Country Programme Action Plan

2013-2017

Between

The Government of Nepal

And

UNFPA

(United Nations Population Fund)

FINAL
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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
AWP	Annual Work Plan
ASRH	Adolescent Sexual and Reproductive Health
BEOC	Basic Emergency Obstetric Care
BCC	Behaviour Change Communication
CBS	Central Bureau of Statistics
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEOC	Comprehensive Emergency Obstetric Care
CP7	GoN/UNFPA Country Programme (2013-2017)
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPR	Contraceptive Prevalence Rate
CP	Country Programme
CO	Country Office
DACC	District AIDS Co-ordination Committee
DDC	District Development Committee
DFID	Department for International Development (UK)
DHO	District Health Office
DEO	District Education Office
DoHS	Department of Health Services
DWCD	Department of Women and Children Development
EOC	Emergency Obstetric Care
EHCS	Essential Health Care Services
FACE	Fund Authorization and Certificate of Expenditures
FCHV	Female Community Heath Volunteers
FHD	Family Health Division
FP	Family Planning
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GON	Government of Nepal
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HP	Health Post
HSIS	Health Sector Information Strategy
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IOM	International Organization for Migration
IP	Implementing Partner
LMD	Logistics Management Division
LSGA	Local Self-Governance Act
MCHWs	Maternal and Child Health Workers
MDGs	Millennium Development Goals
MIS	Management Information System
MD	Management Division
MMR	Maternal Mortality Ratio
MoES	Ministry of Education and Sports
MoF	Ministry of Finance

MoHA	Ministry of Home Affairs
MoHP	Ministry of Health and Population
MoFALD	Ministry of Federal Affairs and Local Development
MoLJPA	Ministry of Law, Justice and Parliamentarian Affairs
MoPR	Ministry of Peace and Reconstruction
NCASC	National Center for AIDS and STD Control
NHEICC	National Health Education, Information and Communication Centre
NHRC	Nepal Health Research Council
NHSP-II	Nepal Health Sector Programme-II
NRHS	National Reproductive Health Strategy
NHTC	National Health Training Center
NGO	Non-Governmental Organization
NPC	National Planning Commission
OAG	Office of the Auditor General
PHCC	Primary Health-Care Centre
PHN	Public Health Nurse
PMTCT	Prevention of Mother-to-Child Transmission
PPP	Population Perspective Plan
PRSP	Poverty Reduction Strategy Paper
RH	Reproductive Health
RHCC	Reproductive Health Coordination Committee
RHCS	Reproductive Health Commodity Security
SAI	Supreme Audit Institution
SBA	Skilled Birth Attendant
SBAA	Standard Basic Assistance Agreement
SGBV	Sexual and Gender-Based Violence
SHP	Sub-Health Post
SP	UNFPA's Global Strategic Plan
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
SWAp	Sector Wide Approach
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Organization for Drug and Crimes
UNSCR 1325	United Nations Security Council Resolution 1325
USAID	United States Agency for International Development
VDC	Village Development Committee
WDO	Women Development Officer
WHO	World Health Organization

THE FRAMEWORK

In mutual agreement to the content of this document and their responsibilities in the implementation of the country programme, the Government of Nepal (hereinafter referred to as the Government) and the United Nations Population Fund (hereinafter referred to as UNFPA)

Furthering their mutual agreement and cooperation for the fulfillment of the International Conference on Population and Development Programme of Action and other international agreements that pertain to ICPD including MDG framework, CEDAW;

Building upon the experience gained and progress made during the implementation of the previous Programme of Cooperation, including the sixth Country Programme of Co operation between the Government of Nepal and UNFPA

Entering into a new period of cooperation based on the UNFPA Country Programme Document (CPD) for 2013 - 2017;

Declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation between the Government of Nepal and UNFPA;

Have agreed as follows:

