

ONE FUND REPORT 2018

Overview

Pakistan became one of eight pilot countries for One UN in 2008. The first One Programme (2008-2012) was signed in 2009. A second generation One Programme II (2013-2017) and a third generation One Programme III (2018-2022) continue the One UN reform process. The One Programme encompasses the development strategies of all the UN agencies operating in Pakistan. A key component required to support the One UN and the One UN Programme is the Pakistan One Fund. In accordance with the Pakistan One Fund Terms of Reference and under the leadership of the Resident Coordinator, in consultation with the United Nations Country Team, the Pakistan One Fund aims to provide for a coherent and streamlined platform for resources mobilization, fund allocation and reporting of One UN Joint Programmes in Pakistan. The Pakistan One Fund is administered by the Multi-Partner Trust Fund Office (MPTF Office) of the United Nations Development Programme (UNDP) in accordance with its financial regulations and rules. In 2017/2018, the following 5 joint UN projects have been implemented:

No.	Title	Agencies
I.	Strengthened enabling environment for improved equitable access to health services by youth, adolescents, HIV positive people, marginalized, vulnerable, key populations in ICT, KP, Sindh & Punjab	UNAIDS & UNFPA
II.	Supporting Community Resilience Building in Chitral through Integrated Risk Management and Disaster Risk Reduction Initiatives.	UNDP & WFP
III.	Improving livelihood and working conditions in agro-food economy through value chains development	UNIDO & ILO
IV.	Improved survival of vulnerable groups through implementation of maternal and neonatal death audits in Pakistan	UNICEF, WHO & UNFPA
V.	Strengthen policy and legal initiative by the Government for human rights based HIV legislation	UNAIDS, UNFPA & Joint UN Team on HIV and AIDS

The following report provides an overview of these joint UN projects, highlighting key achievements, lessons learnt, best practices and priorities for the project continuation – with a specific focus on how partnerships for joint programming have positively impacted project results.

Joint Projects:

I.	Strengthened enabling environment for improved equitable access to health services by youth, adolescents, HIV positive people, marginalized, vulnerable, key populations in ICT, KP, Sindh & Punjab
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A. Overview of Joint Project

UN agencies involved:	UNAIDS & UNFPA
Main national partners:	<ul style="list-style-type: none">• National AIDS Control Programme (NACP)• Ministry of National Health Services, Regulation and Coordination (MNHSR&C)• Punjab AIDS Control Programme (PACP)• Sindh AIDS Control Programme (SACP)• Population Welfare Department• Department of Health• Pathfinder
Project Number	00100143
Reporting Period	January-April 2018
Total budget:	USD 250,338
Delivery rate:	55%

This joint legal and existing policy initiative aims to support the ongoing efforts of the Government of Pakistan towards HIV legislation in Punjab, the Islamabad Capital Territory (ICT), as well as the implementation of the Sindh HIV Act, with a focus to integrate international norms and standards¹. The project aims to strengthen policy efforts with a view to the adoption and implementation of the legislation. This joint initiative also contributes towards the implementation of a district-based service delivery pilot model to improve the health system responsiveness for people affected by HIV.

B. Key Achievements

Output	Key Achievements
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¹ Universal Declaration of Human Rights, Political Declaration of HIV & AIDS, Sustainable Development Goals, Pakistan AIDS Strategy III 2015-2020 and Joint Programme of Support on HIV and AIDS.

<p>Key National and Provincial stakeholders develop and implement equity-focused, child and gender sensitive laws, policies, and strategies.</p>	<ul style="list-style-type: none"> ✓ The health leaders signed the declaration at a World AIDS Day 2017 event in Islamabad. ✓ UNAIDS country office, along with WHO and UNFPA, under the leadership of NACP and MNHSR&C, initiated nationwide movement on National HIV stigma free Prevention Coalition in line with global guidelines. National consultation on prevention stocktaking, participation in global meeting and de-briefing meetings in this regard were held to create synergies and consensus. ✓ UNAIDS & UNFPA technically supported on 02 HIV bills (ICT & Punjab).
<p>Increased availability of integrated sexual and reproductive health information and services for adolescents and youth, especially the most marginalized</p>	<ul style="list-style-type: none"> ✓ As a result of joint advocacy by all partners, Sindh AIDS Commission has been established under Sindh HIV Control Act. ✓ Joint UN team on HIV and AIDS undertook series of advocacy activities to enhance awareness regarding sexual and reproductive health.

