Ministry of Foreign Affairs

Activity: UNFPA Pakistan DAHLAR (23-0001989)

Id	23-0001989
Date	16-11-2023
SAP application number	4000007061

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Key data

Activity basics

Type	Standard
Short name	UNFPA Pakistan DAHLAR
Contract party	Unfpa - United Nations Population Fund New York (30015134)
ODA	Yes
Amount and Currency	21097046 USD
Amount EUR	20042194
Start date	01-12-2023
End date	30-12-2027
Full name	UNFPA Pakistan - GBV prevention & service delivery for GBV and SRHR for Afghan refugees and host communities in Pakistan.
Summary	The proposed project aims to address the complex challenges faced by Afghan refugees in Pakistan, with a particular emphasis on GBV and SRH services, while recognizing the broader social, economic, and environmental factors that contribute to these challenges. The project focuses on three pillars, including addressing upstream systems, improving access to quality SRH and GBV services, and addressing social norms and cultural barriers that restrict women and girls' rights.

Activity details

Date of receipt of proposal	10-11-2023
Proposal’s reference number	MINBUZA-2023.1496255
Budget holder	DSH (8141DSH)
Limit access	No
Related activity	

Accounting data

SAP application number	4000007061
Funds center	DSH Reception refugees in region contr. (1704U02010001)

Policy data

Aid modality	Other program-based aid
Technical assistance	Less than 10 % of the activity budget
Beneficiary location	Country
Country	Pakistan
Location type	Province
Specific location	Selected districts of Punjab Province, Khyber Pakhtunkhwa, Balochistan Province, Islamabad capital territory (ICT)
CRS code	15190 Facilitation of migration and mobility
Policy Keywords	
Refugees & host communities	Yes
Policy Markers	
Biodiversity	Not targeted
Climate change: adaptation	Not targeted
Climate change: mitigation	Significant
Desertification	Not targeted
Equality between men & women	Principal
Reproductive health	Principal
Skills development	Principal
Explain your choices	There is a pressing need for increased research incorporating an intersectional perspective to investigate the social and gender aspects of climate change and its mitigation efforts. In the proposed programme, the UNFPA research study on the linkage between climate change and SRH and GBV will be scaled up to incorporate intersectional perspectives specifically focusing on Afghan refugees and host communities. UNFPA's approach focuses on preventing and responding to GBV which bridges protection, gender equality, and SRH and rights in humanitarian action. The project objective is to reduce the prevalence of GBV and improve sexual reproductive health among the Afghan refugees and host communities. Output-4 supports the pursuit of gender equality within this project and include skills development activities.

Policy Appraisal

Policy relevance

- What policy objectives, as set out in the annual plan, policy notes etc., will this activity contribute to?

The intervention clearly fits within the MFA Policy paper 2022 – 'Do what we do best'. Reception and protection in the region of origin of refugees and vulnerable migrants is a regular component of BHOS policy. Refugees and displaced persons around the world, whose numbers continue to grow, usually seek protection close to home (about 86%). Many seek refuge in cities and villages instead of refugee camps, because there are more socio-economic opportunities there. An international consensus has emerged on the need for a new approach: instead of prolonged reception in camps, refugees should be given the opportunity to build lives for themselves in host countries until they are able to return home or are resettled in third countries. However, this puts pressure on the local host community, government services and the local economy. The Netherlands has supported several programmes in this area in recent years (at both national and European level). These included improving the protection and prospects of refugees and displaced persons in host countries in the region of origin, and preventing irregular migration. The proposed activities contribute directly to the Dutch foreign policy objective of promoting safe and humane reception of displaced persons and refugees in the region. By providing protection, education and training, mental health and employment programmes in the Horn of Africa and the MENA region, the government promotes self-reliance and life in dignity for forcibly displaced and host communities.

Supporting national governments, international and national partners to respond to challenges in a comprehensive and integrated manner to achieve its strategic objectives - maintain asylum space, provide life-saving assistance, improve access to public services, strengthen co-existence and self-reliance, and pursue durable solutions to address the refugee crisis in the region – is fully in line with the policy of the Netherlands and the EU.

In May 2022, the Piri and Van der Lee motion (Parliamentary Paper 27925 No. 906, May 2022) was adopted, in which the government was asked to expend its OidR efforts to the protection of Afghan refugees in the region. Since 2022, the Dutch OidR effort has therefore focused on the broad scale of reception in the region interventions, including protection, housing in refugee camps and urban areas, water, sanitation and waste management, vocational education and employment for Afghan refugees, asylum seekers and their host communities in surrounding countries. The efforts are largely shaped by the Regional Response Plan coordinated by UNHCR. In 2022, two programs were launched with UNHCR and UNICEF in Pakistan. Partnerships with other UN agencies and (inter)national organisations will be further expanded for the coming years, in line with the Piri and Van der Lee motion.

Rationale

- What issue/problem will be addressed by the activity
- Why does the activity help to address the issue/problem?

  For ODA activities over EUR 250.000, please explain the Theory of Change

Decades of instability in Afghanistan have caused a significant Afghan migration to Pakistan, resulting in an estimated 3.7 million Afghans currently residing there. This includes over 1.32 million refugees with Proof of Registration (PoR) cards, approximately 840,000 Afghan Citizen Card (ACC) holders, and an estimated 775,000 undocumented Afghans, as well as an estimated 600,000 Afghan new arrivals since August 2021.