PART I. BASIS OF RELATIONSHIP

1. The Basic Agreement concluded between the Government of Nepal and the United Nations Development Programme on the 23rd of February 1984 (the "Basic Agreement") *mutatis mutandis* applies to the activities and personnel of UNFPA in Nepal and the letter of the UNFPA Executive Director of 26 February 1996 to the Ministry of Foreign Affairs and agreed to by the Government on 3 October 1996, constitute the legal basis for the relationship between the Government of Nepal and UNFPA. This CPAP together with any work plan concluded hereunder, which shall form part of this CPAP and is incorporated herein by reference, constitutes the project document as referred to in the Basic Agreement. References in the Basic Agreement to "Executing Agency" shall be deemed to refer to "Implementing Partner" as such term is defined in the Financial Regulations of UNFPA and used in this CPAP and any work plans concluded hereunder.

PART II. SITUATION ANALYSIS

2. The peace process in Nepal, which began in 2006 and ended a decade-long internal armed conflict, is gradually moving forward. The Constituent Assembly (CA) elected in May 2008 declared Nepal a federal republic and was tasked with promulgating a new constitution.

3. The CA was dissolved in May 2012 after failure to find consensus on the new constitution and fresh elections announced. At the time of writing the date of the elections has not been confirmed and key issues such as state-restructuring remain unresolved. Local elections have not been held and there are no locally elected bodies.

4. The population was 26.6 million in 2011; an additional 1.9 million lived and worked abroad. The annual population growth rate is 1.4 per cent. The national poverty incidence declined to approximately 25 per cent in 2011. From 2006-2011, the total fertility rate declined from 3.1 children per woman to 2.6. The contraceptive prevalence rate for modern methods has stagnated at 43.2 per cent.

5. Nepal has made notable progress towards Millennium Development Goal target 5a, which focuses on reducing maternal mortality. The maternal mortality ratio (229 maternal deaths per 100,000 live births) is on course to meet the Millennium Development Goal target. Skilled attendants are present at 36 per cent of births, and 58 per cent of mothers receive antenatal care.

6. Disparities persist among different age groups, castes, ethnicities and geographical locations. Adolescent girls are particularly vulnerable. Increased attention is needed to realize Millennium Development Goal target 5b, on universal access to reproductive health. The unmet need for family planning is highest in the 15-19 age group (41.5 per cent), followed by the 20-24 age group (36.8 per cent). Nationally, the unmet need is lower (27.0 per cent). There is a need to address maternal morbidity more effectively. Pelvic organ prolapse affects 7 per cent of women of reproductive age nationally and 25 per cent in the mid-west and far west of the country. The HIV epidemic is stabilizing; the prevalence rate was 0.33 per cent in 2010. However, Nepal's 2011 Demographic and Health Survey shows that comprehensive knowledge about AIDS is still low among young people, aged 15-24 (Female:25.8 percent; Male: 33.9 percent).

7. According to Nepal Maternal Mortality and Morbidity Study, 2008/09, the leading cause of death among women of reproductive age is suicide. Suicides comprise 16 per cent of all deaths among women, and 21 per cent of deaths among women aged 15-19. Violence is a significant factor in many suicides. One in three women faces physical violence after the age of 15. A UNFPA-funded study of 1,296 married women aged 15-24 found that 46 per cent of them had experienced sexual violence. There is a need to address issues related to discrimination, impunity, gender-based violence and exclusion if the rights and potential of women are to be realized.

