evidence of participation & leadership in coordination structures in GEWE & GBV working groups at national & sub-national level.

- UNFPA gender focal point and/or team working on GEWE & GBV and Pakistan CO staff
- Relevant UN, national and provincial institutions, IPs and NGOS working in GE, WE and GBV, as well as catering to marginalized and vulnerable segments of the community, as below:
  - Parliamentarians/ Women's Cauci and Committees
  - Relevant Government departments like P&D, Law Department, Social Welfare (KP), Women's Development (Punjab), Safe City Punjab, among others.
  - NCSW and PCSW Committee / KP Ombudspersons office staff/ members
  - Relevant NGOs
  - Relevant implementing partners
- Documents for analysis:

- Documentary analysis appearing under **Sources of Information, eg:**
  - Pakistan 9th CPD etc
  - National policies/ strategic documents and laws pertaining to AoR.
- Interviews with all those appearing under **Sources of Information**, which includes relevant UN, donors, national and provincial institutions, IPs and NGOS working in GE, WE and GBV
- Focus Group Discussion with those listed above ie with diverse groups of organizations, including donors and implementing partners, on supporting



<p><b>Technical capacity of national institutions, Women Commissions and NGOs related to GE, WE and GBV needed to be increased.</b></p>	<ul style="list-style-type: none"> <li>• Evidence of appropriateness of the IPs selected to deliver the results regarding legal analytical review for improvement in GEWE &amp; GBV laws and policies</li> <li>• Evidence of gender focal points in national and provincial institutions, IPs and NGOs trained on GE, WE and GBV</li> <li>• Evidence of technical assistance provided to strengthen relevant national and provincial institutions, Government departments, IPs and NGOs to effectively implement programmes on GEWE &amp; GBV</li> <li>• Evidence of establishing and strengthening gender-based violence response services and elimination of harmful practices including child marriage.</li> <li>• Evidence of focus in programmatic interventions was retained on inclusiveness and diversity where marginalized communities and other vulnerable segments were targeted. Marginalized groups may include Women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, including Afghan refugees, living in camps; internally displaced person, ethnic and</li> </ul>	<ul style="list-style-type: none"> <li>- M&amp;E documentation</li> <li>- UNFPA Annual reports (2018-2021) and Pakistan 9th CPD</li> <li>- AWP and APRs</li> <li>- M&amp;E reports</li> <li>- Relevant programme, project and institutional reports of stakeholders</li> <li>- IP partner reports</li> <li>• Documents for analysis and legal analytical review of national documents/ laws: <ul style="list-style-type: none"> <li>- National policies/ strategic documents such as, the United Nations SDG Framework for Pakistan 2018-2022, and other National policy/strategy documents pertaining to AoR. including National surveys on GEWE &amp; GBV, PDHS, National Plan of Action on Human Rights (GE/ minorities / disability / children), etc.</li> </ul> </li> <li>- National / provincial laws and legal framework for its implementation for conducting legal analytical review</li> </ul>	<p>national capacity for prioritizing GEWE and GBV and catering to marginalized and vulnerable segments of the community</p> <ul style="list-style-type: none"> <li>• and beneficiaries if possible.</li> </ul>
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religious minorities, and people living in crisis-affected areas including the newly merged districts of FATA) based on socio-economic and geographical dimensions.

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

**EQ6:**

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

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

**Assumption:**  
**UNFPA's support demonstrably contributed to improvement in disaggregation of data, for effective planning and implementation, along dimensions that reflected needs of different beneficiaries especially those furthest behind and with a robust theory of change underlying the results chain logic; and that a limited number of strategic activities led to significant results.**

- Extent to which M&E of programme achievements indicate timely meeting of outputs
- The extent to which outputs in CP9 are likely to have contributed to outcome results
- Intervention districts have higher (comparison from baseline)
- Evidence that data in planning and monitoring frameworks, at the national/provincial/ UNFPA office level is disaggregated by different dimensions reflecting a variety of beneficiaries/ participants, including those furthest behind.
- Evidence of data before it was improved along disaggregation lines.
- Extent to which the LNOB approach was integrated into national data systems?
- Extent to which the evidence generated by UNFPA or other stakeholders was used in policies, programming etc.
- Extent to which UNFPA-supported interventions contributed to (or are likely to contribute to) a sustained increase in the use of disaggregated (by, inter alia, gender, disability, age, location, class/caste) demographic and socio-economic information and data, in the evidence-based development and

- M&E documentation
- AWP and APRs
- Relevant programme, project and institutional reports of stakeholders
- Pakistan CO staff
- GoP, and IPs
- Remote Site visits
- Provincial-district data (PDHS 2012, MICS, DHIS, planning and monitoring units' data)
- IP partner reports
- UNFPA Annual reports (2018-2021)
- UNFPA monitoring framework
- P& D Government departments
- Population Planning Departments
- Federal Bureau of Statistics and other provincial statistics departments
- M&E frameworks of departments/ organisations where data was improved.

- Document review of Planning and Monitoring frameworks of relevant departments and organisations where UNFPA extended support for improvement in data.
- Interviews with National Institute of Population Studies; Pakistan Bureau of Statistics; Ministry of Planning and Development and Provincial Commissions; Population Council; academic centres
- Interviews with relevant staff from M&E and planning cells of the line departments and organisations

	<p>implementation of plans, programmes and policies.</p> <ul style="list-style-type: none"> <li>• Extent to which unintended effects of the programme (positive or negative) have been achieved that were not adequately considered in the intervention design</li> </ul>		
<p><b>EFFICIENCY</b>  <b>EQ7:</b>  <b>To what extent has UNFPA made good use of its human, financial, and administrative resources and used an appropriate combination of tools, approaches and innovation and technology, also leveraging the national resources, to pursue the achievement of the outcomes defined in the country programme?</b></p>			
<p><b>Assumption:</b>  <b>Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen and in a timely and sustainable manner.</b></p>	<ul style="list-style-type: none"> <li>• Evidence that the planned resources were received to the foreseen level in AWP</li> <li>• Evidence that resources were received in a timely manner</li> <li>• Evidence of adequacy of resources (Financial, Personnel etc.) to deliver the programme's outputs /results</li> <li>• Evidence of coordination and complementarity among the programme components of UNFPA and coherence among government ministries</li> <li>• Evidence of progress towards the delivery of multi-year, predictable, core funding delivered to implementing partners</li> <li>• Evidence of appropriateness of the IPs selected to deliver the results</li> <li>• Evidence of timely transfer of funds</li> <li>• Evidence of effective mechanisms to control waste and fraud</li> <li>• Evidence that inefficiencies were identified and corrected in a timely manner</li> </ul>	<ul style="list-style-type: none"> <li>• AWP</li> <li>• Relevant Programme, Administrative and Financial Management Documents including:</li> <li>• Project standard progress reports</li> <li>• And reports reflecting leverage / usage of national resources</li> <li>• Financial Reports from Implementing Partners, and UNFPA (Atlas reports)</li> <li>• Audit Reports for IPs like Agha Khan Foundation, SRSP, Rozan, Rehnuma, IMC, among others, who received budgetary support</li> <li>• Field Monitoring Visit Reports</li> </ul>	<ul style="list-style-type: none"> <li>• Documentary review: financial documents at the UNFPA (from project documentation)</li> <li>• and interviews with administrative and financial staff</li> <li>• Documentary review: annual reports from partner ministries, and implementing partners,</li> <li>• audit reports and monitoring reports</li> <li>• Interviews with implementing partners from government (ministry level/ secretariat level/ organisational staff)</li> <li>• Interviews with implementing NGO partners e.g. Agha Khan Foundation, SRSP. Rozan, Rehnuma, IMC, Legal Aid Society, etc. who received budgetary support</li> <li>• Interviews with UNFPA country office staff</li> <li>• Interviews with beneficiaries of funding (including NGOs)</li> </ul>

	<ul style="list-style-type: none"> <li>• Evidence of focus of UNFPA resources on high impact activities</li> <li>• Extent to which the allocation of resources to targeted groups took into account the need to prioritize those most marginalized including women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like AR or IDPs, among others,</li> <li>• Evidence that technology was introduced and that it improved efficiency pertaining to office activities and program implementation.</li> </ul>		<ul style="list-style-type: none"> <li>• Interviews with UNFPA administrative staff, government and NGOs, donors on the coordination, complementarity of implementation, and leveraging of national resources.</li> </ul>
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**SUSTAINABILITY**  
**EQ8:**  
**To what extent has UNFPA been able to generate political will and support partners and stakeholders in developing capacities and establishing mechanisms to ensure ownership and the durability of effects also considering the COVID-19 context?**

<p><b>Assumption:</b>  <b>Government/partners/ stakeholders capacities and mechanisms are improved for ownership and continuation of interventions, despite COVID-19 impact related to resource constraint.</b></p>	<p>Evidence of following:</p> <ul style="list-style-type: none"> <li>• Established sustainability mechanism for the programme.</li> <li>• The likelihood of the programme and its benefits to be sustainable.</li> <li>• Established systems to continue the programme.</li> <li>• Capacity development including staff training.</li> <li>• Community and country ownership including financial resource commitments.</li> <li>• Partner organizations with sustainability plans.</li> <li>• Existence of Scale-up plans/strategies.</li> </ul>	<p>Documents:  <i>Relevant Sectoral Policies and Strategic Plans:</i></p> <ul style="list-style-type: none"> <li>• Annual Work Plans for Implementing Partners</li> <li>• Country Programme Reports</li> <li>• AWP; Reports;</li> <li>• IP progress reports, relevant sector strategic plans</li> </ul> <p><i>Special study reports; Mid-term review reports, Strategic plan evaluations for sectors including health, education, community/social sectors.</i></p> <ul style="list-style-type: none"> <li>• National Level Stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Documents review and analysis</li> <li>• Key informant interviews</li> <li>• Interviews with implementing partners from government (ministry level/ secretariat level/ organisational staff)</li> <li>• Interviews with implementing NGO partners e.g. Agha Khan Foundation, SRSP, Rozan, Rehnuma, IMC, Legal Aid Society, among others who received budgetary support</li> <li>• Focus group discussions with final beneficiaries</li> </ul>
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	<ul style="list-style-type: none"> <li>• Commitment to continue allocation of resources to targeted groups like women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like AR or IDPs, among others.</li> <li>• Developing an enabling or adaptable environment for real change on HR &amp; GE;</li> <li>• Institutional change conducive to systematically addressing HR &amp; GE concerns</li> </ul>	<ul style="list-style-type: none"> <li>• UNFPA staff, Government, IPs staff, and Heads of Departments (Health, Education, Social Welfare, Planning,</li> <li>• Relevant Field level IPs.</li> </ul>	
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#### COVERAGE

##### EQ9:

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

<p><b>Assumption:</b> The services rendered for humanitarian assistance demonstrated target segmentation of beneficiary groups that especially included vulnerable and marginalised groups, (Marginalized groups may include Women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with disabilities; refugees, including Afghan refugees, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas including NMD of FATA) based on socio-economic and geographical dimensions.</p>	<ul style="list-style-type: none"> <li>• Evidence of systematic target segmentation of beneficiary groups across socio- economic and geographical dimensions, so as to reach vulnerable and marginalised groups.</li> <li>• Evidence that affected communities are mapped and disaggregated</li> <li>• Mapping evidence of geographical area covered for humanitarian assistance.</li> <li>• Evidence of budgetary allocation for SRH and GBV in humanitarian assistance programmatic interventions.</li> <li>• Evidence that UNFPA supported interventions targeted the elimination of barriers to access (e.g. social, economic, legal, location, language, cultural) to SRH</li> </ul>	<ul style="list-style-type: none"> <li>• AWP's</li> <li>• UNDAF progress reports on humanitarian assistance arrangements</li> <li>• PDMA/ NDMA progress reports on beneficiary and stakeholder mapping</li> <li>• UNFPA M&amp;E reports on humanitarian assistance interventions</li> <li>• Budgets allocated to SRH and GBV in humanitarian assistance program of UNFPA and received/ utilized by national / provincial institutions and Ips</li> <li>• M&amp;E reports on access provided to vulnerable groups</li> </ul>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Geographical map showing beneficiaries</li> <li>• Interviews with UNFPA country office staff and humanitarian assistance cell/ staff</li> <li>• Interviews with members of the donor / INGO clusters</li> <li>• Interviews with other United Nations agencies</li> <li>• Interviews with government ministries / departments responsible for emergency preparedness and involved in humanitarian response, like NDMA, PDMA, others</li> <li>• FGDs with beneficiaries of funding (including NGOs), including those</li> </ul>
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	<p>and GBV information and services for vulnerable and marginalized populations (e.g., women, adolescents and youth, those with disabilities, and others listed under assumption), particularly those within groups that are furthest behind.</p>		<p>working within refugee or internally displaced persons' camps (where relevant)</p>
<p><b>CONNECTEDNESS</b>  <b>EQ 10:</b>  <b>To what extent, did the initiatives undertaken by UNFPA during a humanitarian situation take longer-term development needs, concerns and inter-connected problems into consideration?</b></p>			
<p><b>Assumption:</b>  <b>The response undertaken during humanitarian contexts demonstrated coherence and connectedness with a focus on longer-term development needs.</b></p>	<ul style="list-style-type: none"> <li>• Evidence of active participation in UN technical working groups during humanitarian situation;</li> <li>• Evidence of participation and leadership in humanitarian coordination structures,</li> <li>• Evidence of Area of Responsibility and SRHR, P&amp;D, GBV working groups at national and sub-national level.,</li> <li>• Evidence of leading role played by UNFPA in the working groups and/or joint initiatives corresponding to mandate areas;</li> <li>• Evidence of sharing of information between UN agencies.</li> <li>• Evidence of joint programming initiatives (planning) &amp; M&amp;E.</li> </ul> <p><i>National/ Societal Resilience:</i></p> <ul style="list-style-type: none"> <li>• Evidence of National policies that support GE, SRH &amp; RR</li> <li>• Social protection schemes &amp; safety nets</li> <li>• Disaggregated data &amp; data systems</li> </ul>	<ul style="list-style-type: none"> <li>• UNFPA AWP</li> <li>• Minutes of meetings on subject</li> <li>• Correspondence with other agencies on subject</li> <li>• UNDAF progress reports on coordination mechanisms</li> <li>• Minutes and Reports of relevant Coordination Structures for thematic areas/issues, and long-term development needs planning</li> </ul>	<ul style="list-style-type: none"> <li>• Documentary analysis</li> <li>• Interviews with UNFPA country office staff and humanitarian assistance cell/ staff</li> <li>• Interviews with members of the donor / INGO clusters</li> <li>• Interviews with other United Nations agencies</li> <li>• Interviews with government ministries / departments responsible for emergency preparedness and involved in humanitarian response, like NDMA, PDMA, others</li> <li>• FGD with beneficiaries of funding (including NGOs), including those working within refugee or internally displaced persons' camps (where relevant)</li> <li>• Site visits to refugee or internally displaced persons' camps (where relevant).</li> </ul>