While Pakistan is not a signatory to the 1951 Convention relating to the Status of Refugees and its 1967 Protocol and lacks national asylum legislation, it has provided a safe refuge to millions of Afghan refugees for over four decades. Currently, it hosts 3.7 million Afghans, including both registered refugees and Afghans of other statuses. The Government of Pakistan (GoP) has maintained a flexible approach to Afghan refugees, although support for Afghans of other statuses remains limited in terms of access to basic public services, including schools. This protection space has been strained with the new outflows from Afghanistan. The provinces of Balochistan and Khyber Pakhtunkhwa host the majority of the Afghan population in the country, with 68.4 percent of refugees living in urban areas and 31.5 percent in refugee villages.

Approximately 80% of Afghan refugee women experience gender-based violence (GBV), and 57% of Afghan refugee mothers face pregnancy-related complications, with one-third receiving antenatal care. Low birth weight is 2.6 times higher among infants born to Afghan refugee mothers than to Pakistani-born mothers (Hossain & Dawson 2022). Gender inequality and GBV are significant barriers to universal access to sexual and reproductive health (SRH) services.

Afghan refugees with varying legal statuses, including POR, ACC, asylum seekers, and 'other status' card holders, face obstacles accessing different services, such as GBV and SRH services. UNFPA supports GBV and SRH services, but challenges arise when referring refugees to response services at shelter homes, police, and legal assistance. Refugees are excluded from government social safety nets and programs, limiting their access to effective GBV response services, counseling, and legal support.

Poor health indicators increase the vulnerability of Afghan refugee women and girls due to inadequate access to comprehensive SRH services, including contraception, maternal healthcare, antenatal and postnatal care, and treatment for sexually transmitted infections. Limited access raises the risks of unplanned pregnancies, unsafe abortions, maternal mortality, and the spread of

infections. Additionally, insufficient access to clean water, sanitation facilities, nutrition, and healthcare services further undermines their health and well-being, leading to malnutrition, infectious diseases, and preventable illnesses.
Afghan refugees in Pakistan face physical and psychological stress, increasing the risk of mental health problems. Higher rates of depression and posttraumatic stress disorder (PTSD) are found in refugees. Major healthcare access impediments include financial constraints, limited healthcare providers, and long travel distances to facilities, particularly in Balochistan. Public healthcare financial plans in Pakistan do not cover Afghan refugees' healthcare needs, necessitating innovative service provision models like telemedicine. The DRIVE survey by UNHCR indicates that around 58% of Afghan refugees reside in Khyber Pakhtunkhwa (KP) province.
MSF reported in September 2020 that Afghan refugees with 'other status' have limited access to quality and free RMNCAH services. ADSP reports reveal that all Afghans in Pakistan have access to healthcare services. A survey conducted between October 2020 and March 2021 showed that approximately 91% of 299 Afghan respondents accessed hospitals or healthcare providers when needed. Registered Afghan refugees have been included in government health programs, such as immunization campaigns, TB control, and HIV prevention and treatment, according to UNHCR.
As per updated figures from the Documentation Renewal and Information Verification Exercise (Drive) in Pakistan, only 39% of refugees reported having some education, and 42% of refugee minors from Afghanistan experienced symptoms of PTSD, the highest among countries in the study. People in rural areas have limited access to healthcare facilities, and about 25% of rural women lack a health facility within 10 km.
In January 2021, UNHCR noted high health needs among Afghans, particularly in maternal, newborn, and child health and reproductive health, with access to quality healthcare remaining a major concern. Combining various determinants like education status, healthcare infrastructure, legality challenges, absence of social safety nets, financial constraints, and overall vulnerabilities, the GBV and SRH situation among Afghan refugees is likely worse than the general population in Pakistan.
While Pakistan strives to support Afghan refugees, the country faces significant political, economic, and social challenges due to its large population, poverty, inequality, and vulnerability to natural and human-induced disasters.
Most Afghan refugees live in communities where women and girls experience discrimination across various sectors. Pakistan's rankings on gender equality, the Rule of Law Index, and its vulnerability to climate change highlight the challenges faced by marginalized groups. Violence against women is widespread, with many cases going unreported. Sexual and reproductive health indicators are concerning, with a high maternal mortality ratio, especially in remote areas where Afghan refugees reside.
The unavailability of quality maternal care, skilled assistance, and prolonged labor can lead to obstetric fistula, affecting young, impoverished women. The condition causes severe physical and social consequences. District-level data is lacking, hindering tailored strategies for addressing challenges.
Climate change impacts, including displacement and loss of livelihoods, further increase the vulnerability of Afghan refugee women and girls, leading to a rise in gender-based violence and harmful practices like child marriage. Research with an intersectional perspective is needed to address the social and gender aspects of climate change and integrate findings into national policies and programs.

Theory of Change

See attached a screenshot of the ToC.

Contextual analysis

- Who is/are the target group(s) and why?
- Who are the other main stakeholders?
- To what extent have stakeholders been involved in formulating the proposal?
- Is the intervention aimed at a specific geographical location, and if so, why?