8. Although the Civil Code defines the legal age of marriage as 20 (18 with parental consent), early marriage is prevalent in Nepal. According to Nepal's 2011 Demographic Health Survey, two in every five (40.7 percent) Nepalese women between the ages of 20 and 24 were married/in union by 18 years. Data shows slow decline since 2006 (51%) however. The median age that girls marry in Nepal is 17.8 years, a figure that masks the true extent of the problem in Nepal. Early marriage occurs more frequently among girls who are the least educated, poorest and living in rural areas. In 2011, women aged 20-24 and living in rural areas were more than 1.5 times as likely to be married/in union before age 18 than their urban counterparts. This urban-rural divide has slightly widened since 2006. Older and better-educated boys can demand a higher dowry, thus encouraging parents to marry off their daughters as early as possible. Once girls in Nepal are married, only a few of them (17.6%) are using contraception in spite of their needs to space their childbearing time. Of them, about 30% have their demand for contraception satisfied. Married girls especially need access to sexual and reproductive health services, including family planning and maternal health services. Other harmful practices, more endemic especially in the Far-west of the country, include the custom requiring women to be isolated during menstruation and after deliveries.

9. The availability of disaggregated socio-demographic data and analysis, particularly at the sub-national level, is limited. This hinders the national and local capacity to plan and monitor targeted interventions to address inequities across population groups and geographical regions. The capacity of line ministries and local entities to use available population data for development planning, results-based monitoring (RBM) and for monitoring national poverty-reduction goals is also weak. These results in less than optimal resource-allocation decisions, which do not address the needs of vulnerable groups, including women, children and youth. It also hampers efforts to monitor development results in a transparent manner.

PART III. PAST COOPERATION AND LESSONS LEARNED

10. UNFPA support to Nepal, which began in 1971, has evolved in response to the changing national context. An evaluation of the sixth country programme, 2008-2012 (CPE) noted progress towards national ownership, strategic alignment of the programme to enhance sustainability, accountability and national system strengthening and a number of achievements in programme results. The programme helped to: (a) position UNFPA within the health-sector programme; (b) enhance the national response to gender-based violence by working with United Nations organizations and other donors; and (c) implement the population and housing census.

11. During CP6, within the context of the local governance and community development programme and at the Government's request, UNFPA expanded the programme from six to 18 districts, supporting the sub-national capacity for planning and managing population, gender and reproductive health programmes and strategies in districts that have made slow progress in achieving the goals of the International Conference on Population and Development (ICPD).

12. Among the lessons learned during the sixth country programme was the need to sharpen the focus on evidence-based family planning advocacy efforts and policies, including research on the

reasons for the stagnant contraceptive prevalence rate. There is also a need to increase access to youth-friendly sexual and reproductive health services, including by addressing social barriers to access. Greater attention should also be paid to involving men in violence-prevention efforts and to addressing the gender dimension of health systems and services. In addition, the programme evaluation suggested the need for research on migration, urbanization and ageing, as well as for continued support to data management systems. The CPE also recommended that UNFPA Nepal should consolidate its existing presence in 18 districts.

PART IV. PROPOSED PROGRAMME

13. The country programme (CP7) will contribute to consolidating peace and sustaining development, drawing on lessons learned and a series of national and district level consultations. It is aligned with the priorities of the Government's Three Year Plan 2011-13 for 2011-13 and sectoral strategies.[1]

14. The country programme contributes to three outcome areas of the United Nations Development Assistance Framework (UNDAF), 2013-2017, approved by Government in September 2012 namely the (1) vulnerable and disadvantaged groups get improved access to basic essential social services and programmes; (3) vulnerable groups experience greater self-confidence, respect and dignity; and (5) institutions, systems and processes of democratic governance are more accountable, effective, efficient and inclusive.

15. CP7 will be nationally led and will use national systems to the extent possible, consistent with aid effectiveness principles and national laws and policies. UNFPA will engage in purposeful partnerships to achieve its shared results with United Nations sister agencies and external development partners. UNFPA will continue to provide regular information on its programme to stakeholders to enable transparency.

16. The programme will support national efforts to improve the sexual and reproductive health of the most marginalized adolescent girls and women. To achieve this goal, the programme will build national capacity and strengthen policy dialogue for evidence-based planning and resource allocation at the national level and in 18 districts that have made slow progress in achieving ICPD goals.