	<ul style="list-style-type: none"> <li>• Positive social norms.</li> </ul> <p><i>Community Resilience:</i></p> <ul style="list-style-type: none"> <li>• Prioritized rights &amp; health of women &amp; young people in humanitarian-development-peace through collective action</li> </ul> <p><i>Family/ Individual Resilience:</i></p> <ul style="list-style-type: none"> <li>• Empowered women, girls &amp; young people as agents of change</li> <li>• Universal access to quality integrated SRH information &amp; services, including MHM</li> <li>• Safe home environment, free of violence &amp; harmful practices.</li> </ul>		
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**Notes:**

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

## Annex 5: Stakeholders' Map

Programmatic Area			
<b>UNFPA Strategic Plan Outcome 1: Sexual and reproductive health</b>			
Increased availability and use of integrated sexual and reproductive health services, particularly family planning that are gender-responsive and meet human rights standards for quality of care and equity in access.			
<b>CPD Output 1:</b> Increased national and sub-national capacity to accelerate delivery and accessibility of high quality family planning information and services			
<b>If relevant, ATLAS /GPS Project (code and name):</b>			
PAK09FPS (Family Planning)			
Government	International NGOs	Local NGOs	UN Partners
<ul style="list-style-type: none"> <li>● Population Programme Wing (MONHSRC) (PGPK42)</li> <li>● Population Welfare Department Punjab (PGPK11)</li> <li>● Population Welfare Department Sindh (PGPK23)</li> <li>● Population Welfare Department Balochistan (PGPK27)</li> <li>● Population Welfare Department Khyber Pakhtunkhwa (PGPK31)</li> <li>● Department of Health Khyber Pakhtunkhwa (PGPK32)</li> <li>● Department of Health Sindh (PGPK44)</li> <li>● IRMNCH Punjab (PGPK46)</li> </ul>	<ul style="list-style-type: none"> <li>● Population Council (PN4598)</li> <li>● JHPIEGO (PN6866)</li> <li>● Aga Khan Foundation</li> <li>● Pathfinder</li> </ul>	<ul style="list-style-type: none"> <li>● Rehnuma Family Planning Association of Pakistan (PN5553)</li> <li>● PRIME Foundation</li> <li>● Balochistan Rural Support Programme</li> <li>● Sarhad Rural Support Programme</li> </ul>	UNFPA (PU0074)
Donors			
UNFPA (FPA90), DFID (UKB26)			

Programmatic Area
<b>UNFPA Strategic Plan Outcome 1: Sexual and reproductive health</b>
Increased availability and use of integrated sexual and reproductive health services, particularly family planning that are gender-responsive and meet human rights standards for quality of care and equity in access
<b>CPD Output 2:</b> Enhanced national and sub-national capacity to provide integrated sexual and reproductive health services, particularly for marginalized and affected population in humanitarian settings

**If relevant, ATLAS /GPS Project (code and name):**

PAK09SRH (Sexual & Reproductive Health) ZZT06PAK (Maternal Health Trust Fund), UBRAFPAK (UBRAF-HIV)

Government	International NGOs	Local NGOs	Private	UN Partners
<ul style="list-style-type: none"> <li>• Department of Health Balochistan (PGPK29)</li> <li>• Department of Health Khyber Pakhtunkhwa (PGPK32)</li> <li>• Department of Health Sindh (PGPK44)</li> <li>• IRMNCH Punjab (PGPK46)</li> <li>• Directorate of Health Services (Newly Merged Districts) (PGPK51)</li> <li>• National Disaster Management Authority (PGPK52)</li> </ul>	<ul style="list-style-type: none"> <li>• JHPIEGO (PN6866)</li> <li>• International Medical Corps (PN6958)</li> </ul>	<ul style="list-style-type: none"> <li>• Pakistan National Forum for Women's Health (PNFWH) (PN4534)</li> <li>• Rehnuma Family Planning Association of Pakistan (PN5553)</li> <li>• Thardeep Rural Development Programme TRDP (PN7074)</li> </ul>	<ul style="list-style-type: none"> <li>• People's Primary Health Care Initiative PPHI (PN7011)</li> <li>• Bridge Consulting (PN7143)</li> </ul>	<ul style="list-style-type: none"> <li>• UNFPA (PU0074)</li> <li>• UNAIDS (PU0120)</li> <li>• World Health Organization (PU0014)</li> </ul>

**Donors**

UNFPA (FPA90),  
 Government of Australia (AUB01),  
 Maternal Health Trust Fund (ZZT06)  
 One UN Fund (UDB68),  
 Central Emergency Response Fund (CERF-RH) (UOG76)  
 UBRAF (UQA68),  
 Global Affairs Canada (GAC) (CAA97)

**Programmatic Area**

**UNFPA Strategic Plan Outcome 2: Adolescents and youth**

Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health

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

**If relevant, ATLAS /GPS Project (code and name):**

PAK09YTH (Adolescent and Youth)

Government	International NGOs	Local NGOs	UN Partners
<ul style="list-style-type: none"> <li>● Sindh Education and Literacy Department (PGPK56)</li> <li>● Population Programme Wing (MONHSRC) (PGPK42)</li> <li>● PWD Punjab</li> </ul>	<ul style="list-style-type: none"> <li>● Population Council (PN4598)</li> </ul>	<ul style="list-style-type: none"> <li>● Rehnuma Family Planning Association of Pakistan (PN5553)</li> <li>● Aahung</li> <li>● School of Leadership</li> <li>● Aiming for Change Tomorrow</li> <li>● Rural Support Programme Network Aga Khan Foundation</li> </ul>	<ul style="list-style-type: none"> <li>● UNFPA (PU0074)</li> <li>● UNDP (PU0100)</li> </ul>

**Donors**

UNFPA (FPA90),  
DFID (UCJ23),  
GAC (CAA97)

**Programmatic Area****UNFPA Strategic Plan Outcome 3: Gender equality and women's empowerment**

Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth, in development and humanitarian settings

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

**If relevant, ATLAS /GPS Project (code and name):**

PAK09GBV, (Gender Equality and Women's Empowerment) HRF01GBV, (GBV in emergencies)

Government	International NGOs	Local NGOs	UN Partners
<ul style="list-style-type: none"> <li>● Punjab Commission on the Status of Women (PGPK49)</li> <li>● Bureau of Statistics Punjab (PGPK50)</li> <li>● Directorate of Health Services (Newly Merged Districts) (PGPK51)</li> <li>● National Disaster Management Authority (PGPK52)</li> <li>● KP Commission on the Status of Women (PGPK53)</li> <li>● Social Welfare Department Khyber Pakhtunkhwa (PGPK54)</li> </ul>	<ul style="list-style-type: none"> <li>● Population Council (PN4598)</li> <li>● Pathfinder</li> </ul>	<ul style="list-style-type: none"> <li>● Rehnuma Family Planning Association of Pakistan (PN5553)</li> <li>● Thardeep Rural Development Programme TRDP (PN7074)</li> <li>● Legal Aid Society (PN7263)</li> <li>● Strengthening Participatory Organization (PN7570)</li> </ul>	<ul style="list-style-type: none"> <li>● UNFPA (PU0074)</li> <li>● World Health Organization (PU0014)</li> </ul>

<ul style="list-style-type: none"> <li>● Women Development Department Punjab (PGPK55)</li> </ul>	<ul style="list-style-type: none"> <li>● ROZAN (PN5525)</li> <li>● Special Talent Exchange Programme (STEP)</li> <li>● Human Rights Commission of Pakistan (HRCP)</li> <li>● Shirkatgah</li> </ul>
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### Donors

UNFPA (FPA90),  
DFID (UCJ23)  
DFID (UZJ22)  
DFID (UKB25)  
Central Emergency Response Fund (CERF-GBV) (UOG77)  
Government of Australia (AUB01)  
UNWOMEN (UFA13)  
Denmark (DKA33)  
GAC (CAA97)

### Programmatic Area

#### UNFPA Strategic Plan Outcome 4: Population dynamics

Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, SRH and reproductive rights, HIV and gender equality

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

#### If relevant, ATLAS /GPS Project (code and name):

PAK09DPD (Population Dynamics)

Government	International NGOs	Local NGOs	UN Partners
<ul style="list-style-type: none"> <li>● National Institute of Population Studies (PGPK06)</li> <li>● Population Welfare Department Punjab (PGPK11)</li> <li>● Population Welfare Department Balochistan (PGPK27)</li> </ul>	<ul style="list-style-type: none"> <li>● Population Council (PN4598)</li> </ul>		<ul style="list-style-type: none"> <li>● UNFPA (PU0074)</li> <li>● UNDP (PU0100)</li> </ul>



<ul style="list-style-type: none"> <li>● Pakistan Bureau of Statistics (PGPK40)</li> <li>● Population Programme (MONHSRC) (PGPK42)</li> </ul>	Wing		
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**Donors**

UNFPA (FPA90),  
 DFID (UKB15)  
 DFID (UKB26)  
 DFID (UKB32)  
 GAC (CAA97)

## Annex 6: Data Collection Tools

### UNFPA Pakistan – Sexual and Reproductive Health (SRH) Key Informant Interview Guide for Implementers of the SRH component

#### Key Informants

- UNFPA SRH staff;
- Ministry of National Health Services, Regulation and Coordination, Islamabad
- Population Programme Wing (MONHSRC)
- NDMA
- Population Council, JHPIEGO, Pathfinder International, Agha Khan Foundation, Rehnuma Family Planning Association of Pakistan, Pakistan National Forum for Women’s Health (PNFWH), Health Services Academy

#### General Introduction - Purpose of the evaluation

I am (we are) part of a four-person team to evaluate UNFPA’s 9th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials from the Federal and Provincial governments, INGOs and NGOs, Development Partners, Academia and some beneficiaries.

#### Core interview: Objectives of the interview guide transformed into questions

1. **Objective: RELEVANCE of the support strategy of the UNFPA 9<sup>th</sup> country Programme to the population needs, government priorities and global policies and strategies.**

##### Possible Questions:

- a. What are the most prevalent population needs?
- b. To what extent the UNFPA interventions have addressed the needs and interests of diverse groups of stakeholders through in-depth consultation?
- c. To what extent has UNFPA support adapted to the needs of population including the needs of marginalized and vulnerable group such as transgender, ethnic and religious minorities, people with disabilities, Afghan refugees, IDPs, and from remote areas including newly merged districts of FATA?
- d. To what extent UNFPA interventions are planned and implemented with participation from vulnerable and marginalized populations?
- e. How the population needs are changed in COVID-19 pandemic?
- f. To what extent the support of UNFPA adapted the changing needs in the COVID-19 context?

- g. To what extent UNFPA interventions are aligned with international instruments (e.g., CEDAW, CRPD, CRC), standards and principles on HR & GE and contributes to their implementation?
- h. What are the human rights issues and gender issues?
- i. To what extent the UNFPA support was responsive to human rights and gender equality dimensions?

2. **Objective: COHERENCE of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts**

**Possible questions:**

- a. To what extent is the 9th Country Programme (CP9) aligned to national priorities (including Vision 2025, Annual Development Plans)?
- b. To what extent is the CP9 aligned to international framework (including United Nations Sustainable Development Framework (UNSDF) for Pakistan 2018-2022, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development and Family Planning 2020)?
- c. To what extent is the CP9 aligned to the SDGs?
- d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?
- e. To what extent UNFPA participated in working groups, relevant to its mandate, formed by the Pakistan government and UN agencies?
- f. To what extent UNFPA has been participating in relevant initiatives from Pakistan government and UN agencies?
- g. To what extent has the programme integrated gender and human rights based approaches?

3. **Objective: EFFECTIVENESS of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

**Possible questions:**

- a. Extent to which the UNFPA has influenced the change in policy environment concerning Sexual and Reproductive Health and Family Planning information services?
  - a. Were there seminars, workshops or meeting for policy makers to discuss reviews policies related to SRH and FP?
  - b. Who arranged those events?
  - c. From where the funds were managed?
  - d. Were the policies reviewed and revised by policy makers?
  - e. Were the revised policies were translated in planning?
  - f. Were the planning documents revised in view of policy changes?
- b. To what extent has UNFPA strengthened the national capacities to provide quality integrated Sexual and Reproductive Health and Family Planning information services, especially for the vulnerable and marginalised population?
  - a. What are the interventions carried out by UNFPA to strengthen capacities?
  - b. What cadre of service delivery force was involved in strengthening the capacities?
  - c. Who supported the capacity building interventions?

- c. Extent to which UNFPA interventions have been successful in addressing the needs of diverse groups of stakeholders?
  - a. What is the geographical extent of various stakeholder groups?
  - b. What interventions were targeted to ensure inclusion of all stakeholders?
- d. Is there any evidence of political support and engagement in UNFPA interventions?
  - a. Issues of SRH and FP were discussed in respective national / provincial assembly?
  - b. Decision taken by respective assemblies?
- e. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the targets achieved?
- f. To what extent UNFPA interventions contributed in introducing technology and that it improved effectiveness pertaining to office activities and program implementation?
- g. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

**4. Objective: EFFICIENCY of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

**Possible questions:**

- a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 9th CP?
- b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

**5. Objective: SUSTAINABILITY of the benefits from UNFPA support likely to continue, after CP has been completed**

**Possible questions:**

- a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- c. What are the main comparative strengths of UNFPA in Pakistan; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?

**6. Objective: COVERAGE of different segment of the society with humanitarian assistance**

**Possible questions:**

- a. To what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities?

b. To what extent has the UNFPA Country Programme addressed the geographical disparities with gender and human rights dimensions?

7. **Objective: CONNECTEDNESS during a humanitarian situation**

**Possible questions:**

a. To what extent, the initiative taken by UNFPA during a humanitarian situation took longer-term development needs, concerns and inter-connected problem into consideration?