End of September 2023, Pakistan's caretaker government has announced an Illegal Foreigners' Repatriation Plan. According to the plan, starting Nov. 1 2023, illegal foreigners (specifically focusing on Afghans) residing in Pakistan without a valid residency status will be deported from the country. This is causing much unrest and anxiety among the Afghan refugee community. It is not known why Pakistan formulated this plan, possibly lack of international support for refugee reception and sharply increasing number of attacks by the Tehrik-e Taliban Pakistan (TTP) play a major role. The plans are putting further strain on PAK-AFGH relations. The reaction of the Afghan government is not coherent. Kabul is not ready to receive returnees, Kandahar is saying they are ready to receive and ensures pressure on Kabul to provide assistance.
The numbers on people concerned are not available, but Pakistan says it amounts to1.7 million people. It has been confirmed that Afghans with legal residency status (ACC and POR cards holders) will be excluded from the plan. In this first phase of the plan, Afghans on UNHCR's bilateral repatriation or resettlement lists are also exempt from deportation. They are subject to a departure deadline of Jan. 1; it is unclear whether this deadline will be maintained. In September 2023, police cracked down on Afghan refugees, with and without valid residency papers; hundreds of arrests followed. Police brutality and deportation of Afghans has occurred many times in the past, although it never led to the deportation of all Afghans residing in Pakistan. On the other hand, it has also not been the first time Pakistan announced such a plan to push back Afghan refugees back to Afghanistan. There are serious doubts about the feasibility of this new policy. Multiple parties indicate that Pakistan does not have the financial and operational capacity to actually implement this plan, especially within the short timeline set. Elections are supposed to take place early 2024, so it is possible that the plan is part of election rhetoric. Even if this turns out to be the case, deportation on a smaller

scale is still of concern, especially given the deteriorating humanitarian situation in Afghanistan and three earthquakes that hit Afghanistan in October. An interim government could also be a godsend to push through controversial plans. There are no concrete plans/procedures in place at the border for deportation as of 1st November 2023. The risk analysis will further address the risks related to these developments on the proposed project activities.

The main target groups are Afghan forced displaced, refugees and host communities. The UNFPA proposal focuses particularly on the women within these groups, but will also prioritize adolescents and other vulnerable groups that include youth, people living with disabilities; minority women; LGBTQI+.

Most of Afghan refugees are hosted in communities where women and girls are confronted by discrimination and a lack of access across the economic, educational, political, criminal justice, and healthcare spectrum. According to the Global Gender Gap Index Report 2022, Pakistan ranks 145/156 for economic participation and opportunity, 135/156 for educational attainment, 143/156 for health and survival, and 95/156 for political empowerment.

Available data indicates that violence against women is pervasive in Pakistan. Approximately 34% of ever-married women have experienced physical, sexual, or emotional violence from their spouses. Alarmingly, 56% of these women who reported such violence did not seek help or disclose their experiences to anyone. In addition, Pakistan is not faring well in the fronts of sexual and reproductive health. The maternal mortality ratio (MMR) stands at 186 deaths per 100,000 live births and is higher in rural than urban areas (158 versus 199) and there are considerable variations between provinces.

Quality emergency obstetric care services are not accessible to all women, particularly vulnerable and marginalized women, and some of the barriers include distance to service centres, lack of trained service providers, harmful gender norms and discrimination including GBV , inadequate equipment and supplies, high cost of medical expenses, and unavailability of means of transportation.

Under the proposed programme, UNFPA will leverage existing partnerships with government and civil society partners to effectively implement the programme. UNFPA has introduced integrated models for SRH/GBV to ensure complementarity for GBV risk mitigation and response interventions as well as close coordination for key referral service providers11. The integrated model helps in meeting the multifaceted needs of women, girls, and vulnerable groups. The rationale for the models is that the female survivors of violence can access health facilities without raising any concerns in families and communities, which is a crucial entry point for them to receive services and support for their physical and mental health needs and referral to key GBV services.

The proposal has been formulated by UNFPA, but has put in specific elements within the proposal (as the community of Practice) that require collaboration with other stakeholders. Many knowledge products will be developed during this proposal that will not only shape future activities but also be shared among different partners. UNFPA has conducted consultations with the Commissionerate of Afghan Refugees and UNHCR to identify selected districts hosting Afghan refugees and public health facilities delivering services to these populations. The programme will be delivered in partnership with the government line ministries including CAR, local partners, and communities to accommodate refugees' context.

The program focuses on provinces and districts below because this is where forced displaced, refugees and host communities live.

Punjab Province: Districts Mianwali, D.G Khan, Rajanpur

Khyber Pakhtunkhwa: Districts Peshawar, Swabi, Nowshera, Haripur, Mansehra, D.I. Khan, Lower Chitral, Dir Lower, Dir Upper

Balochistan Province: Districts Loralai, Quetta, Chagai, Killa Abdullah, Killa Saifullah, Harnai, Chaman, Mastung, Noshki

Islamabad capital territory (ICT)

The main stakeholders are:

Government Ministries and Departments (National and Provincial)

1. Ministry of National Health Services, Regulation and Coordination (MoNHSR&C)
2. Ministry of Federal Education and Professional Training
3. Ministry of Youth Affairs and Sports and Provincial Departments
4. Departments of Health in KP, Balochistan and Punjab
5. Social Welfare Departments in KP, Balochistan and Punjab
6. Population Welfare Departments in KP, Balochistan and Punjab
7. Women Development Departments in Balochistan and Punjab
8. National and Provincial Disaster Management Authorities (NDMA, PDMAs)
9. Commissionerate for Afghan Refugees (CAR)

NGOs and Civil Society Organizations: List of potential partners

1. Peoples' Primary Healthcare Initiative (PPHI)
2. Sarhad Rural Support Programme (SRSP)
3. Population Council
4. Aga Khan Foundation (AKF), including Aga Khan University (AKU), Aga Khan Rural Support Programme (AKRSP), and Aga Khan Health Services Pakistan (AKHSP)
5. Jhpiego
6. Rural Support Programme Network (RSPN)
7. Pakistan National Forum on Women's Health (PNFWH)

8. ROZAN
9. Bargad
10. Aiming Change for Tomorrow (ACT)
11. Save the Children
12. Family Planning Association Pakistan (FPAP)

United Nations Agencies:

1. UNHCR
2. UNICEF
3. IOM
4. FAO
5. WFP
6. WHO
7. UNAIDS
8. UNHabitat

Added value

- What is the added value of the Dutch government being involved in relation to other donors, the EU, NGOs and local authorities?
- Are the recipients making an own contribution or co-participating in the activity, and if so, to what extent?