C. Lessons Learnt

- One UN Fund set a precedence in the country to work on rights based legislations, policies and declarations at both federal and provincial level. This HIV bills have now been passed by the Senate.
- The response to HIV is predicated on reaching people with information on prevention and treatment. It allows direct interface between people affected by AIDS and health care service providers who are aware of treatment strategies.
- Political will and commitment were increased through advocacy, which helped create momentum at the highest political level to ensure that people living with HIV and AIDS are not marginalized and can access services without any stigma and discrimination.
- However, there remains a need for strong political advocacy and leadership by the government counterparts for the endorsement of the ICT and Punjab AIDS bill.

D. Priorities

This initiative fast-tracked the HIV response and implementation of project activities through the expertise of the three UN agencies, UNAIDS, UNFPA and WHO, to help prevent HIV through stigma-

free services at community level. Future priorities entail sustaining the political momentum of commitment of the senior government officials to pass pending bills, sustaining HIV prevention efforts at provincial level through provincial multi-stakeholder task-forces, sustaining an integrated approach to ensure that people living with HIV and AIDS and key populations can get access to multi-diseases testing and treatment services under one roof without any stigma and discrimination.

II.	Supporting Community Resilience Building in Chitral through Integrated Risk Management and Disaster Risk Reduction Initiatives.
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A. Overview of Joint Project

UN agencies involved:	UNDP & WFP
Main national partners:	<ul style="list-style-type: none"> • Pakistan Red Crescent Society (PRCS) • National Disaster Management Authority (NDMA) • Provincial Disaster Management Authority (PDMA), KPK • District Disaster Management Unit (DDMU), Chitral • Department of Education, Chitral
Project Number	00093178
Reporting Period	January 2018-April 2018
Total budget:	USD 594,000
Delivery rate:	50 %

According to Global Climate change index report (2018), Pakistan is the seventh most vulnerable country to climate risk. This rapid change in climate is triggering diverse nature of disasters within the country. District Chitral in Khyber Pakhtunkhwa with its unique topography is the most effected region of such disasters where earthquake, flood and land sliding has caused massive destructions over the past few decades and is highlighted as a highly disaster-prone district. In the 2015 floods, around 285,000 people were affected and 80 percent of the infrastructure including roads and bridges were severely damaged. During the recovery phase of floods, Chitral district was hit with an earthquake of 7.5 magnitude, increasing the vulnerability of communities in the region. Disaster Risk Reduction is the cross cutting necessity in Sustainable Development Goals.

To cater to the needs of communities in Chitral, this joint project was formulated in close consultations with federal, provincial and regional governments, key donors and civil society actors. It focuses on increasing national resilience to disasters, crises and external shocks. It also

builds on national, provincial and district capacities to prevent, assess, reduce and manage risks so that Vulnerable populations benefit from improved sustainable environmental management practices, including climate change mitigation, adaptation, and risk reduction.