17. CP7 will deliver the programme results through the following key strategies:

a. Provision of technical advice for policy development to enhance national capacity at national and district levels
b. Support district level implementation of national level policies and plans
c. Support government efforts to gather and use disaggregated data and evidence for planning, resource allocation, monitoring and reporting
d. Raise awareness among right's holders of their rights and responsibilities
e. Integrate risk reduction strategies in programming
f. Advocacy and communication for behaviour and policy change consistent with UNFPA's mandate

[1] *See attached annex 1. Linkages between UNFPA global strategic plan outcome, UNDAF country programme outputs and UNFAP CPAP outputs and annex 2. Results and Resources Framework of Nepal.*

YOUNG PEOPLE'S SEXUAL AND REPRODUCTIVE HEALTH AND SEXUALITY EDUCATION

18. This component contributes to the UNDAF outcome on social services for the most vulnerable populations. Two outputs are focused on youth aged 15-24 and on the most marginalized women. The outputs address both the demand and supply sides of reproductive health to improve access to information and services on maternal health, family planning, reproductive health morbidities and sexually transmitted infections, including HIV/AIDS.

Output 1: Strengthened capacity of health institutions and service providers to plan, implement and monitor high-quality comprehensive sexual and reproductive health services.

Indicator 1.1: Number of health facilities in UNFPA-supported districts that have received certification to provide youth-friendly sexual and reproductive health services, including contraceptives to unmarried youth.

Indicator 1.2: Number of national and regional nurse, midwives training institutions supported by UNFPA with curricula based on essential competencies of the World Health Organization and the International Confederation of Midwives adopted and implemented.

Indicator 1.3: Number of UNFPA-supported health-training institutions providing health-service providers with competency-based training, adhering to national standards and protocols, in family planning and in preventing and treating reproductive health morbidities.

Strategy (a): provide support to develop and implement policies and operational frameworks for the provision of safe motherhood services, midwifery education, adolescent- and youth-friendly reproductive health information and services, including family planning, and prevention and treatment of reproductive health morbidities. Key interventions include:

- Advocacy to identify and address RH needs of adolescents and youth, including those with special needs, in national policies and plans.
- Advocate for promotion and achievement of young people's sexual and reproductive health and sexuality education, inter alia ensuring effective commitments from MoE, MoYS, MoHP and other concerned ministries.
- Conduct quality formative research to identify the barriers and address the gaps, both in supply and demand sides, for increasing access to and utilization of RH services by youth and adolescents.
- Review and validate existing criteria for certification of health facilities providing youth friendly services and develop operational guidelines and quality assurance tools for monitoring services at these centres.
- Strengthen humanitarian preparedness and response through: review and endorsement of RH in emergency guideline (MISP), including FP to make it user friendly, advocacy to incorporate MISP into existing pre and in-service training curricula, capacity building of service providers at national, regional and district level; and making available RH kits to continue RH service in the event of a --- disaster/emergencies.
- Advocate formulation of Midwifery Act (education standards, accreditation and registration and deployment of midwives.
- Develop a complete package of teaching/learning tools for midwifery education.
- Support existing pre-service training institutes to initiate midwifery at national and regional level.
- Support national mechanisms at the central level to ensure effective coordination of partners on ASRH, FP, Safe-motherhood and RH morbidity programmes, in addition to other cross-cutting areas like FCHV program.

- Advocacy and technical assistance to mainstream RH morbidity issues into existing RH strategies, protocols, guidelines, training curriculum; and M&E frameworks/mechanisms.
- Support development and revision of existing national policy, strategy and guidelines, including Quality Improvement (QI) tools e in FP and RH morbidity.
- Support to update/revise existing national strategies, protocols and guidelines on SRH services.