The added value of the Dutch government being involved in this project, is the serious underfunding of the Refugee Response in Pakistan. Regarding refugee and displacement programming, the Dutch government is one of the biggest contributors in Pakistan. With our diverse partnerships (planned with IOM, UNFPA, UN Habitat, IOM, UNHCR, UNICEF) and role as Vice-chair in the SSAR support platform we are uniquely placed on the topic and have substantial added value.

Lessons learned

- What lessons learned (from previous or comparable activities, published evaluations, relevant publications) will be addressed by the activity?

UNFPA works in close partnership with the Government of Pakistan and has more than 40 implementing partners on the ground, including International/national NGOs and civil society organizations working across all provinces in Pakistan in the delivery of life-saving integrated SRH and GBV services to Afghan refugees. The programme prioritizes leaving no one behind and meeting the needs of women, adolescents, youth, people living with disabilities, transgender people, HIV-positive people, and other people subject to vulnerability. UNFPA is leading the GBV and RH Sub-Working Groups under the protection and health sector coordination platforms and co-chairing the Inter-Agency Protection from Sexual Exploitation, Abuse (PSEA) network in Pakistan and has a strong presence in the provinces that have a high influx of Afghan Refugees.

UNFPA also brings a diversified fund base for Afghan refugees that includes financial support from donors, which includes the Australian Government's Department of Foreign Affairs and Trade (DFAT), UNHCR, United States Bureau of Population, Refugees, and Migration (PRM), Norway, and the Embassy of the Republic of Korea. UNFPA is currently supporting 50 public health facilities in Afghan Refugee villages and host communities for quality services of GBV and sexual and reproductive health, including family planning, psychosocial support, and referrals to the essential services for survivors. Among these, 32 health facilities and 19 Women and Girls Friendly Spaces (WGFS) are situated in Quetta, Pishin, Chaman, Loralai, Killa Saifulla and Chaghi in Balochistan and 18 health facilities and 14 WGFS in Khyber, Peshawar, Kohat, Bannu, Buner and Hangu of Khyber Pakhtunkhwa under Regional Refugee Response plan.

UNFPA introduced some innovative approaches that are scalable and considered as good practice. One example is the establishment of telemedicine centres and mobile service units (MSUs) in remote areas ,which aim to provide access to quality SRH and GBV services. Telemedicine centres in Balochistan have been connected to Bolan Medical College in Quetta, where skilled healthcare professionals offer teleconsultations for SRH/GBV services. Moreover, these telemedicine centres are also evolving into hubs for e-Learning and health information data management. Meanwhile, Mobile Service Units (MSUs) have demonstrated their ability to expand access and coverage to remote communities by bringing essential services directly to the doorsteps of underserved areas. They navigate challenging terrains to reach the most inaccessible rural regions, providing a comprehensive range of integrated SRH and family planning information, counselling, and services in both humanitarian and development contexts.

With regards to preventing and mitigating the risks of GBV and strengthening referrals and response, UNFPA introduced Women and Girls Friendly Spaces (WGFS) in many parts of the country with special focus on areas where there is protracted crisis and emergency. The WGFSs have served as an entry point for women and adolescent girls to access information and services that are aimed at mitigating risks of GBV and responding to disclosures, referrals, and key services.

UNFPA, in collaboration with the National Disaster Management Authority, has initiated a study to assess the linkages between climate change and SRH/GBV. As the first step, the small-scale study will be conducted in high-risk districts for floods. UNFPA expects to explore how climate change and its increased risk and uncertainty affect the different components of SRH and

women's protection and what types of adaptation and mitigation actions have been shown to contribute positively. In partnership with PDMA KP, UNFPA has initiated the formulation of the GBV in Emergencies (GBViE) framework for the province, which should provide guidance for humanitarian response to GBV in line with Inter-Agency Minimum Standards for GBV in Emergencies Programming. However, given the mass and scale of the needs and the risks outlined in the overview above and the protracted refugee crisis, the sustainability of UNFPA's interventions requires scaling up and expanding towards comprehensive and resilient systems and societies, in accordance with the Pakistan Floods 2022: Resilient Recovery, Rehabilitation, and Reconstruction Framework (4RF) .

Durability

- How will the results of the activity be sustained after its end date? What is the exit-strategy?

The program aligns with the 2030 Sustainable Development Goals, ICPD's Programme of Action, and Pakistan's National Health Vision 2016-2025 for RMNCH. It emphasizes collaboration with the government and local partners to implement these commitments.

Documentation of good practices and operations review(s) will be done to determine what works best and what are scalable approaches, that will be widely disseminated and advocated for institutionalization and scale up. This will be achieved through integrating exit strategy and plan from the initial stage of the project, and engaging the Government, Civil Society, NGOs and communities during implementation. UNFPA will focus on innovation and sustainable solutions, such as bringing positive policy reforms, system strengthening for the GBV and SRH programme and services, strengthening data collection and information management systems to inform policy, planning and domestic budget allocation and financing. In addition to strengthening the supply-side (Systems) and advocacy for increased domestic financing for essential SRH and GBV services, UNFPA will also focus on the outreach and engaging with community for greater awareness, and positive social norms change as a long-term sustainable approach to bringing positive behavioural shift in reducing GBV, and accessing reproductive health services. Furthermore, community engagement part will aim at establishing community based structures, facilitating linkages between community structures and local-level government structures including essential referral mechanisms.