B. Key Achievements

Output	Key Achievements
<p>DRR & DRM advancing adaptive capacity to communities prone to the impacts of climate change, disaster risks.</p>	<ul style="list-style-type: none"> ✓ Partnership developed with Pakistan Red Crescent Society (PRCS), district government, National Disaster Management Authority (NDMA), Provincial Disaster Management Authority (PDMA) and District Disaster Management Units (DDMU) ✓ Project launched at district level engaging district government, administration and other project stakeholders. Around 40 participants attended the launching ceremony. ✓ Project proposal of NDMA for Mult-Hazard Vulnerability Risk Assessment (MHVRA) & Seismic Hazard Vulnerability Risk Assessment (SHVRA) is in approval process and consultations are ongoing for integration of data into MHVRA decision support system (DSS). ✓ Risk profiling/Baseline of project area initiated and community mobilization is in progress. ✓ Procurement process for School safety and First Aid kits has been completed. The kits have been delivered to the province.
<p>Increasing food security and enhancing livelihood opportunity to the communities living in the areas prone to the impacts of climate change, disaster risk and conflict</p>	<ul style="list-style-type: none"> ✓ Financial services provider is on board, PRCS shall finalize selection of beneficiaries based on the WFP criteria and trainings needs. ✓ Based on the risk profiling/baseline, feasibility study for food productivity and nurseries for social forestry, shall be carried out.

C. Lessons Learnt

Under the joint initiative by UNDP and WFP, both agencies have entered into partnership with the

Pakistan Red Crescent Society for implementing project intervention coherently. UNDP will be leading the community based disaster risk management component, while WFP will be executing the school safety and livelihoods components. Both UN agencies will be closely monitoring the implementation arrangements to ensure quality assurance of the project implementation.

D. Priorities

The current project will help in leveraging towards future joint programming under the new Country Strategic Plan (2018-2022) of WFP and UNDP for strengthening community resilience through disaster risk reduction and climate change adaptation approach.

III.	Improving livelihood and working conditions in agro-food economy through value chains development
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A. Overview of Joint Project

UN agencies involved:	UNIDO & ILO
Main national partners:	<ul style="list-style-type: none"> • Department of Labor Gilgit Baltistan (GB) • Department of Agriculture GB • Ministry of Overseas Pakistanis and Human Resource Development, • Employers’ Federation of Pakistan (EFP) • Pakistan Workers’ Federation (PWF) • Provincial training department
Project Number	00093590
Reporting Period	January 2018-April 2018
Total budget:	USD 594,000
Delivery rate:	50%

Agriculture is the largest economic sector, employing 46 per cent of the Pakistani labor force. Within this sector, the absence of formal ‘technical or vocational’ training opportunities to enhance the productivity of the agriculture sector has resulted in the continued use of obsolete skills, which are mostly transferred through inheritance or learning-by-doing. Owing to informality of agriculture sector, the working conditions of the farmers, and women, are far from ideal and calls for affirmative action. The combined effect is, visible in terms of low productivity, inferior

quality products and poor marketing. Given this context, the ILO in partnership with UNIDO, is implementing a One UN Joint pilot project, which will contribute improving livelihood and working conditions in the selected Agro-food value chains in Gilgit Baltistan Province of Pakistan. The project – through set of gender-responsive interventions - intends to identify and address the deficits in productivity and working conditions in the selected Agro-food value chains by community engagement; skills development and awareness-raising on decent work practices.

B. Key Achievements

Output	Key Achievements
Selected value chains thoroughly analyzed	✓ Initial meetings held with UNIDO and relevant stakeholders
Women and men stakeholders provided training opportunities on technical skills and decent work approaches for enhanced production	✓ Assessment of skills/capacity gaps and decent work deficits in the selected value chains has been initiated, the findings of which will help design the short training in identified set of technical skills and educational program on decent work approaches. The training is planned to be imparted during May-June 2018, which will help promoting decent work in the GB province.
Institutional capacities of selected departments strengthened to support selected value chains	✓ The project will develop a roadmap for the selected value chains and start to address the various compliant and productive capacity issues and institutional gaps to assist the farmers. At the same time, the project has identified various training needs of the departments and additional analyses at institutional level are ongoing.