8. **Existence and functioning of coordination mechanisms**

**Possible questions:**

a. To what extent has UNFPA contributed the functioning and consolidation of United Nations country team (NCT) coordinates mechanism?

***Objective: Interviewee Recommendations***

## UNFPA Pakistan – Adolescent and Youth (AY)

### Key Informant Interview Guide for Implementers of the AY Component

#### Key Informants

- UNFPA AY staff;
- Population Programme Wing (MONHSRC)
- National Curriculum Council - Ministry of Education
- Kamyab Jawan Program
- Provincial Education Departments
- Population Council, Rehnuma Family Planning Association of Pakistan, Auhung, Aiming Change for Tomorrow (ACT), School of Leadership, RSPN
- UNDP

#### General Introduction - Purpose of the evaluation

I am (we are) part of a four-person team to evaluate UNFPA's 9th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials from the Federal and Provincial governments, INGOs and NGOs, Development Partners, Academia and some beneficiaries.

#### Core interview: objectives of the interview guide transformed into questions



**1.Objective: Relevance** of the support strategy of the UNFPA 9<sup>th</sup> country Programme to the population needs, government priorities and global policies and strategies.

#### Possible Questions:

- Could you give us a brief on UNFPA programmatic interventions for adolescents and youth implemented in the time-period of 2018 to date?
- To what extent has UNFPA support adapted to the needs of population including the needs of marginalized and vulnerable group such as transgender, ethnic and religious minorities, people with disabilities, Afghan refugees, IDPs, and from remote areas including newly merged districts of FATA?
- How relevant do you perceive UNFPA interventions for adolescents and youth to be in regard to national objectives/priorities and global policies and strategies including the humanitarian situation?
- To what extent the support of UNFPA adapted the changing needs in the COVID-19 context?
- To what extent the UNFPA support was responsive to human rights and gender equality dimensions?

**Objective: Coherence of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts**

#### Possible questions:

- a. To what extent is the UNFPA interventions for adolescents and youth aligned to national priorities (including Vision 2025, Annual Development Plans?
- b. To what extent is the UNFPA interventions aligned to international framework (including United Nations Sustainable Development Framework (UNSDF) for Pakistan 2018-2022, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development and Family Planning 2020?
- c. To what extent is the CP9 aligned to the SDGs?
- d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?
- e. To what extent has the programme integrated gender and human rights based approaches?

**Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

**Possible questions:**

- a. To what extent has UNFPA increased the national priority on Adolescent and Youth and enhanced national capacities to provide adolescent and youth friendly services, especially to the most vulnerable adolescent girls?
- b. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the targets achieved?
- c. To what extent UNFPA's are intervention in LSBE integrated into the national/provincial curricula and ensures international standards?
- d. To what extent has the policy environment changed as a result of UNFPA's interventions in adolescents and youth?
- e. To what extent has UNFPA's intervention contributed in youth leadership and engagement? To what extent UNFPA support did increase stakeholders' commitment (e.g. UN agencies) to adolescent and youth?
- f. To what extent has UNFPA interventions contributed in introducing technology and that it improved effectiveness pertaining to office activities and program implementation?
- g. What are the key lessons learnt and best practices that can contribute to the knowledge base of UNFPA and partners and be applied in future programme and policy development?

**4. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

**Possible questions:**

- h. How and to what extent has the UNFPA Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 9th CP?
- i. To what extent have the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights?
- j. To what extent has the allocation of resources to targeted groups took into account the need to prioritize those most marginalized including women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like IDPs, among others?



**5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed**

**Possible questions:**

- k. To what extent has did the UNFPA intervention for adolescents and youth build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- l. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies to provide adolescent and youth friendly services?
- m. What are the main comparative strengths of UNFPA in Pakistan; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?

**6. Objective: Coverage of different segment of the society with humanitarian assistance**

**Possible questions:**

- n. To what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities among adolescents and youth?
- o. To what extent has the UNFPA interventions for adolescents and youth were responsive to gender and human rights dimensions?

**7. Objective: Connectedness during a humanitarian situation**

**Possible questions:**

- p. To what extent, the initiative taken by UNFPA during a humanitarian situation took larger-term development needs, concerns and inter-connected problem into consideration?
- q. To what extent has UNFPA played a leading role in the working groups and/or joint initiatives on adolescents and youth?
- r. Do you think there is sharing of information between UN agencies?

**8. Existence and functioning of coordination mechanisms**

**Possible questions:**

- s. To what extent has UNFPA contributed to the functioning and consolidation of the United Nations Country Team (UNCT) coordination mechanism?

**t. Objective: Interviewee Recommendations**

## UNFPA Pakistan – Gender Equality, Women Empowerment and Gender Based Violence (GEWE & GBV)

### Key Informant Interview Guide for Implementers of the GEWE & GBV Component

#### Key Informants

- UNFPA GE/ Humanitarian staff; UKAID for AAWAZ II, UNW,
- National Assembly, Women Parliamentary Caucus, Women’s Commissions, Women Development Departments, Social Welfare dept KP, Directorate of Health Services (Newly Merged Districts), Punjab Safe Cities Authority, P & D dept,
- NDMA, Rural Support Programs, Population Council, Pathfinder International,
- Rehnuma Family Planning Association of Pakistan, SPO, ROZAN, STEP, HRCP, Legal Aid Society, Shirkatgah

#### General Introduction - Purpose of the evaluation

I am (we are) part of a four-person team to evaluate UNFPA’s 9th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials/ members from the Federal and Provincial governments and institutions, INGOs and NGOs, UN agencies and Development Partners, and some beneficiaries.

#### Please elaborate when asking about disadvantaged and vulnerable groups to specifically include categories relevant to Pakistan’s disadvantaged segments.

##### Please ask about:

- Transgender groups
- Ethnic minorities
- Religious minorities
- People with different abilities
- People from remote and underserved areas including Newly Merged Districts of FATA.
- Afghan refugees (AR)
- Internally displaced persons (IDPs).
- Women and girls that are exposed to violence
- GBV survivors
- Out of school children
- Women, girls and adolescents and any others, if relevant to Pakistan context.

#### Core interview: objectives of the interview guide transformed into questions



1. **Objective: Relevance** of the support strategy of the UNFPA 9<sup>th</sup> country Programme to the population needs, government priorities and global policies and strategies.

**Possible Questions:**

- a. Could you give us a brief on which programmatic interventions you/ your organisation implemented in the time-period of 2018 to date, that were supported by UNFPA?
- b. What do you think are the most prevalent population needs related to GEWE and GBV?
- c. To what extent UNFPA interventions are aligned with international instruments (e.g. CEDAW, UDHR, CRC), standards and principles on HR & GE and contributes to their implementation?
- d. Was there exhaustive, sex-disaggregated and accurate needs assessment, identifying the varied needs of Pakistani population, including women and girls, and marginalized and vulnerable groups (read out categories listed above), undertaken prior to GEWE GBV programming of the CPD and AWP, as well as during program implementation (responding to changing COVID-19 emergencies).
- e. Is the selection of target groups for UNFPA-supported interventions in the programme consistent with identified needs (as detailed in the needs assessment) and was revised to adapt to changing priorities in the COVID-19 situation?
- f. Evidence that the programmatic interventions had flexibility to respond to changing needs.
- g. In cognizance of the GEWE and GBV issues, to what extent UNFPA's support was responsive to these issues?
- h. How did the population's needs change in COVID-19 pandemic? And to what extent the support of UNFPA adapted to the changing needs in the COVID-19 context?
- i. To what extent has UNFPA support adapted to the needs of population including the needs of marginalized and vulnerable group (where marginalized groups may include women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, including Afghan refugees, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas and from remote areas including newly merged districts of FATA) based on socio-economic and geographical dimensions.?

**2. Objective: Coherence of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts**

**Possible questions:**

- a. To what extent is the 9th Country Programme (CP9) aligned to national priorities (including Vision 2025, National Plan of Action for Human Rights)?
- b. To what extent is the CP9 aligned to international framework including United Nations Sustainable Development Framework for Pakistan 2018-2022, the 2030 Agenda for Sustainable Development, CEDAW working group report?
- c. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?
- d. To what extent has the programme mainstreamed gender and human rights-based approaches?
- e. To what extent UNFPA participated in relevant initiatives and working groups, relevant to its mandate, formed by the Pakistan government and UN agencies regarding GEWE and GBV and harmful practices?

**3. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

**Possible questions:**

- a. To what extent has UNFPA increased the national priority, strengthened capacities, systems and institutions and improved legal and policy environment in support of gender equality, women empowerment, gender-based violence prevention and response services and other harmful practices?
- b. To what extent did the interventions supported by UNFPA in programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the targets achieved?
- c. If we speak of specific programmatic activities implemented by you with UNFPA's support, please provide information related to the following activities; (read out those relevant to interviewee's program):
  - Technical capacity of (national institutions, Women Commissions and NGOs related to GE, WE and GBV) needed to be increased and then how was it increased
  - Advocacy / Coordination Committees on GEWE & GBV established/ strengthened and functioning
  - Number of lobbying initiatives/ coaching meetings held with Parliamentarians and Women's Cauci for GEWE & GBV related laws and its effective implementation, like improvement in Domestic Violence, Child Marriage Restraint and other laws/ policies and its implementation and what was achieved
  - Number of Advocacy / Coordination / Coaching meetings held with Commissions/ institutions to support improvement in laws/ policies and its effective implementation pertaining to GEWE & GBV with achievements.
  - Participation & leadership in coordination structures in GEWE & GBV working groups at national & sub-national level with achievements.
  - Appropriateness of IPs for delivering the results regarding legal analytical review and its implementation for improvement in GEWE & GBV laws and policies and achievements
  - Gender focal points/ others in national and provincial institutions/ IPs were trained on GE, WE and GBV. and that skills acquired are being used at work by stakeholders trained under UNFPA program.
  - Technical assistance was provided to strengthen relevant national and provincial institutions/ IPs to effectively implement programmes on GEWE & GBV and what were the achievements
  - Gender-based violence response services and elimination of harmful practices including child marriage were established and strengthened and what were achievement e.g.: give number of survivors who received help/ which options were selected by survivors (legal/ psycho-social/ shelter, etc.).
  - What are achievements on prevention side of GBV
  - Was there focus in programmatic interventions on inclusiveness and diversity by targeting marginalized communities and other vulnerable segments. Marginalized groups are listed above. (read them out) and include women, adolescents and children; women exposed to gender-based violence etc., based on socio-economic and geographical dimensions.
  - Did UNFPA supported interventions target for the elimination of barriers to access (e.g., social, economic, legal, location, language, cultural) to SRH and GBV information and services for vulnerable and marginalized populations (e.g., women, adolescents and youth, and those listed above), particularly those within groups that are furthest behind.
  - To what extent UNFPA supported interventions contributed in introducing technology and digital innovation which improved effectiveness pertaining to office activities and programmatic interventions and its implementation?
  - What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

4. **Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

**Possible questions:**

- a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 9th CP?
- b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?
- c. Were resources allocated for targeting groups that needed to be prioritized like those most marginalized including women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, including Afghan refugees, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas including the newly merged districts of FATA, under privileged based on socio-economic and geographical dimensions.
- d. Please provide information on the following if it is applicable to you:
  - the planned resources were received to the foreseen level in MoU
  - resources were received in a timely manner
  - adequacy of resources (Financial, Personnel etc.) to deliver the programme's outputs /results
  - progress towards the delivery of multi-year, predictable, core funding delivered to implementing partners
  - appropriateness of the IPs selected to deliver the results
  - timely transfer of funds
  - effective mechanisms to control waste and fraud
  - inefficiencies were identified and corrected in a timely manner
  - focus of UNFPA resources on high impact activities
  - Extent to which the allocation of resources to targeted groups considered the need to prioritize those most marginalized including women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like AR or IDPs, among others,
  - Evidence that technology was introduced and that it improved efficiency pertaining to office activities and program implementation.

5. **Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed**

**Possible questions:**

- a. To what extent did the programme build capacity for Government structures / other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?

- c. What are the main comparative strengths of UNFPA in Pakistan; and how can these strengths and justifications from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?
- d. Are any of following achieved
  - Established sustainability mechanism for the programme. And the likelihood of the programme and its benefits to be sustainable.
  - Established systems to continue the programme.
  - Capacity development including staff training.
  - Community and country ownership including financial resource commitments.
  - Partner organizations with sustainability plans.
  - Existence of Scale-up plans/strategies.
  - Commitment to continue allocation of resources to targeted groups like women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like AR or IDPs, among others.

**6. Objective: Coverage of different segment of the society with humanitarian assistance**

**Possible questions:**

- a. To what extent has the UNFPA systematically targeted different segment of the society with development/ humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities?
- b. Did the services rendered for humanitarian assistance demonstrate target segmentation of beneficiary groups that especially included vulnerable and marginalised groups, Marginalized groups may include women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with disabilities; refugees, including Afghan refugees/ IDPs, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas including NMD of FATA.
- c. To what extent has the UNFPA Country Programme addressed the geographical disparities with gender and human rights dimensions?
- d. Is there evidence that affected communities receiving humanitarian assistance were mapped and disaggregated
- e. Any evidence of budgetary allocation for SRH and GBV in humanitarian assistance programmatic interventions.
- f. Please provide details of how GBV response program was implemented and what were the achievements eg what is the data for survivors using the referral pathways/ options or how many women were provided counselling/ sent to shelters/ given legal aid/ and other options given to survivors.
- g. Was GBV part of essential services package during the COVID-19 crisis and how did the program adapt during the crises to the needs of the beneficiaries.
- h. Any other e.g. any activity on GBV prevention/ advocacy/ WE in your program supported by UNFPA
- i. Did you in UNFPA supported interventions target the elimination of barriers to access (e.g. social, economic, legal, location, language, cultural) to SRH and GBV information and services for vulnerable and marginalized populations (e.g., women, adolescents and youth, those with disabilities, and others listed under assumption), particularly those within groups that are furthest behind.