While substantial gains are expected during implementation, sustainability hinges on government investment in the GBV/RH program and positive behavioral change promoting gender equity and SRH/GBV service access, especially for women, girls, and vulnerable populations.

Gender

- Does the proposal include a gender analysis? If yes, what are the main outcomes? If no, why not?
- Does the proposal justify the target group's gender-specific interests and needs (and why)? Please explain.
- Have women and young people been included in the stakeholder analysis? Please explain.

UNFPA will continue to build on its comparative advantage that lies in its unique approach to preventing and responding to GBV which bridges protection, gender equality, and SRH and rights in humanitarian action. Health facilities are providing critical entry points for survivors to receive support and referrals to other life-saving multi-sectoral services. The women's safe spaces established within these health facilities are further augmenting these services through available and skilled GBV staff including psychologists. UNFPA will continue to provide safe, sensitive, confidential, and accessible life-saving multi-sectoral services (health care, case management, shelter, psychosocial support, legal, safety & security) for GBV survivors in line with the Minimum Standards for GBV in Emergencies and strengthen mechanisms for GBV prevention and response. The health facilities with enhanced capacities in terms of skilled human resource, medicines and equipment have so far assisted 23,476 women with deliveries conducted by a skilled birth attendant, 51,936 pregnant women attended (at least 4) ANC visits and 10,519 women have received PNC. Community based activities reached 269,288 individuals, including women, girls and men. As a result of community level awareness raising campaigns and activities, 60,809 women accessed GBV at 14 WFHS in programme settings, 9,887 women and girls received referral for MHPSS by qualified staff, and 3,341 benefited from referral services as part of GBV case management support. 10,885 Dignity kits were provided to vulnerable women and girls based on their age, poverty, representation from minority groups, accessibility and disabilities. Moreover, in times of COVID-19, three tele-counselling /medicine facilities were established which were accessed by 5,188 women and girls. Men, boys and community gatekeepers were engaged as part of the programme strategy to sensitize them on SRH and GBV issues, take their support and cultivate them as allies to establish community-based protection mechanisms.

Climate change

- Does the proposal include an analysis of the possible effects of climate change on the activity or its results?
- Does the proposal include any interventions to combat these effects (adaptation/mitigation)?

The UNFPA's humanitarian program for the next five years (2022-2025) focuses on integrating SRH and GBV into national and sub-national disaster risk preparedness and response, including climate change policies. The 2022 floods demonstrated the impact of climate change on SRH and GBV for Afghan refugees, host communities, and displaced populations in Pakistan. UNFPA, along with other partners, is working on protection and resilience-building activities in host communities under the Regional Refugee Response Plan 2023, aiming to strengthen government capacity and responsibility-sharing.

Climate-related disasters disrupt systems and structures, affecting life-saving SRH services, maternal care, safe facilities, and water, sanitation, and hygiene. This increases risks to women and girls' safety and security, leading to heightened GBV risks in displaced settings. UNFPA is prioritizing Humanitarian Development Nexus programming, with a focus on flexible, adaptable, and resilient preparedness and response systems in the face of frequent climate disasters.
UNFPA, in collaboration with the National Disaster Management Authority, has initiated a study to assess the linkages between climate change and SRH/GBV. As the first step, the small-scale study will be conducted in high-risk districts for floods. UNFPA expects to explore how climate change and its increased risk and uncertainty affect the different components of SRH and women's protection and what types of adaptation and mitigation actions have been shown to contribute positively.
The 10th Country Program Document (CPD) places an emphasis on gathering data and evidence on the impact of climate change on women and girls' access to SRH and GBV services. Technical assistance will be provided to formulate resilience-building and preparedness strategies. Targeted research studies, including youth populations, will establish evidence-based data platforms for result-oriented planning and implementation.

Cooperation, harmonisation and alignment

- Does the activity involve cooperation with Dutch organisations, the EU or other donors (including delegated cooperation), local organisations or other parties?
- How does the activity contribute to harmonisation and/or multi-donor financing?
- What is the degree of (policy and financial) alignment?

We have closely coordinated with the EU, GER and US on the projects they have available in Pakistan to avoid duplication. GER is working with UN Women, the US also has a project with UNFPA and we are in regular contact on the activities. Collaboration with local partners in this program is very much encouraged, we have also requested a list of all the partners UNFPA plans to work with. There is no multi-donor financing, but close collaboration and coordination among donors. Many donors streamline support towards forced displaced, refugees and host communities within humanitarian or development support, where NL does not. Policy change is included in the results framework, yet in the Pakistani context it is not realistic to expect policy change to happen soon. Even though Pakistan has generously hosted Afghan refugees for more than four decades, respecting the principle of non-refoulement and right to asylum. No policy framework for refugees exists and Pakistan is not a signatory to the 1951 Convention relating to the Status of Refugees or its 1967 Protocol.