C. Lessons Learnt

- The initial lessons learnt are based on the fact-finding mission of GB, which took place in early March 2018. Owing to several factors including unforeseen heavy rain and inadequate post-harvest handling, a huge quantity of fruit gets damaged. This issue emerged as one of the concerns which needs to be mitigated through initiation of a viable skills development programme leading to market demand product, fetching reasonable profit to local communities. The local unmet demand for trout fish substantiates the need for increasing the production through appropriate intervention.
- The ILO project team has consulted UNIDO and learnt about the change of selected value chain. The areas of interventions were also mutually discussed to avoid duplication of

initiatives and Department of Agriculture (DoA), GB advised intervening in the value chains of Apple; Cherry and Trout fish in Gilgit.

- Consultations with Government of Gilgit Baltistan (GB) including Department of Labour (DoL); Department of Agriculture (DoA) and Entrepreneurship and Self Employment Programme, Planning and Development Depart GB helped in learning about the existing situation; gaps and opportunities to strategize the roadmap for implementation.
- To design evidence based technical skills training programme and promote decent work, an assessment study has been conducted to identify skills/capacity gaps and decent work deficits in the selected value chains.
- Coordination and implementation challenges persist in Gilgit Baltistan and the issuance of No-Objection Certificate for implementing partners remains a key issue.
- Consultations with various stakeholders helped in development of a harmonized approach to develop a roadmap for each value chain

D. Priorities

Upcoming priority areas include the following:

- Support capacity building of 200 women and men farmers / associations through short technical training in identified skills;
- Strengthen institutional capacity of tripartite stakeholders through awareness raising/educational programmes to address decent work deficits;
- Encourage the farmers/producers adopt decent work practices for enhanced productivity;
- Finalize the value chain analysis and related feasibility studies;
- Setting a roadmap for the selected value chains in coordination with the Government;
- Develop and conduct training to relevant actors in the area of value chain analysis, gender and value addition, in particular packaging and branding;
- Present key findings of assessment study in the validation workshop.

IV. Improved survival of vulnerable groups through implementation of maternal and neonatal death audits in Pakistan

A. Overview of Joint Project

UN agencies involved:	UNICEF, WHO & UNFPA
Main national partners:	<ul style="list-style-type: none"> • Ministry of National Health Services regulation and coordination, • Department of Health, Sindh
Project Number	00100145
Reporting period	January – December 2017
Total budget:	USD 559,431
Delivery rate:	98%

In Pakistan, there is no system that can produce routine data on maternal and neonatal deaths. This information is generated every four or five years through DHS or other national surveys; in fact, the most recent DHS in Pakistan (2012) did not produce maternal mortality figures due to inadequacy of the sample size. Figures for maternal and neonatal mortality in Pakistan stand at 276/ 1000,000 LB (PDHS 2006) and 55/100,000 LB (PDHS 2012) respectively.

There is thus a dire need for the establishment of a system that will not only generate this type of information, but also provide insight into the common causes of maternal and neonatal deaths so that appropriate interventions can be adapted and adopted accordingly. Maternal and neonatal death audits entail an in-depth investigation of the causes and factors that may have contributed to the death to inform decision making. The audit system will enable linking the information on maternal and neonatal deaths to quality of care improvement processes at all levels of care, ensuring universal health coverage.

B. Key Achievements

Output	Key Achievements
Duty bearers are empowered and able to deliver equitable, efficient, accountable and transparent services to the most vulnerable	<ul style="list-style-type: none"> ✓ Capacity building activities included training of 26 provincial Maternal and Perinatal Deaths Surveillance and Response (MPDSR) committee members, 227 district health facilities committee members and health care providers from three selected districts in Sindh.

communities.	<ul style="list-style-type: none"> ✓ Capacity building of health care providers on Maternal and Perinatal Deaths Surveillance and Response (MPDSR) in KP and Baluchistan
Improved service delivery through provision of technical assistance	<ul style="list-style-type: none"> ✓ Technical assistance provided to finalize Maternal and Perinatal Deaths Surveillance and Response (MPDSR) protocol across the country (on which national/ provincial health authorities, partners, and other concerned stakeholders were consulted) to ensure uniformity of reporting process
Improved community outreach through advocacy initiatives	<ul style="list-style-type: none"> ✓ National and provincial level advocacy carried out to create an enabling environment and renewed political commitment for maternal and neonatal health based on real-time data generated by Maternal and Perinatal Deaths Surveillance and Response (MPDSR) in Sindh ✓ District-level advocacy seminars carried out to create awareness about issues around maternal and neonatal survival in Sindh ✓ Advocacy to support institutionalization of Maternal and Perinatal Deaths Surveillance and Response (MPDSR) in KP and Baluchistan ✓ Advocacy to declare Maternal Death a notifiable event in province of Punjab