Strategy (b): advocate and build the capacity of district health and local governance institutions to provide safe motherhood services, midwifery education, adolescent and youth-friendly reproductive health information and services, including family planning, and prevention and treatment of reproductive health morbidities. Key interventions include:

- Support to scale up national ASRH programme implementation guideline (including training of service providers and facilitative supervision for quality assurance).
- Support government to establish its cost-effective, model YFS centres, at different levels of health facilities.
- Support public private partnerships and civil society for the delivery of quality ASRH services, including regular reporting through government's systems.
- Support public and private institutions to provide regular quality preventive and curative services on RH morbidities affecting adolescents and marginalized women.
- Support existing training sites at national and regional level to provide comprehensive RH training (FP, RH morbidities, SBA, HIV & STI) and address barriers to service.
- Support for follow-up and facilitative supervision of trainees.
- Support mechanisms at district level to ensure effective coordination of partners on ASRH, FP, Safe-motherhood and RH morbidity programmes.
- Support integration of HIV with SRH services, including family planning.
- Support and standardize clinical training sites for midwifery education.
- Support existing pre-service training institutes to initiate midwifery at national and regional level.
- Ensure quality of training through facilitative supervisions and monitoring; jointly with government and partners, where feasible.

Output 2: Increased capacity of women and youth to demand high-quality sexual and reproductive health services.

Indicator 2.1: Percentage of women aged 15-49 in UNFPA-supported districts who can correctly identify at least three danger signs during pregnancy and who know when to seek care.

Strategy (a): developing demand-generation strategies and frameworks to empower communities, young people and women to claim reproductive health and rights and increase access to family planning and maternal health services, and to reproductive health services for adolescents and youth, by working with the Government, partners and civil society. Key interventions include:

- Advocacy to roll out national Birth Preparedness package (BPP) in UNFPA supported districts.
- Create enabling environment for adolescents to access and utilize ASRH services by engaging with community gatekeepers (parents, teachers, local leaders, FCHVs, others).
- Support district authorities to disseminate messages on danger signs during pregnancy and other RH messages to youth and adolescents, including through social mobilisers at Community Awareness Centres, Ward Citizen Forums, Citizen Awareness Centre (CAC), FCHVs and health mother group members, forestry user groups, women cooperatives, etc.

- Support to identify disadvantaged groups and communities in the UNFPA districts; and design and develop programmes to improve their access to SRH services, including family planning services.
- Support local government to enable adolescents access to and utilization of adolescent sexual and reproductive health services at health institutions, especially for prevention of early pregnancy and risks related to HIV.

Strategy (b): supporting the development and implementation of a targeted behavioural change campaign in UNFPA-supported districts to enable adolescent girls to demand and access family planning and information and services on maternal health and sexually transmitted infections, including HIV. Key interventions include:

- Support government to implement national ASRH and HIV communication strategies.
- Support development of specific and targeted IEC/BCC materials on maternal health, STI, HIV, RH-morbidities and contraceptives (including emergency contraceptives) for adolescents and youths.

Indicator 2.2: Percentage of young people aged 15-24 in UNFPA-supported districts who both correctly identify ways to prevent the sexual transmission of HIV and who reject major misconceptions about HIV transmission.

Strategy (a): developing demand-generation strategies and frameworks to empower communities, young people and women to claim reproductive health and rights and increase access to HIV, family planning and maternal health services, and to reproductive health services for adolescents and youth, by working with the Government, partners and civil society. Key interventions include:

- Support to conduct formative research using quantitative data sets such as NDHS, NAYS for the qualitative research to inform the development of appropriate communication strategy.
- Support to review and revise existing curriculum on Comprehensive Sexuality Education to make it age-appropriate and gender sensitive.

Strategy (b): supporting the development and implementation of a targeted behavioural change campaign in UNFPA-supported districts to enable adolescent girls to demand and access family planning and information and services on maternal health and sexually transmitted infections, including HIV. Key interventions include:

- Support to mobilize peer educators for message dissemination on STI and HIV/AIDS to adolescent and youths, including unmarried, out-of school adolescents and FSW.
- Catalyse innovative communication approaches to increase access to quality information on ASRH.
- Support to develop targeted behavioural change campaign to ensure that every sex worker uses a condom with clients and accesses SRH and HIV services.