**7. Objective: Connectedness during a humanitarian situation**

**Possible questions:**

- a. To what extent, the initiative taken by UNFPA during a humanitarian situation took larger-term development needs, concerns and inter-connected problem into consideration?
- b. Was there active participation in UN technical working groups during humanitarian situation; please name them with details
- c. Was there participation and leadership in humanitarian coordination structures; please name them with details
- d. Evidence of GBV working groups at national and sub-national level.,
- e. Evidence of leading role played by UNFPA in the working groups and/or joint initiatives corresponding to mandate areas, where IP was invited to participate / represent.
- f. Do you think there is sharing of information between UN agencies/ do you know of any joint programming initiatives (planning) or M&E by them in humanitarian situations?

#### **8. Existence and functioning of coordination mechanisms**

##### **Possible questions:**

- a. To what extent has UNFPA contributed the functioning and consolidation of United Nations country team (NCT) coordinates mechanism?
- b. Do you think there is sharing of information between UN agencies/ do you know of any joint programming initiatives (planning) or M&E by them?
- c. Do you see UN agencies as a joint united group or vice versa where each is working in its own silo or even competing with sister agency?

#### **9. Objective: Technology use to render improvement in program delivery**

##### **Possible questions:**

- a. Do you know if UNFPA taken strides to embrace technology and digital innovation in its work to render improvements in programme delivery?
- b. To what extent has UNFPA taken strides to embrace technology and digital innovation in other organizations?
- c. Did this contribute to improvement in efficiency or effectiveness of program delivery

##### **Objective: Interviewee Recommendations**

**Please do provide recommendations as they will be made part of the evaluation report. Kindly provide any key lessons learnt or best practices that you might have missed mentioning during the interview.**



## UNFPA Pakistan - Population and Development (PD)

### Key Informant Interview Guide for Implementers of the PD Component

#### Key Informants

- UNFPA PD staff
- Ministry of Planning, Development and Reforms
- Population Programme Wing (MONHSRC)
- Provincial Population Welfare Departments
- NIPS
- Pakistan Bureau of Statistics (PBS)
- SDG Unit (MOPD&R)
- Population Council
- UNDP

#### General Introduction - Purpose of the evaluation

I am (we are) part of a four-person team to evaluate UNFPA's 9th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials from the Federal and Provincial governments, INGOs and NGOs, Development Partners, Academia and some beneficiaries.

#### Core interview: objectives of the interview guide transformed into questions

Please elaborate when asking about disadvantaged and vulnerable groups. Please specify to include categories relevant to Pakistan disadvantaged segments. Please ask about:



- a. **Objective: Relevance** of the support strategy of the UNFPA 9<sup>th</sup> country Programme to the population needs, government priorities and global policies and strategies.

#### **Possible Questions:**

- b. Could you give us a brief on which programmatic interventions for population and development (data systems and demographic analysis) you/your organisation implemented in the time-period of 2018 to date, that were supported by UNFPA?
- c. To what extent has UNFPA support adapted to the needs of population including the needs of marginalized and vulnerable group such as transgender, ethnic and religious minorities, people with disabilities, Afghan refugees, IDPs, and from remote areas including newly merged districts of FATA?
- d. To what extent is the UNFPA support for population and development is relevant to the government priorities and global policies and strategies?
- e. To what extent has the support of UNFPA adapted to the changing needs in the COVID-19 context?
- f. To what extent has the UNFPA support been responsive to human rights and gender equality dimensions?

**Objective: Coherence of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts**

**Possible questions:**

- a. To what extent is the 9th Country Programme (CP9) aligned to national priorities (including Vision 2025, Annual Development Plans)?
- b. To what extent is the CP9 aligned to international framework (including United Nations Sustainable Development Framework (UNSDF) for Pakistan 2018-2022, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development and Family Planning 2020)?
- c. To what extent is the CP9 aligned to the SDGs?
- d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?
- e. To what extent has the programme integrated gender and human rights-based approaches?

**Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

**Possible questions:**

- d. To what extent has UNFPA support contributed to improved disaggregation of data to ensure that evidence-based development and implementation of plans, programmes and policies reflect needs of variety of stakeholders, including those furthest behind?
- e. To what extent disaggregated data (by, inter alia, gender, disability, age, location, class/caste) generated by UNFPA interventions in population and development contributed in generating evidence for development policies and plans and their implementation?
- f. To what extent UNFPA interventions contributed in integration of LNOB approach into national data systems?
- g. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the targets achieved?
- h. To what extent UNFPA support contributed in improving national data systems?
- i. To what extent the evidence/information generated by UNFPA intervention or other stakeholders incorporated in policies, and programming?
- j. To what extent UNFPA interventions contributed in introducing technology and that it improved effectiveness pertaining to office activities and program implementation?
- k. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

**Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

**Possible questions:**

- a. How and to what extent has the UNFPA Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 9th CP?
- b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs?
- c. To what extent did the UNFPA interventions for population and development contribute to advancing gender equality and human rights dimensions?

**Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed**

**Possible questions:**

- a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have disaggregated data (by, inter alia, gender, disability, age, location, class/caste) generated by UNFPA interventions contributed in sustaining the increase in the use of disaggregated demographic and socio-economic information and data in evidence-based planning?
- c. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies for population and development?
- d. What are the main comparative strengths of UNFPA in Pakistan; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?

**Objective: Coverage of different segment of the society with humanitarian assistance**

**Possible questions:**

- a. To what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities?
- b. To what extent has the UNFPA Country Programme addressed the geographical disparities with gender and human rights dimensions?

**Objective: Connectedness during a humanitarian situation**

**Possible questions:**

- a. To what extent, the initiative taken by UNFPA during a humanitarian situation took larger-term development needs, concerns and inter-connected problem into consideration?
- b. To what extent has UNFPA played a leading role in the working groups and/or joint initiatives on population and development?
- c. Do you think there is sharing of information between UN agencies?

**Existence and functioning of coordination mechanisms**

**Possible questions:**

a. To what extent has UNFPA contributed to the functioning and consolidation of the United Nations Country Team (UNCT) coordination mechanism?

**Objective: Interviewee Recommendations**

## UNFPA Pakistan- Sexual Reproductive Health

### Key Informant Interview Guide for Other Key Players (not implementing organizations)

UN Agencies, donors, and Organizations that are not implementing the Programme but are key players in the sector (Resident Coordinator, others in humanitarian assistance)

UNFPA, USAID, WHO, FCDO, Maternal Health Trust Fund, One UN Fund, UBRAF, Friends of UNFPA

<b>General Introduction - Purpose of the evaluation</b>
I am (we are) part of a four-person team to evaluate UNFPA's 9th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials from the Federal and Provincial governments, INGOs and NGOs, Development Partners, Academia and some beneficiaries.
<b>Core interview: objectives of the interview guide transformed into questions</b>
Please elaborate when asking about disadvantaged and vulnerable groups. Please specify to include categories relevant to Pakistan disadvantaged segments. Please ask about: <ul style="list-style-type: none"><li>• Transgender groups, Ethnic minorities, religious minorities, People with different abilities, People from remote and underserved areas including newly merged Districts.</li><li>• Afghan refugees, internally displaced persons.</li><li>• And any others, if relevant to Pakistan context.</li></ul>
<b>1. Objective: <u>Relevance</u></b> of the support strategy of the UNFPA 9 <sup>th</sup> country Programme to the population needs, government priorities and global policies and strategies. <b>Possible Questions:</b> <ol style="list-style-type: none"><li>a. How relevant do you perceive UNFPA's work to be in regard to national objectives and priorities including the humanitarian situation?</li><li>b. How well does the UNFPA activities/work support the national priorities that are in place?</li></ol>
<b>2. Objective: Coherence of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts</b> <b>Possible questions:</b> <ol style="list-style-type: none"><li>a. To what extent is the 9th Country Programme (CP9) aligned to national priorities (including Vision 2025, Annual Development Plans)?</li></ol>

- b. To what extent is the CP9 aligned to international framework (including United Nations Sustainable Development Framework (UNSDF) for Pakistan 2018-2022, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development and Family Planning 2020?
- c. To what extent is the CP9 aligned to the SDGs?
- d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?
- e. To what extent has the programme integrated gender and human rights-based approaches?

**3. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

**Possible questions:**

- a. To what extent has UNFPA strengthened the national capacities and the policy environment to provide quality integrated Sexual and Reproductive Health and Family Planning information services, especially for the vulnerable and marginalised populations?
- b. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the targets achieved?
- c. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

**4. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

**Possible questions:**

- a. Please comment how and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 9th CP?
- b. Please comment to what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

**5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed**

**Possible questions:**

- a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- c. What are the main comparative strengths of UNFPA in Pakistan; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?

**6. Objective: Coverage of different segment of the society with humanitarian assistance**

**Possible questions:**

- a. To what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities?
- b. To what extent has the UNFPA Country Programme addressed the geographical disparities with gender and human rights dimensions?

**7. Objective: Connectedness during a humanitarian situation**

**Possible questions:**

- a. To what extent, the initiative taken by UNFPA during a humanitarian situation took larger-term development needs, concerns and inter-connected problem into consideration?

**8. Existence and functioning of coordination mechanisms**

**Possible questions:**

- a. To what extent has UNFPA contributed the functioning and consolidation of United Nations country team (NCT) coordinates mechanism?

**9. Objective: Technology use to render improvement in program delivery**

**Possible questions:**

- a. To what extent has UNFPA taken strides to embrace technology and digital innovation in its work to render improvements in programme delivery?
- b. To what extent has UNFPA taken strides to embrace technology and digital innovation in other organizations?

**10. Objective: Interviewee Recommendations**



## UNFPA Pakistan- Adolescent and Youth

### Key Informant Interview Guide for Other Key Players (not implementing organizations)

UN Agencies, donors, and Organizations that are not implementing the Programme but are key players in the sector (Resident Coordinator, others in humanitarian assistance)

UNFPA, USAID, UNDP, FCDO

<b>General Introduction - Purpose of the evaluation</b>
I am (we are) part of a four-person team to evaluate UNFPA's 9th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials from the Federal and Provincial governments, INGOs and NGOs, Development Partners, Academia and some beneficiaries.
<b>Core interview: objectives of the interview guide transformed into questions</b>
Please elaborate when asking about disadvantaged and vulnerable groups. Please specify to include categories relevant to Pakistan disadvantaged segments. Please ask about: <ul style="list-style-type: none"><li>• Transgender groups</li><li>• Ethnic minorities</li><li>• Religious minorities</li><li>• People with different abilities</li><li>• People from remote and underserved areas including newly merged Districts.</li><li>• Afghan refugees</li><li>• Internally displaced persons.</li><li>• And any others, if relevant to Pakistan context.</li></ul>
<b>1 Objective: <u>Relevance</u></b> of the support strategy of the UNFPA 9 <sup>th</sup> country Programme to the population needs, government priorities and global policies and strategies. <b>Possible Questions:</b> <ol style="list-style-type: none"><li>a. How relevant do you perceive UNFPA's work to be in regard to national objectives and priorities including the humanitarian situation?</li></ol>

b. How well does the UNFPA activities/work support the national priorities that are in place?

**2 Objective: Coherence of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts**

**Possible questions:**

- a. To what extent is the 9th Country Programme (CP9) aligned to national priorities (including Vision 2025, Annual Development Plans)?
- b. To what extent is the CP9 aligned to international framework (including United Nations Sustainable Development Framework (UNSDF) for Pakistan 2018-2022, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development and Family Planning 2020)?
- c. To what extent is the CP9 aligned to the SDGs?
- d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?
- e. To what extent has the programme integrated gender and human rights-based approaches?

**3 Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

**Possible questions:**

- a. To what extent has UNFPA increased the national priority on Adolescent and Youth and enhanced national capacities to provide adolescent and youth friendly services, especially to the most vulnerable adolescent girls?
- b. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the targets achieved?
- c. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

**4 Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

**Possible questions:**

- a. Please comment how and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 9th CP?
- b. Please comment to what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

**5 Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed**

**Possible questions:**

- a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- c. What are the main comparative strengths of UNFPA in Pakistan; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?

**6 Objective: Coverage of different segment of the society with humanitarian assistance**

**Possible questions:**

- a. To what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities?
- b. To what extent has the UNFPA Country Programme addressed the geographical disparities with gender and human rights dimensions?

**7 Objective: Connectedness during a humanitarian situation**

**Possible questions:**

- a. To what extent, the initiative taken by UNFPA during a humanitarian situation took larger-term development needs, concerns and inter-connected problem into consideration?

**8 Existence and functioning of coordination mechanisms**

**Possible questions:**

- a. To what extent has UNFPA contributed the functioning and consolidation of United Nations country team (NCT) coordinates mechanism?

**9 Objective: Technology use to render improvement in program delivery**

**Possible questions:**

- a. To what extent has UNFPA taken strides to embrace technology and digital innovation in its work to render improvements in programme delivery?
- b. To what extent has UNFPA taken strides to embrace technology and digital innovation in other organizations?

**c. Objective: Interviewee Recommendations**

**UNFPA Pakistan- Gender Equality, Women Empowerment and Gender Based Violence**

**Key Informant Interview Guide for Other Key Players (not implementing organizations)**

**UN Agencies, donors, and Organizations that are not implementing the Programme but are key players in the sector (Resident Coordinator, others in humanitarian assistance)**

**UNFPA, UNICEF, UNWOMEN, WHO, FCDO, Australian High Commission, USAID**

**General Introduction - Purpose of the evaluation**

I am (we are) part of a four-person team to evaluate UNFPA's 9th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials/ members from the Federal and Provincial governments and institutions, INGOs and NGOs, UN agencies and Development Partners, and some beneficiaries.

**Core interview: objectives of the interview guide transformed into questions**

**Please elaborate when asking about disadvantaged and vulnerable groups. Please specify to include categories relevant to Pakistan disadvantaged segments.**

**Please ask about:**

- Transgender groups
- Ethnic minorities
- Religious minorities
- People with different abilities
- People from remote and underserved areas including Newly Merged Districts of FATA.
- Afghan refugees (AR)
- Internally displaced persons (IDPs).
- Women and girls that are exposed to violence
- GBV survivors
- Out of school children
- Women, girls and adolescents and any others, if relevant to Pakistan context.

**Core interview: objectives of the interview guide transformed into questions**

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**1. Objective: Relevance** of the support strategy of the UNFPA 9<sup>th</sup> country Programme to the population needs, government priorities and global policies and strategies.

**Possible Questions:**

Could you give us a brief on UNFPA programmatic interventions implemented in the time-period of 2018 to date, that were supported by UNFPA?