C. Lessons Learnt

Health system strengthening for Maternal and Perinatal Deaths Surveillance and Response (MPDSR) is crucial. This project focused on development of guidelines, reporting and monitoring formats, and the establishment of district & provincial review committees under the provincial and district health departments. Addressing health system challenges is crucial for the “response” component; the committees can play a major role in bringing about transformations and improvements to health system capacity. Through this intervention, health system realized the importance of maternal and neonatal death reporting with analysis of underlying factors and causes.

D. Priorities

All three UN agencies are supporting data analysis and report dissemination on a regular basis and

will engage stakeholders in quality implementation and scale up.

V.	Strengthen policy and legal initiative by the Government for human rights based HIV legislation
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A. Overview of Joint Project

UN agencies involved:	UNAIDS, UNFPA & Joint UN Team on HIV and AIDS
Main national partners:	<ul style="list-style-type: none"> • Ministry of National Health Services, Regulation & Coordination, • National AIDS Control Programme (NACP), • Sindh AIDS Control Programme • Punjab AIDS Control Programme (PACP)
Project number	00100145
Reporting period	January-December 2017
Total budget:	USD 158,400
Delivery rate:	97.81%

Pakistan is among four countries in Asia where the estimated number of new HIV infections has been increasing year by year ever since 1990. Currently, there are an estimated 94,000² People Living with HIV (PLHIV) in the four main provinces of Punjab, Sindh, Khyber Pakhtunkhwa and Baluchistan; two autonomous states: Azad Jammu Kashmir (AJK) and Gilgit-Baltistan, as well as the Federally Administered Tribal Areas (FATA) and the Islamabad Capital Territory (ICT). The Stigma Index assessment was carried out in 2009-2010 by the Association of People Living with HIV and AIDS (APLHIV), in which 833 PLHIV were interviewed. A major challenge faced by most PLHIV was poverty and lack of employment opportunities due to discrimination on the basis of their HIV status.³

The key deliverable of this joint intervention was to support the legal initiative of the government of Pakistan by providing technical policy support to get human rights based HIV legislation passed, to ensure prevention and treatment and reduce stigma and discrimination.

² Spectrum Data Summary 2015.

³ The People Living with HIV Stigma Index: An Index to measure the Stigma and Discrimination experienced by People Living with HIV in Pakistan, 2009-10.

B. Key Achievements

Output	Key Achievements
Key National and Provincial stakeholders develop and implement equity focused, child and gender sensitive laws, policies, and strategies.	<ul style="list-style-type: none">✓ HIV Legislation/Draft Bill has been approved at the federal level i.e. Islamabad✓ HIV bill endorsed by Provincial Health Minister in Punjab.

C. Lessons Learnt

This initiative supported a multi-sector approach as it sensitized law enforcement officials, members of the legislative and judicial branch, health care workers, civil society and the government counterparts at federal and provincial level to take collective action in order to empower people living with or at risk of HIV.

D. Priorities

To ensure transformative change in the coming years, this initiative could be further expanded into three components which are mutually reinforcing and will have systematic impact. These include: 1) capacitating health care workers on human rights and medical ethics related to HIV and enhancing their accountability; (2) providing awareness regarding patients' rights and human rights to affected populations so that they are able to deal with discrimination clinic effectively and assess the quality of health care they receive; and (3) providing community and peer-based legal services and support to those discriminated against HIV and AIDS so that they can have support in accessing health care.