Digitalisation

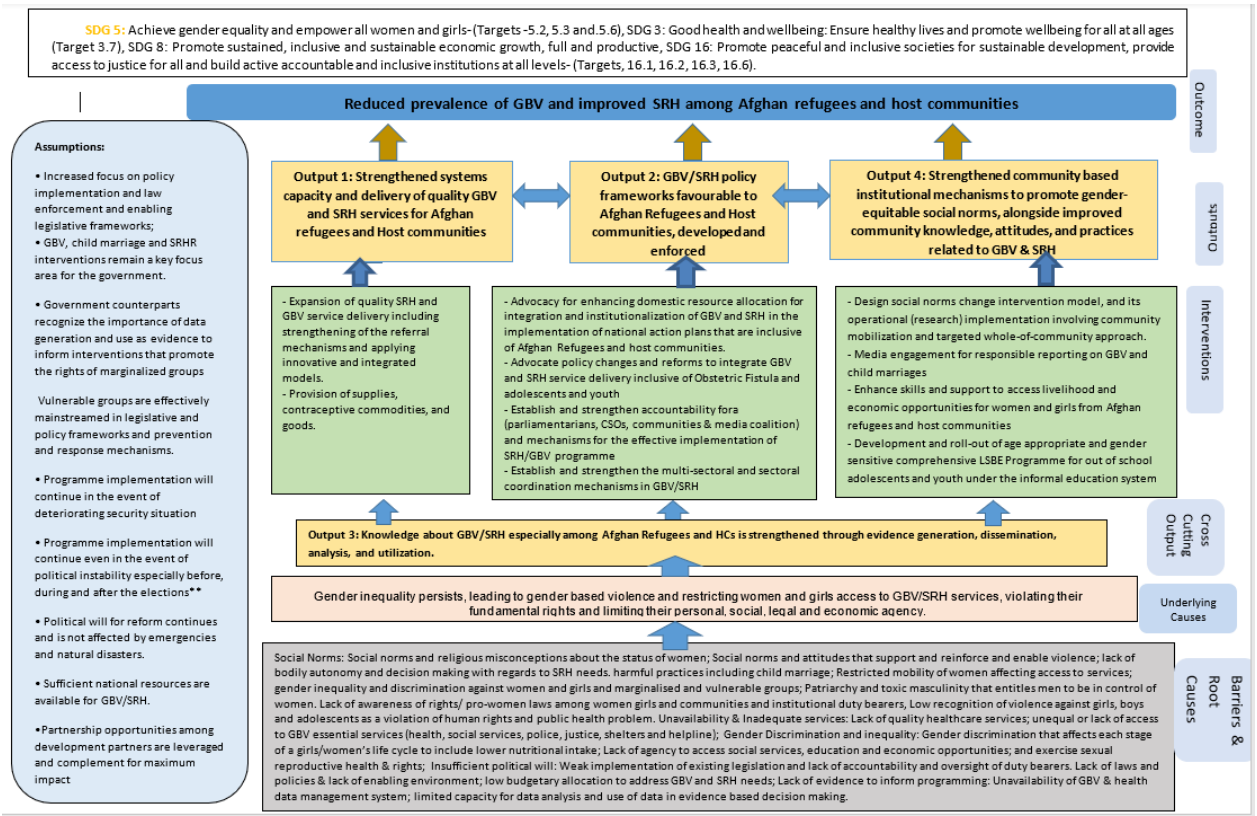
- Have proposed digital technologies been developed or chosen in collaboration with end-users?
- Does the proposal include an analysis of the local digital ecosystem?
- Is data security guaranteed?
- Are digital solutions locally sustainable/relevant?
- Is duplication avoided?

UNFPA will establish an innovation lab – a public co-sharing work space where young people, youth and women-led organizations can come together with their innovative ideas to address community-based challenges faced by young people belonging to refugees and host communities.
UNFPA also has an activity that provides Vocational training including digital literacy to equip women and girls with marketable abilities and enhance their income-generating potential

Vocational and skill development training programmes including modules on computer literacy and entrepreneurship will be conducted following the baseline assessment with concerned communities.
Throughout the proposed interventions, data security has been raised and guaranteed.
The digital solutions are locally sustainable/relevant, many women are pushed into traditional jobs. By providing digital literacy courses women can break free from these stereotypical gender roles.

Duplication is avoided, from all the project proposals we have received each partner has a unique focus, but when relevant overarching results have been included into the proposals, there will also be regular coordination meetings to avoid duplication.

Additional remarks (if applicable)