- a. What do you think are the most prevalent population needs related to GEWE and GBV?
- b. To what extent UNFPA interventions are aligned with international instruments (e.g., CEDAW, UDHR, CRC), standards and principles on HR & GE and contributes to their implementation?
- c. Was there exhaustive, sex-disaggregated and accurate needs assessment, identifying the varied needs of Pakistani population, including women and girls, and marginalized and vulnerable groups undertaken prior to GEWE GBV programming of the CPD and AWP, as well as during program implementation.
- d. Is the selection of target groups for UNFPA-supported interventions in the programme consistent with identified needs (as detailed in the needs assessment) and was revised to adapt to changing priorities?
- e. Evidence that the programmatic interventions had flexibility to respond to changing needs.
- f. In cognizance of the GEWE and GBV issues, to what extent UNFPA's support was responsive to these issues?
- g. How did the population's needs change in COVID-19 pandemic? And to what extent the support of UNFPA adapted to the changing needs in the COVID-19 context?
- h. To what extent has UNFPA support adapted to the needs of population including the needs of marginalized and vulnerable group (where marginalized groups may include women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, including Afghan refugees, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas and from remote areas including newly merged districts of FATA) based on socio-economic and geographical dimensions.?

**2. Objective: Coherence of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts**

**Possible questions:**

- a. To what extent is the 9th Country Programme (CP9) aligned to national priorities (including Vision 2025, National Plan of Action for Human Rights)?
- b. To what extent is the CP9 aligned to international framework including United Nations Sustainable Development Framework for Pakistan 2018-2022, the 2030 Agenda for Sustainable Development, CEDAW working group report?
- c. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?
- d. To what extent has the programme mainstreamed gender and human rights-based approaches?
- e. To what extent UNFPA participated in relevant initiatives and working groups, relevant to its mandate, formed by the Pakistan government and UN agencies regarding GEWE and GBV and harmful practices?

**3. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

**Possible questions:**

- a. To what extent has UNFPA increased the national priority, strengthened capacities, systems and institutions and improved legal and policy environment in support of gender equality, women empowerment, gender-based violence prevention and response services and other harmful practices?
- b. To what extent did the interventions supported by UNFPA in programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the targets achieved?
- c. If we speak of specific programmatic activities implemented by you with UNFPA's support, please provide information related to the following activities if relevant to your program:
  - Technical capacity of (national institutions, Women Commissions and NGOs related to GE, WE and GBV) needed to be increased and then how was it increased
  - Were Advocacy / Coordination Committees on GEWE & GBV established/ strengthened and functioning
  - Number of lobbying initiatives/ coaching meetings held with Parliamentarians and Women's Caucuses for GEWE & GBV related laws and its effective implementation, like improvement in Domestic Violence, Child Marriage Restraint and other laws/ policies and its implementation and what was achieved
  - Number of Advocacy / Coordination / Coaching meetings held with Commissions/ institutions to support improvement in laws/ policies and its effective implementation pertaining to GEWE & GBV with achievements.
  - Participation & leadership in coordination structures in GEWE & GBV working groups at national & sub-national level with achievements.
  - Appropriateness of IPs for delivering the results regarding legal analytical review and its implementation for improvement in GEWE & GBV laws and policies and achievements
  - Gender focal points/ others in national and provincial institutions/ IPs were trained on GE, WE and GBV. and that skills acquired are being used at work by stakeholders trained under UNFPA program.
  - Technical assistance was provided to strengthen relevant national and provincial institutions/ IPs to effectively implement programmes on GEWE & GBV and what were the achievements
  - Gender-based violence response services and elimination of harmful practices including child marriage were established and strengthened and what were achievements eg: give number of survivors who received help/ which options were offered and what was selected by survivors (legal/ psycho-social / shelter etc).
  - What are achievements on prevention side of GBV psycholo
  - Was there focus in programmatic interventions on inclusiveness and diversity by targeting marginalized communities and other vulnerable segments. Marginalized groups may include women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, including Afghan refugees, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas including the newly merged districts of FATA, based on socio-economic and geographical dimensions.
  - To what extent UNFPA supported interventions contributed to introducing technology and digital innovation which improved effectiveness pertaining to office activities and programmatic interventions and its implementation?

- What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

**4. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

**Possible questions:**

- a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 9th CP?
- b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?
- c. Were resources allocated for targeting groups that needed to be prioritized like those most marginalized including women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with different abilities; refugees, including Afghan refugees, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas including the newly merged districts of FATA, under privileged based on socio-economic and geographical dimensions.
- d. Please provide information on the following:
  - the planned resources were received to the foreseen level in MoU
  - resources were released in a timely manner. If there were delays is there a reason why?
  - adequacy of resources (Financial, Personnel etc.) to deliver the programme's outputs /results
  - progress towards the delivery of multi-year, predictable, core funding delivered to implementing partners
  - appropriateness of the IPs selected to deliver the results
  - timely transfer of funds
  - effective mechanisms to control waste and fraud
  - inefficiencies were identified and corrected in a timely manner
  - focus of UNFPA resources on high impact activities
  - Extent to which the allocation of resources to targeted groups considered the need to prioritize those most marginalized including women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like AR or IDPs, among others,
  - Evidence that technology was introduced and that it improved efficiency pertaining to office activities and program implementation.

**5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed**

**Possible questions:**



- a. To what extent did the programme build capacity for Government structures / other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- c. What are the main comparative strengths of UNFPA in Pakistan; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?
- d. Are any of following achieved
  - Established sustainability mechanism for the programme. And the likelihood of the programme and its benefits to be sustainable.
  - Established systems to continue the programme.
  - Capacity development including staff training.
  - Community and country ownership including financial resource commitments.
  - Partner organizations with sustainability plans.
  - Existence of Scale-up plans/strategies.
  - Commitment to continue allocation of resources by Government/IP to targeted groups like women and girls, and marginalized and vulnerable groups like the transgender persons, differently abled, minorities and other vulnerable segments like AR or IDPs, among others.

**6. Objective: Coverage of different segment of the society with humanitarian assistance**

**Possible questions:**

- a. To what extent has the UNFPA systematically targeted different segment of the society with development/ humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities?
- b. Did the services rendered for humanitarian assistance demonstrate target segmentation of beneficiary groups that especially included vulnerable and marginalised groups, Marginalized groups may include women, adolescents and children; women exposed to gender-based violence; out-of-school children; transgender persons; persons with disabilities; refugees, including Afghan refugees/ IDPs, living in camps; internally displaced person, ethnic and religious minorities, and people living in crisis-affected areas including NMD of FATA.
- c. To what extent has the UNFPA Country Programme addressed the geographical disparities with gender and human rights dimensions?
- d. Is there evidence that affected communities receiving humanitarian assistance were mapped and disaggregated
- e. Any evidence of budgetary allocation for SRH and GBV in humanitarian assistance programmatic interventions.
- f. Please provide details of how GBV response program was implemented and what were the achievements eg what is the data for survivors using the referral pathways/ options or how many women were provided counselling/ sent to shelters/ given legal aid/ and other options given to survivors.
- g. Was GBV part of essential services package during the COVID-19 crisis and how did the program adapt during the crises to the needs of the beneficiaries.
- h. Any other e.g.: any activity on GBV prevention/ advocacy/
- i. Did UNFPA supported interventions target the elimination of barriers to access (e.g., social, economic, legal, location, language, cultural) to SRH and GBV information and services for vulnerable and marginalized populations (e.g., women, adolescents and youth, those with disabilities, and others listed under assumption), particularly those within groups that are furthest behind.

**7. Objective: Connectedness during a humanitarian situation**

**Possible questions:**

- a. To what extent, the initiative taken by UNFPA during a humanitarian situation took larger-term development needs, concerns and inter-connected problem into consideration?
- b. Was there active participation in UN technical working groups during humanitarian situation; please name them with details
- c. Was there participation and leadership in humanitarian coordination structures; please name them with details
- d. Evidence of GBV working groups at national and sub-national level.,
- e. Evidence of leading role played by UNFPA in the working groups and/or joint initiatives corresponding to mandate areas, where IP was invited to participate / represent.
- f. Do you think there is sharing of information between UN agencies/ do you know of any joint programming initiatives (planning) or M&E by them in humanitarian situations?

**8. Existence and functioning of coordination mechanisms**

**Possible questions:**

- a. To what extent has UNFPA contributed the functioning and consolidation of United Nations country team (NCT) coordinates mechanism?
- b. Do you think there is sharing of information between UN agencies/ do you know of any joint programming initiatives (planning) or M&E by them?
- c. Do you see UN agencies as a joint united group or vice versa where each is working in its own silo or even competing with sister agency?

**9. Objective: Technology use to render improvement in program delivery**

**Possible questions:**

- d. To what extent has UNFPA taken strides to embrace technology and digital innovation in its work to render improvements in programme delivery?
- e. To what extent has UNFPA taken strides to embrace technology and digital innovation in other organizations?

**Objective: Interviewee Recommendations**

**Please do provide recommendations as they will be made part of the evaluation report. Kindly provide any key lessons learnt or best practices that you might have missed mentioning during the interview.**

## UNFPA Pakistan- Population and Development (PD)

### Key Informant Interview Guide for Other Key Players (not implementing organizations)

UN Agencies, donors, and Organizations that are not implementing the Programme but are key players in the sector (Resident Coordinator, others in humanitarian assistance)

#### UNFPA, UNAIDS, UNDP

<b>General Introduction - Purpose of the evaluation</b>
I am (we are) part of a four-person team to evaluate UNFPA's 9th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials from the Federal and Provincial governments, INGOs and NGOs, Development Partners, Academia and some beneficiaries.
<b>Core interview: objectives of the interview guide transformed into questions</b>
<p><b>Objective: <u>Relevance</u></b> of the support strategy of the UNFPA 9<sup>th</sup> country Programme to the population needs, government priorities and global policies and strategies.</p> <p><b>Possible Questions:</b></p> <ul style="list-style-type: none"><li>b. How relevant do you perceive UNFPA interventions for adolescents and youth to be regarding national objectives/priorities and global policies and strategies including the humanitarian situation?</li><li>c. How well is the selection of target groups for UNFPA-supported interventions in the programme consistent with identified needs (as detailed in the needs assessment) and was revised to adapt to changing priorities?</li></ul> <p><b>Objective: <u>Coherence</u></b> of the project/activities to both the national priorities, international normative frameworks and UNFPA policies and strategies and how they address different and changing national contexts</p> <p><b>Possible questions:</b></p> <ul style="list-style-type: none"><li>a. To what extent is the 9th Country Programme (CP9) aligned to national priorities (including Vision 2025, Annual Development Plans)?</li><li>b. To what extent is the CP9 aligned to international framework (including United Nations Sustainable Development Framework (UNSDF) for Pakistan 2018-2022, and the International Conference on Population and Development (ICPD), the 2030 Agenda for Sustainable Development and Family Planning 2020)?</li><li>c. To what extent is the CP9 aligned to the SDGs?</li></ul>

- d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies? What was the quality of such a response?
- e. To what extent has the programme integrated gender and human rights-based approaches?

**Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

**Possible questions:**

- a. To what extent has UNFPA increased the national priority on Adolescent and Youth and enhanced national capacities to provide adolescent and youth friendly services, especially to the most vulnerable adolescent girls?
- b. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)?
- c. To what extent has UNFPA's intervention in LSBE is integrated into the national/provincial curricula and ensures international standards?
- d. To what extent has UNFPA's intervention contributed to youth leadership and engagement?
- e. To what extent has the policy environment and commitment of the Government of Pakistan (Federal/Provincial) changed as a result of UNFPA's interventions in adolescents and youth?
- f. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

**Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

**Possible questions:**

- a. Please comment how and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 9th CP?
- b. Please comment to what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to
- c. Please comment to what extent UNFPA support contributed to advancing gender equality and human rights dimensions?

**Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed**

**Possible questions:**

- a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?

- c. What are the main comparative strengths of UNFPA in Pakistan; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus?

**Objective: Coverage of different segment of the society with humanitarian assistance**

**Possible questions:**

- a. To what extent has the UNFPA systematically targeted different segment of the society with humanitarian assistance, including vulnerable/ marginalized groups based on socio-economic and geographical disparities?
- b. To what extent has the UNFPA Country Programme addressed the geographical disparities with gender and human rights dimensions?

**Objective: Connectedness during a humanitarian situation**

**Possible questions:**

- a. To what extent, has the initiative taken by UNFPA during a humanitarian situation took larger-term development needs, concerns and inter-connected problem into consideration?
- b. To what extent did UNFPA played a leading role in the working groups and/or joint initiatives on adolescents and youth?
- c. Do you think there is sharing of information between UN agencies?

**Objective: Existence and functioning of coordination mechanisms**

**Possible questions:**

- a. To what extent has UNFPA contributed to the functioning and consolidation of the United Nations Country Team (UNCT) coordination mechanism?

**Objective: Interviewee Recommendations**

## Focus Group Discussion for Humanitarian Assistance (SRH)

### General Introduction - Purpose of the evaluation

I am (we are) part of a four-person team to evaluate UNFPA's 9th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including officials from the Federal and Provincial governments, INGOs and NGOs, Development Partners, Academia and some beneficiaries.

### Core interview: objectives of the interview guide transformed into questions

Please elaborate when asking about disadvantaged and vulnerable groups. Please specify to include categories relevant to Pakistan disadvantaged segments. Please ask about:

- Transgender groups, Ethnic minorities, religious minorities, People with different abilities, People from remote and underserved areas including newly merged Districts.
- Afghan refugees, internally displaced persons.
- And any others, if relevant to Pakistan context.

1. **Objective: Relevance of the project/activities to address population needs, through humanitarian assistance (UNFPA prioritizes the sexual and reproductive health needs of women and adolescent girls, which are often neglected in humanitarian emergencies, to increase their access to sexual and reproductive health services and protects them from gender-based violence).**

#### Possible questions:

- a. What were, and are your priority needs?
- b. How well have you been consulted about your needs?

2. **Objective: Coherence of the humanitarian assistance to ensure inclusiveness – 'leave no-one behind'.**

#### Possible questions:

- a. Are the services received in your area inclusive, covering all the needy?
- b. Did you help plan the services you have received?
- c. Did the services address persistent vulnerability and build resilience in protracted crises?
- d. What effect do you think the work should have?

3. **Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.**

**Possible questions:**

- a. Did you receive the services when you needed them? Were there delays?
- b. Did you receive what you expected? Were you consulted afterwards about your use of the items and services?

**4. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).**

**Possible questions:**

- a. Are the SRH and FP services available in your locality?
- b. Do you avail these facilities?
- c. To what extent are you satisfied with the services?
- d. Can you provide examples of success of the services or activities?
- e. How do you think the activities can be improved?
- f. What was helpful for you regarding your health (access to contraceptives, birth spacing)?
- g. Will the activities/services be useful in the future?

**5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed**

**Possible questions:**

- a. Can you carry on the work without UNFPA?
- b. What will help you carry on the SRH work on your own?

**6. Objective: Existence and functioning of coordination mechanisms**

**Possible questions:**

- a. Do you receive support from other UN agencies and/or can you say how well the activities are coordinated, overlapping or gaps identified?

**7. Objective: Lessons learnt and best practices**

**Possible questions:**

- a. What would have done differently with the same resources?
- b. What was the most and least successful approach in the delivery of CP outputs?
- c. What are the lessons and good practices that should be continued and/or replicated elsewhere?

**8. Objective: FGD group recommendations**



## Annex 7: Sample list of Interventions and IPs

	Department Description	IP Name	Activity Description	PC Output	SP Outcome	SP Output	Intervention Area	Project Budget	Budget Utilization
2020	Pakistan - Islamabad	National Institute of Population	Online Dissemination MMS: Conduct a dissemination Online dissemination of Pakistan Maternal Mortality Survey	Population data	4: Population and Development	14 - Demographic intelligence	IA14-2 Data use for policies/programmes/plans	11018	12474
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	Conduct orientation/training of Project Staff on GBV/SRH in emergencies.	Gender equality	1: SRH	03 - Health workforce capacity	IA03-3 SRH skills of health workforce	5538	5269
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	Conduct orientation/training of Project Staff on GBV/SRH in emergencies.	Gender equality	1: SRH	03 - Health workforce capacity	IA03-3 SRH skills of health workforce	845	1096
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	Conduct awareness sessions on GBV/SRH issues in community and women / girls accessing Women Friendly Health Space (WHFS).	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-4 GBV minimum standards in humanitarian context		67
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	Conduct awareness sessions on GBV/SRH issues in community and women / girls accessing Women	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-4 GBV minimum standards in humanitarian context	6020	115

	Department Description	IP Name	Activity Description	PC Output	SP Outcome	SP Output	Intervention Area	Project Budget	Budget Utilization
			Friendly Health Space (WHFS).						
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	Establish a Women Friendly Health Space - WFHS for women and girls.	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-4 GBV minimum standards in humanitarian context	47602	47702
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	Establish a Women Friendly Health Space - WFHS for women and girls.	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-4 GBV minimum standards in humanitarian context	18663	18797
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	Conduct regular monitoring visit of workplan activities in Mirpur.	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-4 GBV minimum standards in humanitarian context	2190	1851
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	Conduct regular monitoring visit of workplan activities in Mirpur.	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-4 GBV minimum standards in humanitarian context	2004	1586
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	National Level Communication Strategy/Campaign on GBV, Psychosocial support under COVID-19 Response	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-5 Other	56288	56583

	Department Description	IP Name	Activity Description	PC Output	SP Outcome	SP Output	Intervention Area	Project Budget	Budget Utilization
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	National Level Communication Strategy/Campaign on GBV, Psychosocial support under COVID-19 Response	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-5 Other	8797	285
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	Surge Capacity doctors, nurses, support staff, paramedic staff across Pakistan at National Level 15 days each	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-1 Multi-stakeholder engagement for GBV	19482	18831
2020	Pakistan - Islamabad	National Disaster Mgt Authorit	Support gender and child cell (in NDMA) to integrate gender related concerns in humanitarian settings.	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-4 GBV minimum standards in humanitarian context	35483	35636
2020	Pakistan - Islamabad	KPK Commn on the Status of Wom	Establish administrative and operational arrangements for implementation of work plan, coordinate to conduct activities and oversight their implementation.	Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-1 Multi-stakeholder engagement for GBV	3280	3279
2020	Pakistan - Islamabad	KPK Commn on the Status of Wom		Gender equality	3: Gender	11 - Prevention and addressing of GBV	IA11-1 Multi-stakeholder engagement for GBV		30

\*This sample intervention for the year 2020 has been shown for illustrative purposes. The full comprehensive listing is available as a separate document.

## Annex 8: Partners of Gender CPD9

(Total partners 25 with a minimum of 5 activities with each. FCDO AAWAZ II partnership plus WHO partnership for integrating GBV in health sector)<sup>518</sup>

	PARTNER	MOU	IP
	<b>Federal</b>		
	Ministry of Law and Justice		
	National Commission on the Status of Women		
	National Assembl	Technical Support	
	Women Parliamentary Caucus	Technical Support	
	ROZAN	(KP, Punjab and Balochistan, technical support to STEP and SPO also)	
	STEP		
	SPO	(KP, Punjab and Balochistan)	
	Planning and Development Ministry	Technical support	
	CRVS		
	Gender		
	<b>Punjab</b>	<b>MOU</b>	<b>IP</b>
	Women Development Department (work with Punjab Commission through WDD due to absence of Chair)		
	Punjab Safe Cities Authority		
	Punjab Bureau of Statistics		
	Punjab Ombudsperson Office	MOU to be discussed	Through UN Women
	Planning and Development Board	MOU (in process)	
	Social Welfare Department	MOU (in process)	
	Shirkat Gah		
	<b>Sindh</b>	<b>MOU</b>	<b>IP</b>
	Home Department	MOU (in process)	
	Legal Aid Society		
	Pathfinder		
	<b>Khyber Pakhtunkhwa</b>	<b>MOU</b>	<b>IP</b>
	Social Welfare Department		
	Planning and Development Department	Technical Support	
	KP Ombudsperson Office	Technical Support	
	KP commission on the Status of Women	Technical Support	
	Women Parliamentary Caucus	Technical Support	
	<b>Balochistan</b>		
	Women Development Department		

<sup>518</sup> Received from GEWE section, Pakistan UNFPA Country Office.

## Annex 9: CPE Agenda

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
<b>DESIGN PHASE<sup>519</sup></b>						
Day 1: (1 July 2021)	11h00-12h00 Evaluation Team meeting with Country Representative; and Evaluation Manager.	Evaluation Team; Country Representative; and Programme Staff	Remote Access	Evaluation Team and UNFPA Pakistan Country Office	Evaluation Brief	Evaluation Team brief on CPE expectations; clarification of ToR; clarification of team member roles.
Day 2: (2 July 2021)	09h00-10h00 Evaluation Team	Evaluation Team internal meeting	Remote Access	Document Review	Document Review	Review of the ToR; review of individual agendas; Listing of documents to obtain from UNFPA Pakistan office.
	11h00-14h00 ET internal work	ET preparatory work		Design Report	Design Report	Understanding the UNFPA Pakistan 9th CP (2018-2022)
	14h30-18h00 Document review and drafting design report	Evaluation Team internal work				Development of the design report
Day 3: (3 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 4: (5 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 5: (7 July 2021)	08h00-18h00	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report

<sup>519</sup> During the Design Phase, document review and compilation of the Design Report are conducted simultaneously. Document Review continues throughout the Evaluation process until the Final Evaluation Report is completed and submitted.

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
	Document review and drafting design report					
Day 6: (8 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 7: (9 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 8: (11 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 9: (13 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 10: (15 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 11: (17 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 12: (20 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 13: (23 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 14: (25 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 15: (27 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
Day 16: (29 July 2021)	08h00-18h00 Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
	Further consultation on design report	Evaluation Manager	Remote Access	Design Report	Design Report	Development of the design report
Day 17: (1 August 2021)	08h00-13h30 Further consultation on design report	Evaluation Team internal meeting	Remote Access	Design Report	Design Report	Development of the design report
	14h00 Submit draft design report to M & E Analyst	Evaluation Team	Remote Access	Design Report	Design Report	Submission of the design report for review by CO
Day 18: (2 August 2021)	08h00-18h00 Further Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 19: (3 August 2021)	08h00-18h00 Further Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 20: (4 August 2021)	08h00-18h00 Further Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 21: (5 August 2021)	08h00-18h00 Further Document review and drafting design report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Development of the design report
Day 22: (6 August 2021)	09h00-12h00 Receive and address the input & comments from EM on draft design Report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Improvement on the draft design report
Day 23: (9 August 2021)	14h00-16h00 Present CPE Design Report in general briefing session (plenary)	ERG members; CO technical heads	Remote Access	Design Report	Design Report	Present Design Report; validation of the evaluation matrix, the intervention logic and the overall agenda
	15h30-18h30	Evaluation Team internal meeting	Remote Access	Design Report	Design Report	Finalisation of the design report

Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
	Incorporate comments on the Design Report					
Day 24: (10 August 2021)	08h00-18h00 Finalise Design Report	Evaluation Team internal work	Remote Access	Design Report	Design Report	Finalisation of the design report
	14.00 Submit Final Design Report	Team Leader	Remote Access	Design Report	Design Report	Receipt and approval of final Design Report
	14.30-15.30 Brief consultation meeting on field work logistics with EM	Mrs Khadija Zeeshan (Evaluation Manager)	Remote Access	Design Report	Design Report	Final agreement on field work logistics
<b>FIELDWORK PHASE</b>						
The times indicated (where possible) are tentative. UNFPA Pakistan CO please provide and confirm these times for each of the programme areas for the Evaluation Team.						
<b>Management and CO Programme Staff Interviews:</b>						
Day 25: (12 August 2021)	9h15-09h45 Interview with Country Representative	Mr Bakhtior Kadrov	UNFPA Pakistan Country Office	Country Representative	CO interview: Senior Management	Detailed brief to the Evaluation Team on management & coordination of CP
	10h00-10h30 Interview with Deputy Country Representative		UNFPA Pakistan Country Office	Deputy Country Representative	CO interview: Senior Management	Detailed brief to the Evaluation Team on management & coordination of CP
	11h00-12h00 Interview with Head: SRH Programme		UNFPA Pakistan Country Office	Chief Technical Specialist, Maternal Health/Family Planning (Head)	CO interview: SRH&R	Detailed brief to the Evaluation Team on the actual portfolio being implemented
	12h30-13h30 Interview with Head: Gender/ GBV Programme		UNFPA Pakistan Country Office	Programme Specialist (Head)	CO interview: GEWE	Detailed brief to the Evaluation Team on the actual portfolio being implemented
	14h00-15h00 Interview with Head: PD/ Data Programme		UNFPA Pakistan Country Office	Programme – PD/Data (Head)	CO interview: PD/ Data	Detailed brief to the Evaluation Team on the



Date	Activity/ institution	People to meet	Location	Location Link with the CP	Selection criteria	Justification
						actual portfolio being implemented
	15h30-16h30 Interview with Head: Adolescent Sexual and Reproductive Health		UNFPA Pakistan Country Office	Programme - Adolescent Sexual and Reproductive Health (Head)	CO interview: AY	Detailed brief to the Evaluation Team on the actual portfolio being implemented
Day 26 (16 August 2021)	10h30-11h30 Interview with Head: Communication		UNFPA Pakistan Country Office	Programme - Communication (Head)	CO interview: Communication	Detailed brief to the Evaluation Team on the actual portfolio being implemented
	12h00-13h00 Interview with Head (Operations)		UNFPA Pakistan Country Office	Head: Operations	CO interview: Operations	Detailed brief to the Evaluation Team on the actual portfolio being implemented
Day 27: (17 August 2021)	09h00-18h00 Further document review		Remote Access	Document review	Document review	Document review

FIELD PHASE <sup>520</sup>						
FEDERAL						
GOVERNMENT						
Day 28 (19 August 2021)	09h00-10h00 Stakeholder 1	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	10h30-11h30 Stakeholder 2	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	12h00-13h00 Stakeholder 3	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	14h00-15h00 Stakeholder 4	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	15h30-16h30 Stakeholder 5	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
Day 29 (23 August 2021)	09h00-10h00 Stakeholder 6	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	10h30-11h30 Stakeholder 7	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
	12h00-13h00 Stakeholder 8	Focal Person	Remote Meeting	Focal Person	Government Counterpart	Government Counterpart
IPs						
Day 30: (24 August 2021)	09h00-10h00 Stakeholder 1	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	10h30-11h30 Stakeholder 2	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	12h00-13h00 Stakeholder 3	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level

<sup>520</sup> IP interviews in this category will be conducted simultaneously by the team of 4 CPE Consultants.