SDG 5: Achieve gender equality and empower all women and girls-(Targets -5.2, 5.3 and.5.6), SDG 3: Good health and wellbeing: Ensure healthy lives and promote wellbeing for all at all ages (Target 3.7), SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive, SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build active accountable and inclusive institutions at all levels- (Targets, 16.1, 16.2, 16.3, 16.6).
Reduced prevalence of GBV and improved SRH among Afghan refugees and host communities
Outcome
Assumptions:
• Increased focus on policy implementation and law enforcement and enabling legislative frameworks;
• GBV, child marriage and SRHR interventions remain a key focus area for the government.
• Government counterparts recognize the importance of data generation and use as evidence to inform interventions that promote the rights of marginalized groups
Vulnerable groups are effectively mainstreamed in legislative and policy frameworks and prevention and response mechanisms.
• Programme implementation will continue in the event of deteriorating security situation
• Programme implementation will continue even in the event of political instability especially before, during and after the elections**
• Political will for reform continues and is not affected by emergencies and natural disasters.
• Sufficient national resources are available for GBV/SRH.
•Partnership opportunities among development partners are leveraged and complement for maximum impact
Output 1: Strengthened systems capacity and delivery of quality GBV and SRH services for Afghan refugees and Host communities
Output 2: GBV/SRH policy frameworks favourable to Afghan Refugees and Host communities, developed and enforced
Output 4: Strengthened community based institutional mechanisms to promote gender-equitable social norms, alongside improved community knowledge, attitudes, and practices related to GBV & SRH
Outputs
- Expansion of quality SRH and GBV service delivery including strengthening of the referral mechanisms and applying innovative and integrated models.
- Provision of supplies, contraceptive commodities, and goods.
- Advocacy for enhancing domestic resource allocation for integration and institutionalization of GBV and SRH in the implementation of national action plans that are inclusive of Afghan Refugees and host communities.
- Advocate policy changes and reforms to integrate GBV and SRH service delivery inclusive of Obstetric Fistula and adolescents and youth
- Establish and strengthen accountability fora (parliamentarians, CSOs, communities & media coalition) and mechanisms for the effective implementation of SRH/GBV programme
- Establish and strengthen the multi-sectoral and sectoral coordination mechanisms in GBV/SRH
- Design social norms change intervention model, and its operational (research) implementation involving community mobilization and targeted whole-of-community approach.
- Media engagement for responsible reporting on GBV and child marriages
- Enhance skills and support to access livelihood and economic opportunities for women and girls from Afghan refugees and host communities
- Development and roll-out of age appropriate and gender sensitive comprehensive LSBE Programme for out of school adolescents and youth under the informal education system
Interventions
Output 3: Knowledge about GBV/SRH especially among Afghan Refugees and HCs is strengthened through evidence generation, dissemination, analysis, and utilization.
Cross Cutting Output
Gender inequality persists, leading to gender based violence and restricting women and girls access to GBV/SRH services, violating their fundamental rights and limiting their personal, social, legal and economic agency.
Underlying Causes
Social Norms: Social norms and religious misconceptions about the status of women; Social norms and attitudes that support and reinforce and enable violence; lack of bodily autonomy and decision making with regards to SRH needs. harmful practices including child marriage; Restricted mobility of women affecting access to services; gender inequality and discrimination against women and girls and marginalised and vulnerable groups; Patriarchy and toxic masculinity that entitles men to be in control of women. Lack of awareness of rights/ pro-women laws among women girls and communities and institutional duty bearers, Low recognition of violence against girls, boys and adolescents as a violation of human rights and public health problem. Unavailability & Inadequate services: Lack of quality healthcare services; unequal or lack of access to GBV essential services (health, social services, police, justice, shelters and helpline); Gender Discrimination and inequality: Gender discrimination that affects each stage of a girls/women's life cycle to include lower nutritional intake; Lack of agency to access social services, education and economic opportunities; and exercise sexual reproductive health & rights; Insufficient political will: Weak implementation of existing legislation and lack of accountability and oversight of duty bearers. Lack of laws and policies & lack of enabling environment; low budgetary allocation to address GBV and SRH needs; Lack of evidence to inform programming: Unavailability of GBV & health data management system; limited capacity for data analysis and use of data in evidence based decision making.
Barriers & Root Causes

Results

- What are the main OUTPUTS (services and products) that will be delivered through the activity? Describe briefly.
- What are the main OUTCOMES (changes and effects for the target groups) that will be achieved through the activity? Describe briefly.
- For the OUTPUTS and OUTCOMES mentioned above (or add snapshot from results application):
    - Specify the indicators if agreed upon with the contract party.
    - Specify the baseline values and targets if applicable.
- What method will be used to gather and monitor the data?
- Record the following in the **results application**:
    - the thematic results frameworks that apply to this activity;
    - the relevant indicators (including baseline values and targets if applicable).
- Have these results frameworks been communicated with the contract party?
- Do the indicators correspond to one or more of the 17 indicators on which the ministry reports to the Dutch parliament? If not, why?

Programme outcome: Reduced prevalence of GBV and improved sexual reproductive health among the Afghan refugees and host communities.

1) Strengthened systems capacity and delivery of quality GBV and SRH services for Afghan refugees and Host communities
2) GBV/SRH policy frameworks favourable to Afghan Refugees and Host communities, developed and enforced
3) Knowledge about GBV/SRH especially among Afghan Refugees and HCs is strengthened through evidence generation, dissemination, analysis, and utilization.
4) Strengthened community based institutional mechanisms to promote gender-equitable social norms, alongside improved community knowledge, attitudes, and practices related to GBV & SRH

For activities, indicators, baselines, targets and data collection methods: see Results Framework as included in annex 2 of the MEL plan from document (MINBUZA-2023.1489595).

Results application

Relevant indicators from the Migration and Displacement Results Framework are recorded in the results application.
The following indicators are in line with the indicators on which the ministry reports to the Dutch Parliament:

- Number of forcibly displaced and host community people benefitting from national protection and social protection services (legal and civil documentation, child protection, SGBV, social welfare, social services, health, etc.)
- Number of people using/benefitting from Partner-provided services (disaggregated by age, sex, status).
- Number of policies, plans, laws related to forcibly displaced people/ host communities adopted and/or amended that address gender sensitive, inclusive access to quality social protection and protection services.
- Number of people trained on protection and social protection issues
- Number of initiatives supported for new wage employment and/or self-employment (business) opportunities.

Monitoring and evaluation

Monitoring

- Specify what reporting information is required for this activity, based on the activity analysis decision tree (see Help).

Include the following elements:

- Planning versus realisation: tracking progress against predetermined objectives as laid out in the project proposal.
- Performance and quality: checking relevance and appropriateness of the implementing organisation's performance based on key assumptions in the proposal and the outcomes of the risk analysis.