	14h00-15h00 Stakeholder 4	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	15h30-16h30 Stakeholder 5	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
Day 31: (25 August 2021)	15h30-16h30 Stakeholder 6	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	15h30-16h30 Stakeholder 7	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
	15h30-16h30 Stakeholder 8	Focal Person	Remote Meeting	Focal Person	National level Implementing Partner	Implementing partner at national level
<b>UN/ DONORS</b>						
Day 32: (26 August 2021)	09h00-10h00 UNICEF	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	10h30-11h30 UNDP	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	12h30-13h30 UNAIDS	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	14h00-15h00 UN Women	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
Day 33: (27 August 2021)	09h00-10h30 UNOCHA	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	11h00-12h00 WHO	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	12h30-13h30 USAID	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
	14h00-15h00 DFID	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor

	15h30-16h30 WORLD BANK	Focal Person	Remote Meeting	Focal Person	UN agency/ Donor	UN Agency/ Donor
<b>*Provincial KIIs and FGDs for Provincial Government &amp; IPs will be undertaken from 30 August – 30 September 2021.</b>						
<b>REPORTING PHASE<sup>521</sup></b>						
Day 46: (5 October 2021)	09h00-18h00 Debriefing meeting with CO staff and the ERG to present emerging findings and preliminary conclusions after data collection.	Evaluation Team	Remote Access	Debriefing meeting	Evaluation Report	Presentation of emerging findings and preliminary conclusions after data collection.
Day 47: (7 October 2021)	09h00-18h00 Data Analysis	Evaluation Team internal work	Remote Access	Data Analysis	Evaluation Report	To produce useable information /results from raw data to inform the draft evaluation report
	08h00-18h00 Compilation of the different parts of drafting evaluation report	Evaluation Team internal work	Remote Access	Evaluation Report	Evaluation Report	Internal presentation of preliminary results by each evaluator and preparation of a joint presentation
Day 48: (9 October 2021)	09h00-18h00 Data Analysis	Evaluation Team internal work	Remote Access	Data Analysis	Evaluation Report	To produce useable information /results from raw data to inform the draft evaluation report
	08h00-18.00 Compilation of the different parts of drafting evaluation report	Evaluation Team internal work	Remote Access	Evaluation Report	Evaluation Report	Internal presentation of preliminary results by each evaluator and

<sup>521</sup> Data analysis and compilation of Evaluation Report will be conducted simultaneously wherein secondary data will be validated and triangulated with primary data from KIIs and FGDs.

						preparation of a joint presentation
Day 49: (11 October 2021)	09h00-18h00 Data Analysis	Evaluation Team internal work	Remote Access	Data Analysis	Evaluation Report	To produce useable information /results from raw data to inform the draft evaluation report
	08h00-18h00 Compilation of the different parts of drafting evaluation report	Evaluation Team internal work	Remote Access	Evaluation Report	Evaluation Report	Internal presentation of preliminary results by each evaluator and preparation of a joint presentation
	08h00-18h00 Compilation of the different parts of drafting evaluation report	Evaluation Team internal work	Remote Access	Data Analysis	Evaluation Report	Internal presentation of preliminary results by each evaluator and preparation of a joint presentation
Day 50: (12 October 2021)	09h00-18h00 Data Analysis	Evaluation Team internal work	Remote Access	Evaluation Report	Evaluation Report	To produce useable information /results from raw data to inform the draft evaluation report
	08h00-18h00 Finalise drafting of evaluation report	Evaluation Team internal work	Remote Access	Data Analysis	Evaluation Report	Synthesis of the evaluation findings
Day 51 (14 October 2021)	10h00 Draft CPE Report submitted to UNFPA Pakistan for review	Team Leader	Remote Access	Evaluation Report	Evaluation Report	Submission to EM of the Draft Evaluation Report
Day 52: (16 October 2021)	08h00-18h00 Feedback received from CO and incorporation of comments in the draft Evaluation Report	Evaluation Team internal work	Remote Access	Evaluation Report	Evaluation Report	Synthesis of the evaluation findings

Day 53: (10 November 2021)	09h00-12h00 Morning: Presentation of draft Evaluation Report in a plenary session with ERG and CO staff	CO staff and members of the ERG	Remote Access	Evaluation Report	Evaluation Report	Presentation of the CPE findings and recommendations; open discussions (workshop) with CO staff and ERG members
	14h00-15h00 Afternoon: Evaluation Team internal wrap-up meeting	Evaluation Team		Evaluation Report	Evaluation Report	Analysis of the outcome of the workshop; distribution of tasks; next steps
Day 54: (11 November 2021)	08h00-18h00 Incorporation of comments from ERG and prepare second draft Evaluation Report and Final PowerPoint Presentation	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Production of Second Draft Evaluation Report
Day 55: (13 November 2021)	08h00-18h00 Incorporation of comments from ERG and prepare second draft Evaluation Report and PowerPoint presentation	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Production of Second Draft Evaluation Report
Day 56: (16 November 2021)	08h00-18h00 Submit second draft CPE Report to EM	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Submission of the second draft of the Evaluation Report to the EM in Pakistan CO
Day 57: (23 November 2021)	10h00 Further comments as received from Pakistan CO based on second draft Evaluation Report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
	08h00-18h00	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report

	Address the comments and finalise CPE report					
Day 58: (24 November 2021)	08h00-18h00 Address the comments and finalise CPE report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
Day 59: (25 November 2021)	08h00-18h00 Address the comments and finalise CPE report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
Day 60: (26 November 2021)	08h00-18h00 Address the comments and finalise CPE report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
Day 61: (27 November 2021)	08h00-18h00 Address the comments and finalise CPE report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
Day 62: (28 November 2021)	08h00-18h00 Address the comments and finalise CPE report	Evaluation Team	Remote Access	Evaluation Report	Evaluation Report	Evaluation Report
Day 63: (30 November 2021)	10h00 Submit Final CPE Report to the EM (Ms Khadija Zeeshan) in UNFPA Pakistan Country Office.	Team Leader	Remote Access	Evaluation Report	Final Evaluation Report	Submission of the Final Evaluation Report to the EM, UNFPA Pakistan Country Office.
Project close-out						

## Annex 10: Performance against CPD Indicators

### SRHR performance assessment against CPD indicators

Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated SRH services and exercised reproductive rights, free of coercion, discrimination and violence						
Outcome indicator: Reduction of maternal mortality rate (MMR)						
Note: MMR decreased from 276 deaths per 100,000 live births (2006-2007) <sup>522</sup> to 186 (2020) <sup>523</sup>						
The most update data on MMR not available since the data has to come from national survey (e.g. DHS or CIMS)						
Indicator description	Baseline	Target	Status 2018	Status 2019	Status 2020	Percentage Achievement of Indicator
<b>Output 1:</b> Increased national and sub-national capacity to accelerate delivery and accessibility of high-quality family planning information and services						
Percentage increase in provincial Government expenditures on FP programme	0	2%	Baseline was USD 111.74 million. 3 /4 provinces did not receive funds from Federal Govt. due to late submissions of the annual development plans (PC1). The provincial allocation noted to be PKR 11.20 Billion (USD 80 million) at significantly high exchange rate of 139.85) during 2017-2018 FY.	In line with the FP Advocacy strategy, Significant progress has been made against this indicator. As a result of NFPA's consistent advocacy efforts, National Action Plan adopted and The Pakistan Pop. Fund (PPF) approved with PKR 10 Billion per annum non-lapsable fund by the Federal Task Force chaired by President of Pakistan.  PPF will serve as a seed money that offers an opportunity to augment current spending on the levers of change for faster fertility decline and to innovate & promote more effective approaches for FP communication and service delivery.	A total of PKR 14 Billion (USD 87 Million) allocated by all 4 provinces in 2019-2020. As compared to Y2018-2019, the allocation was increased by around 1%.  The low allocation During the year is attributed to the COVID-19.	50%
Curriculum on HRBA for FP institutionalized in pre-service trainings of LHV's, CMW's, & FWW's.	0	2	In-service training package was introduced to ensure that the current pool of service providers were equipped with HRBA approach protocols.  TOTs conducted in all 4 provinces - Total of	Assessment of pre & in Service training curricula of health care providers conducted to evaluate integration of HRBA in FP. Draft Curriculum and training/action	Pakistan Nursing Council approved the inclusion of HRBA module in the pre-service training of FWW's and LHV's	200%

<sup>522</sup> Pakistan Maternal Mortality Survey (2006-2007)

<sup>523</sup> Pakistan Maternal Mortality Survey (20120)



<b>Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated SRH services and exercised reproductive rights, free of coercion, discrimination and violence</b>						
<b>Outcome indicator: Reduction of maternal mortality rate (MMR)</b>						
<b>Note: MMR decreased from 276 deaths per 100,000 live births (2006-2007)<sup>522</sup> to 186 (2020)<sup>523</sup></b>						
<b>The most update data on MMR not available since the data has to come from national survey (e.g. DHS or CIMS)</b>						
<b>Indicator description</b>	<b>Baseline</b>	<b>Target</b>	<b>Status 2018</b>	<b>Status 2019</b>	<b>Status 2020</b>	<b>Percentage Achievement of Indicator</b>
			346 providers trained on HRBA (112 FWW, 70 WMO, 54 CMW, 46 FTO, 3 LHV & 61 tutors from Regional training institutes.	plan on HRBA in place. 1 Nat. & 2 provincial TOTs held for 82 tutors from Regional Training Institutes (RTIs and Midwifery schools in all provinces.		
Number of provinces adopted task shifting for two additional modern contraceptives methods	0	3	3 out of 4 provinces (Punjab, Sindh and Balochistan) have adopted the task sharing for FP for at least one method (Implants).	Task sharing strategies for insertion of implants by mid-level service providers were endorsed in all 4 provinces.	LARC through mid-level care providers under task sharing and task shifting adopted by all four provinces. 1 <sup>st</sup> dose of injectable through LHWs was implemented in Sindh, Balochistan & KP.	200%
National/Provincial PPP frameworks/ guidelines on FP in place	No	Yes	Nat. framework for PPP on FP was drafted. This will be Finalized & rolled out in 2019.	The framework was developed based on the evidence from a Stakeholder Analysis on Improving access to FP Services through the private sector. UNFPA played a convening role to support to establish of Private Sector Consortium.	National PPP framework developed & in place for further working & developing partnership.	100%
Number of provinces that provide FP commodities to non-govt providers	0	4	3 out of 4 provinces (Sindh, Balochistan, Punjab) initiated procurement of FP items to no-Govt providers. Sindh completed the procurement and issuance of contraceptives to NGO providers	(SOPs) developed by all provinces for issuance of contraceptives to NGOs. Issuance of contraceptives to NGOs was initiated by Punjab & Sindh.	3 provinces issuing contraceptives to NGO providers	100%
<b>Output 2: Enhanced national and subnational capacity to provide integrated SRH services, particularly for marginalized and affected population in humanitarian settings.</b>						
Standardized curricula and training for all midwives available as per WHO/ICM standards.	No	No	As per the revised Strategic Priority guidelines of UNFPA and ICM standards for midwifery training, a review of the midwifery education standards was done Based on findings of the review, none of			0%

**Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated SRH services and exercised reproductive rights, free of coercion, discrimination and violence**

Outcome indicator: Reduction of maternal mortality rate (MMR)

Note: MMR decreased from 276 deaths per 100,000 live births (2006-2007)<sup>522</sup> to 186 (2020)<sup>523</sup>

The most update data on MMR not available since the data has to come from national survey (e.g. DHS or CIMS)

Indicator description	Baseline	Target	Status 2018	Status 2019	Status 2020	Percentage Achievement of Indicator
			<p>the midwifery cadres in Pakistan (except those with BSc Midwifery) are as per the ICM standards.</p> <p>As result of UNFPA advocacy, the Government set up Health Care Commissions in the 4 provinces and the ones for Punjab and Sindh are now functional.</p> <p>UNFPA provided Technical support to the Health Care commissions in the development of minimum standards for Health Care Establishments for Midwives as per the ICM guidelines.</p>			
No. of provinces that have incorporated MISP in their health emergency response & contingency plans.	2	3	MISP has been integrated in all 4 provinces and at national level contingency plans.	Reproductive Health and GBV in line with the MISP were integrated in Monsoon Contingency Plan & Drought Response Plan 2019 at the national level.	MISP integration in Sindh and KP's health Emergency response & contingency plans was planned. Orientations followed by consultations on MISP were organized, but follow up meetings could not be held due to COVID-19 pandemic	100%
Regulations governing midwifery practice and teaching standards in place.	No	No	<p>Gap analysis of midwifery regulations as per ICM was conducted in collaboration with JHPIEGO.</p> <p>The preliminary findings showed gaps in several areas requiring the development of regulations and to support the implementation of the said regulations.</p>	<p>Technical support was provided to government for the preparation of the 5-year development plan to regulate the midwifery practices and teaching standards.</p> <p>The first ever Midwifery National and Sub Regional Midwifery</p>	UNFPA worked closely with the MoNHSRC and ICM to identify needs and possible solutions in this regard. No direct interventions were possible in 2020. However, UNFPAs Engagement of ICM, the initiation of BSc Midwifery and advocacy efforts to place quality midwifery as a health System strengthening measure in Universal	0%

**Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated SRH services and exercised reproductive rights, free of coercion, discrimination and violence**

Outcome indicator: Reduction of maternal mortality rate (MMR)

Note: MMR decreased from 276 deaths per 100,000 live births (2006-2007)<sup>522</sup> to 186 (2020)<sup>523</sup>

The most update data on MMR not available since the data has to come from national survey (e.g. DHS or CIMS)

Indicator description	Baseline	Target	Status 2018	Status 2019	Status 2020	Percentage Achievement of Indicator
			There was an interest at the national level to develop a <b>National Plan for 5 years (known as PC-1)</b> for Nursing & Midwifery, focusing on the Pakistan Nursing Council.	Summit held and it brought out greater focus required from all partners across the region to scale up midwifery education, recognition and the gaps in midwifery regulation. Midwives came from Pakistan, Iran, Afghanistan, Nepal, Turkey, Bangladesh, Australia, Indonesia & Ireland.	Health Coverage Benefit package	
Midwifery service delivery framework for emergencies developed and piloted.	0	0	Mapping of midwifery led care unit was conducted. Based on results, midwifery curricula were reviewed. In addition, a needs assessment done in humanitarian settings.			0%
Models for resilient community health systems developed and pilot tested.	0	1	A documentation of women focused Resilience models was initiated this year which was used to develop the strategy.	A Hub & Spoke model was implemented for the provision of SRH & GBV (Balochistan).  The Model was used by connecting network of BHUs & outreach services knitted around a hub established at Reproductive Health Centre (RHC) to ensure efficient delivery of RH services.	The Neighbourhood Watch Project was Launched in the worst hit urban slums of six Karachi in response of COVID-19 outbreak.  A total of 1,224 Community health workers engaged and reached out to around 600,000 homes with COVID-19 prevention messages and offering support to link up to SRH services.	100%
No. of provinces that integrate RH and GBV assessment tools in health emergency assessments.	0	2	SRH & GBV Assessment tools were developed and reviewed in 3 provinces. The tools to be integrated in 2019 in provincial Government contingency plans.	SRH & GBV tools have Developed & pretested in 2 provinces (that is Tharparkar District in Sindh and Killah Abdulla District in Balochistan.		200%

## AY performance assessment against CPD indicators

**Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts**

**Note: Most update data on outcome indicator not available since the data has to come from national surveys (e.g. CIMS or DHS)**

Indicator description	Baseline	Target	Status 2018	Status 2019	Status 2020	Percentage achievement of indicator
<b>Output 3: Increased national and subnational capacity to develop policies, programmes and institutional mechanisms that incorporate the rights and needs of youth, particularly the right to access to sexual and reproductive health information and services.</b>						
<b>CPD Indicator 3-1</b> National/provincial curricula on gender-responsive age-appropriate life-skills-based education adopted and rolled out	No	Yes	MOU was signed between UNFPA and the Ministry of Education to initiate integration of LSBE in the national curricula.	Draft of the Advocacy and communications strategy on LSBE. Three-year roadmap for integration of LSBE for in and out-of-school youth and adolescents was developed. Extensive consultations for LSBE. Review of existing national and provincial curriculum on SBE. Design for the situational analysis/study.	Development of the first National guidelines on adoption of gender responsive, contextualized, age appropriate LSBE content; it will facilitate the provinces and regions. Establishment of National Taskforce on LSBE by the MoE; closely monitoring of LSBE integration. Development of training resources on LSBE for teachers and their training in ICT. Advocacy sessions with the provincial/ regions.	100%
<b>CPD Indicator 3-2</b> Number of participatory platforms that advocate for increased investments in marginalized adolescents and youth, within development policies and programmes	0	4	Due to Pakistan CO HR Realignment, the key milestones for 2018 could not be achieved.	Formation of a youth-led community mobilization platform. Selection of a dedicated implementing partner in all four provinces for increased investments in marginalized adolescents and youth.	Establishment of a pool of 'Youth Leaders on SRHR' representing youth-led organizations. Training of 60 youth champions from 30 youth-led organizations in ICT and KP on SRHR; whereas 16 Master Trainers' were trained and engaged for the cascade training.	100%
<b>3.3</b> National data on youth and ICPD available for informed policy making and programming.	No	Yes	Discussions were initiated to carry out a comprehensive study on youth, with a concept note. But, due to lack of funding, the study could not be initiated.	Coordination with UNDP is maintained to come up with national data on youth.		0%

**Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts**

Note: Most update data on outcome indicator not available since the data has to come from national surveys (e.g. CIMS or DHS)

Indicator description	Baseline	Target	Status 2018	Status 2019	Status 2020	Percentage achievement of indicator
3.4 Number of provinces that have action plans on provincial youth policies endorsed.	0	2	Sindh Youth Policy was approved in 2018. The policy approval was a result of significant policy advocacy by UNFPA over the past few years.	Discussions have been initiated to review the Sindh youth policy and development of its action plan.	With UNFPA's support National youth-led policy conference - bridging the gap between young people and the policy makers. But, due to the pandemic situation the youth policy development work came to a halt.	0%

**GEWE performance assessment against CPD indicators**

**Outcome 3:** Gender equality and women's empowerment: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth, in development and humanitarian settings.