UNFPA will provide an annual progress report (narrative and financial) three months following the end of each calendar year. Six months after the programme closure, UNFPA will submit the final programme results report and the final financial report. Moreover, UNFPA will submit an Endline Assessment Report, three months after the programme closure.

The annual results based narrative report will outline an analysis of the key challenges and constraints (internal and external) to the organization and which may influence the success of the programme as a whole, as well as explanation of the variance between expected and actual results outlined in the results framework, lessons learnt and mitigation measures. UNFPA will also describe its efforts to ensure the sustainability of results achieved and specify whether the Programme is on track to achieve the Programme's expected outputs and outcomes. Narrative reports will additionally be submitted as an IATI data set under the following IATI Activity ID: xm-dac-7-PPR-4000007061.

UNFPA will implement results-based management for programme monitoring and evaluation (M&E), based on a robust monitoring and evaluation framework and plan that will be developed, building on the theory of change and results of the previous evaluations. For a detailed description of data management processes, data flow systems and data protection and security, please consult the MEL plan (MINBUZA-2023.1489595).

Evaluation

Describe whether a final evaluation and/or a mid-term review has been planned. If yes, state:

- who will commission the final evaluation and/or mid-term review (for options, see Help);
- whether the procedure and practical arrangements have been agreed on with the implementing organisation (for details, see Help).

A midterm review and a final evaluation will be carried out in 2026. The purpose of the mid-term review is to assess the progress of implementation at mid-term; identify and propose allowable adjustments to the programme in order to achieve the 2027 targets. The final evaluation will be conducted by an external independent evaluator in line with the UNFPA and Netherlands policy and regulations. DSH/MO will review the ToRs of the evaluation and the draft version of the evaluation report. The evaluation will assess the achievement of the outcomes and inform the formulation of the next plan. The following key parameters will be assessed during the end-term evaluation: relevance, effectiveness, efficiency, and sustainability. The methodologies will be determined at the time of the review and evaluation. The Evaluation will see to answer the following preliminary evaluation questions:

Relevance: To what extent has UNFPA support in GBV and SRH adapted to the needs of the Afghan Refugees and host communities and how did the programme adapt to the changing needs in the dynamic context, and responsive to human rights and gender equality dimensions?

Effectiveness: To what extent were the intended outputs achieved and to what extent did the outputs contribute to the achievement of the outcomes?

Efficiency: 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 programme?

Sustainability: 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 the results and effects of the programme beyond the programme timeframe?

Report	Frequency	Timelines	Additional Notes
Programme Implementation Plan	Once with Annual Revisions	In the first quarter of the program's first year.	
Baseline assessment Report	Once in Year 1	After three months of inception of the programme	
Annual and Financial Progress Report	Annual	Within three months following the end of each calendar year	Report to be no longer than 40 pages including Results Framework
Mid Term Review Report	Once	Third year of the programme implementation	Report to be no longer than 40 pages including Results Framework
Final Programme Results Report	Once	Six months after the programme closure	Report to be no longer than 50 pages including Results Framework
Final Financial Report	Once	Six months after the programme closure	
Endline Assessment Report	Once	Three months after the programme closure	
Final Evaluation Report	Once	Six months after the programme closure	MFA will review the ToRs of the evaluation and the draft version of the evaluation report.

Finance

Budget breakdown

The budget per component is included in the detailed budget breakdown in the proposal document (pp. 56-59), see MINBUZA-2023.1489593. Budget includes recovery costs (8%) and the UN levy of 1%. For this contribution, the budget in USD will be used and the payments will be done in USD. UNFPA has provided a disaggregated budget per implementation year and specified the costs:

1. HR support costs: USD 2,902,341 (13,8%)
2. Programme operational costs: USD 385,913 (1,8%)
3. Programme intervention costs: USD 16,050,705 (76,1%)

Additionally, a human resources plan has been shared which includes a breakdown for the staff costs. UNFPA has sufficiently incorporated the feedback on the financial aspects gathered during DSH/MO's internal Q@E session. The operational costs are sufficiently substantiated. The budget is arithmetically correct and the amounts and rates in the budget and payment schedule are acceptable.

Earmarking

The Dutch contribtion to this programme is earmarked, because NL wants to contribute to certain speficic thematic areas.

Prepayments

- Payments need to be entered as prepayments.
- The maximum percentage that can be paid as prepayment is 100%.
- This is a 12-months implementation period.
- The reporting obligations on the basis of which prepayments can be closed are the annual financial and narrative reports. See 'monitoring and evaluation' section of this bemo,

Available resources

	Foreign currency	EUR
Implementing organisation's own contribution	0	0
Firm commitments by other donors (for each donor)	0	0
Dutch contribution	USD 21,097,046	EUR 20.042.194
Total available resources	USD 21,097,046	EUR 20.042.194
Budget needed	USD 21,097,046	EUR 20.042.194
Still to be financed	0	0
Soft commitments by other donors (for each donor)	0	0
Uncovered balance	0	0

- There are no non-financial contributions relevant to implementation of the activity, such as deployment of volunteers, availability of buildings, materials, etc.
- There is no uncovered balance.

Grant with a repayment obligation, loans, equity investment or guarantee

The Dutch contribution does not take the form of a grant with a repayment obligation, a loan, an equity investment or a guarantee (either in whole or in part). Furthermore, there are no revolving funds.

Audit opinions

UNFPA follows the standardized system of UN financial rules and regulations. UNFPA publishes its internal audit reports on its website (https://www.unfpa.org/audit-and-investigation), which include detected cases of fraud and integrity violations. An audit is not needed as UNFPA will provide CFSs.