**Outcome indicator:** % of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances. Baseline: 43% DHS 2012; Target: 5% decrease compared to DHS 2017. Achievement of Outcome Indicator: Not achieved

Indicator, Baseline, Target	Evaluator assessment of achievement	Percentage achievement of indicator
Output 4: Strengthened capacity of public sector and civil society partners to advance gender equality and prevent and respond to gender-based violence in development and humanitarian settings		
CPD Indicator 4-1 A mechanism to track the implementation of key policies and laws on women's rights is established and functional. Baseline: No; Target: Yes	The tracker mechanism is not formulated. Therefore, information is unavailable on whether interventions were for input on # of laws enacted/ amended/ implemented or # of advocacy/ lobbying forums established for policy/ legal reform. Laws enacted during CP 9 include KP CMR Act, where marriageable age for girls is retained at 16. <i>Target: KP: 0, Bal: 0. Sindh: 0, Punjab: 1, Federal: SVF with Anti Rape Act 2021_ Target Achieved: No</i>	0%
CPD Indicator 4-2 Number of multi-sectoral coordination mechanisms (MSCM) on gender-based violence that are functional at the national/sub national level. Baseline: 0; Target: 4	Notification of MSCM forums is a mere exercise and the test of its effectiveness will surface when it adopts an agenda and starts holding coordination meetings for addressing GBV. Two provinces do not have a MSCM while other two have notified it but the latter do not have an agenda nor held a meeting. Hence no contribution is made for capacity enhancement/ institutional strengthening aspects, to the output or outcome so far. In humanitarian settings, MSCM to counter GBV is housed at NADRA with UNFPA's support, and provided services to GBV survivors during COVID pandemic, contributing to Output and Outcome of GEWE. <i>Target: KP: 0, Bal: 0, Sindh: 0, Punjab: 0, NADRA: 1 Target Achieved: Partial</i>	50%
CPD Indicator 4.4 Strategy available to eliminate harmful cultural practices, including early/ child and forced marriage. Baseline No; Target: Yes	Training was provided on adopting WHO clinical handbook in two provinces. Health sector has clearly not adopted WHO's guidelines/ protocols, and is not prepared to respond effectively to GBV <i>Target Achieved: No</i>	100%

Indicator, Baseline, Target	Evaluator assessment of achievement	Percentage achievement of indicator
	<p>The PEA and strategy are formulated with its effective dissemination and adoption to follow. Evidence generation, namely Domestic Violence data in PDHS national survey, GMIS, Gender Parity Reports Punjab with 300 indicators, and Women SEWS 2016-2018, all are landmark achievements of UNFPA. These initiatives will contribute to effective planning / lobbying for eliminating harmful cultural/ social practices and will provide necessary foundation for advancing GEWE as defined in the outcome.</p> <p><i>Target Achieved: Yes</i></p>	
<p>Number of provinces that adopt the guidelines for health sector response to gender-based violence in line with the Essential Service Package.</p> <p>Baseline 0: Target 1</p>	<p><i>Target Achieved: Yes</i></p>	<p>100%</p>

Note: It is noteworthy that the GEWE section during CP9 was working without a documented Gender Strategy and Action Plan to guide its selection of and implementation of interventions. Sans GEWE strategy, with four staff members, its achievements are significant in CSOs mobilisation especially during COVID-19 for GBV, and evidence generation.

## PD performance assessment against CPD indicators

Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development				
Note: Most update data on outcome indicator not available since the data has to come from national surveys (e.g. CIMS or DHS)				
CP indicators and baselines	Status in 2018	Status in 2019	Status in 2020	Percentage achievement of indicator
<b>Output 5:</b> Enhanced national capacity to generate, analyse, disseminate and use disaggregated population data to inform evidence-based policy-making, planning, budgeting, and monitoring.				
Disaggregated population data available through Census, DHS, and other surveys for evidence-based planning, monitoring and reporting.  Baseline: No Target: Yes	Support to the 2017 Housing and Population Census with detailed reports (national, provincial and district) were developed - 9 Census reports (one national census report, 4 provincial census reports, 4 regional census reports); 31 district census reports have also been completed.  The PDHS 2017-18 was supported, and the preliminary report is available.  PMMS with sample size of 150,000 respondents underway, based the Verbal Autopsy. Questionnaire has been finalized and pre-tested after approval of the Technical Advisory Committee.	The Fourth round of PDHS (2017-2018) was completed. The detailed report is available.  Social and Economic Well-being survey of Punjab was completed to generate provincial and district level representative data on the economic and employment status of women in Punjab province.	The final results of first ever PMMS has been announced. The survey has generated reliable statistics on the causes and risk factors of maternal mortality which is vital for assessing the impact of existing maternal health interventions and to develop evidence-based interventions to address the shortcomings in maternal health services	100%
	Two international consultants were engaged to oversee the overall Post Census activities.	The results of PDHS 2017-18 were disseminated at the national and provincial levels.		
	SOPs for census unit has been developed and shared with Pakistan Bureau of Statistics for endorsement.	PMMS has been successfully completed.		
	Provincial and district focal persons of line departments and demographers were trained on population projection and generating analysis on demographic trend for policy advocacy			
	20 personnel (district heads) various districts of Balochistan attended this training on the Population Projections' soft wares.	Total 47 staff from PWD Punjab and Baluchistan have been trained on basic demography and population projection		

<b>Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development</b>				
<b>Note: Most update data on outcome indicator not available since the data has to come from national surveys (e.g. CIMS or DHS)</b>				
<b>CP indicators and baselines</b>	<b>Status in 2018</b>	<b>Status in 2019</b>	<b>Status in 2020</b>	<b>Percentage achievement of indicator</b>
	This activity has been removed from this year's work plan due to delays in the announcement of census results.	National standards have been developed for establishing the Demographic Units in Pakistan Bureau of Statistics (PBS) to strengthen the demographic data collection tools and to institutionalize the FP expenditures under the National Health Accounts.		
	Total 20 government officials from federal Ministry of Planning, provincial departments of Sindh i.e., PWD, health, labor, finance and human resources were equipped with knowledge and tools to integrate demographic variables in their annual development planning and produce effective and sustainable development plans			
	First kick-off meeting was conducted by inviting selected members under the supervision of member social sector, Ministry of Planning, Development and Reform. TOR developed for the Think Tank was shared with members for their review and inputs.			
	The two-day PAP conference with this year's theme 'Population and Development-Policy and Programme Implementation Challenges in Pakistan' was conducted at Peshawar University.			
Think tank established for data utilization and equity-based planning and budgeting.	A concept note for the establishment of a network of think tanks in the Planning Commission.	With continued advocacy, the Ministry of Planning, Development and Reform has agreed to establish Population Resource Center in the Planning Commission rather than at PBS. The PC1 for the Centre has been approved.		100%



<b>Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development</b>				
<b>Note: Most update data on outcome indicator not available since the data has to come from national surveys (e.g. CIMS or DHS)</b>				
<b>CP indicators and baselines</b>	<b>Status in 2018</b>	<b>Status in 2019</b>	<b>Status in 2020</b>	<b>Percentage achievement of indicator</b>
5-2 Number of UNFPA supported research and thematic analyses that reflect key population dynamics for policy development Baseline: 3; Target: 6	Mapping of under-researched areas related to population dynamics has been conducted. The researches and thematic analysis will be carried out based on the mapping. In addition to this, standards have been developed to set up research and population centres in selected universities. These centres will support the frequent studies and analysis useful for evidence-based programming.	A total of three In-depth analytical reports on (i) unmet need for family planning, (ii) child marriage and (iii) gender-based violence based on Pakistan Demographic and Health Survey (2017- 2018) have been conducted and disseminated.	Population Situation Analysis 2020 (PSA) has been undertaken by national/international consultants. The first phase of longitudinal Panel Study has been successfully completed to provide a regular stream of data to Program managers in order to evolve corrective measures for family planning and other health programs.	140%
	Technical expert was engaged to undertake the activity. The activity has been completed and the draft report has been submitted to Government for review and inputs. The report will be finalized by the expert by incorporating the inputs/suggestion (if any). The draft report is available.	A comprehensive review of the existing body of research on Pakistan's population dynamics has been completed. This review/report proposes a future direction for research and highlight areas that should be explored in an organized manner.		
	Due to delays in census and DHS results, the activity has been postponed until the results are announced by the Government of Pakistan.			
	Two universities, Quaid-e-Azam University and Forman Christian College University have been tentatively selected for establishing the population research centers. SOPs have also been developed for the centers.			
5-1 Number of civil service training institutions that have incorporated population dynamics in their curriculum/courses Baseline: 0; Target: 2	A series of advocacy meeting have been held during the year to incorporate population dynamics in the curriculum/courses of the Civil Service Training institutions. Dedicated	Curricula of Civil Service Training Institutions was reviewed, and gaps and recommendations were compiled to inform integration of population dynamics in the curriculum. The Civil Service Academy	High level advocacy meetings with National Institute of Management of Khyber Pakhtunkhwa (KP) conducted and principally it has been agreed to include population dynamics into provincial service training institution of KP	100%

Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development				
Note: Most update data on outcome indicator not available since the data has to come from national surveys (e.g. CIMS or DHS)				
CP indicators and baselines	Status in 2018	Status in 2019	Status in 2020	Percentage achievement of indicator
	lectures/sessions have been delivered to the selected institutions that has increased the understanding of the population issues and its impact on socio-economic situation of the country. Sustained advocacy will be maintained to integrate these courses in their curricula. Additionally, a guideline has been developed for creation of linkages between planning and other relevant sectoral departments to address population issues.	(responsible to train newly recruited civil servants) has integrated population dynamics in its training courses for young officers. Furthermore, curricula on Demography have been developed for integration in the graduate level (Bachelor of Science) courses of social sciences.	province however, the activity was affected because of COVID-19 situation.	
	Guidelines for cross-sectoral integration of population dynamics in planning have been completed. The guideline provides a brief historical overview for the integration of population dynamics in development planning; describes a conceptual framework and two-way linkages of population variables with the macro economy.		In the meeting with Provincial Service Academy KP, it has been principally agreed to integrate population dynamics into the provincial service training institute training module.	
5.3 Population related indicators integrated into national data base for SDGs. Baseline: No Target: Yes	UNFPA in collaboration with UNDP has provided technical support to the Ministry of Planning, Development and Reform to set up SDGs Unit. SDG lab has also been established to support the data collection for tier 3 indicators.	National SDG framework has been developed and population related indicators have been incorporated into the framework. SDG dashboard has been designed that aims to document national and subnational progress on SDG indicators. Moreover, SDG Tech Lab was launched in collaboration with Information Technology University.	The Monographs on SDGs and Population Dynamics has been developed based on country specific evidence base to explore in depth the links of population dynamics with 6 of the 17 SDGs, relating to climate change, health, education, poverty, women's empowerment, and sustainable economic growth.	100%
	National SDGs framework has been developed and population indicators under UNFPA mandates have been incorporated into the framework, which will be further reviewed for		The Monograph on population dynamics and SDGs finalized and available	

<b>Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development</b>				
<b>Note: Most update data on outcome indicator not available since the data has to come from national surveys (e.g. CIMS or DHS)</b>				
<b>CP indicators and baselines</b>	<b>Status in 2018</b>	<b>Status in 2019</b>	<b>Status in 2020</b>	<b>Percentage achievement of indicator</b>
	inserting additional population indicators.			
	SDG tech lab established to explore avenues to use technology for monitoring and reporting on tier-3 SDGs indicators. Research studies have been completed and report is being finalized and will be available in the first quarter of 2019.			
	The on-line data dissemination system at the national level has been developed and data is being uploaded.			
5.4 Plan of Action adopted to harness the benefits of demographic dividend Baseline: No Target: Yes	Media management strategy was developed as part of the wider National and Provincial Advocacy and Communication Strategy.	National transfer accounts were conducted to provide a coherent accounting framework of economic flows from one age group or generation to another, supporting the policy makers to understand the linkages between population dynamics and development and the macroeconomic implications of changes in the age structure.	Plan of action to harness the demographic dividend will be developed after release of census results as age-sex disaggregated data is required for this activity.	0%
	A draft media strategy has been developed; however, consultation of media houses will be engaged to finalize the strategy.		Multi-Year Population and Development Framework and Action Plan (MYPDFAP) has been completed successfully and a report is available.	