GENDER EQUALITY AND REPRODUCTIVE RIGHTS

19. This component contributes to the UNDAF outcome that seeks to ensure that vulnerable and stigmatized groups experience greater self-confidence, respect and dignity. Three outputs will focus on building national capacity in the health sector to address gender-based violence, early marriage and other harmful practices, and on enhancing the knowledge and capacity of men, women and communities to prevent gender-based violence.

Output 1: **Strengthened national and sub-national health-system capacity within the coordinated multi-sectoral response to sexual and gender-based violence**.

Indicator 1.1: Number of districts with a functional one-stop crisis management centre, as per national guidelines.

Strategy (a): supporting the adoption and use of protocols and monitoring tools, in line with international standards, emphasizing the capacity of health-service providers to care for survivors of gender-based violence. Key interventions include:

- Provide technical assistance to support government asses the existing One Stop Crisis Management Centres (OSCMC) and roll out in 10 UNFPA supported districts gradually.
- Finalize the OSCMC protocols; develop competency-based training curriculum and materials and support training for master trainers.
- Advocate and provide technical assistance to government to include GBV pre- and in-service training curricula for health professionals.
- Support government at national and district level to develop tools and mechanisms to effectively monitor and improve the quality of services for GBV survivors.

Strategy (b): building capacity to implement the gender and social inclusion strategy for the health sector within the local governance framework, including mainstreaming efforts to address gender-based violence in sexual and reproductive health services. Key interventions include:

- Assess the institutional partnership for GESI, especially at district level, in order to identify UNFPA specific niche for its implementation and to enable improved coordination and delivery.
- Strengthen the capacity of health and LGCDP GESI committees to address, to allocate resources and to raise awareness on health related aspects of GBV.
- Advocate and provide technical assistance to enable local government officials, political leaders and non-health sector authorities to promote and respond to health related dimensions of GBV prevention and care.

Strategy (c): strengthening the coordinated response to assist survivors of gender-based violence in UNFPA-supported districts. Key interventions include:

- Strengthen GBV desks at DDC to improve coordination and planning for GBV services.
- Strengthen the referral system (including training of counsellors) and the capacity of health service delivery points to respond to the needs of survivors of GBV; establish links with Women service centres and Children shelters (with other partners)
- Ensure the government one stop crisis centres (OSCCs) function based on best practices.
- Support expansion of OSCCs following a careful review/assessment of OSCC, rollout OSCC to 10 districts.

Output 2: **Enhanced capacity of men and women to prevent gender-based violence and support women seeking multi-sectoral services that address gender-based violence**.

Indicator 2.1: Percentage of women and girls (aged 15-24) in UNFPA-supported districts who know when and where to seek health-care services following sexual violence**.**

Strategy (a): empowering women and adolescent girls with knowledge about legal and protection frameworks and when and where to access services if their rights have been violated. Key interventions include:

- Support government to assess, refine and strengthen the out-of-school/adolescents' life skills programmes.
- Assist districts to undertake necessary studies to understand knowledge and communication gaps.
- Support government authorities to implement necessary response to communication gaps through targeted communication strategy.

Strategy (b): developing skills to encourage participation in planning and decision-making processes. Key interventions include:

- Support capacity development of Ward Citizen Forums members, women rights activists, women human rights defenders (WHRD), and women political activists to influence local government decision making process.
- Support government build the capacity of young women, including sex workers, to develop capacity, skills on negotiation, dialogue and influencing reproductive health and rights.

Indicator 2.2: Percentage of men and boys in UNFPA-supported districts who believe that violence against women and girls is acceptable.

Strategy (c): involving men and boys in the prevention of gender-based violence. Key interventions include:

- Support national initiatives to design effective BCC strategies targeting men and boys in preventing GBV, early marriage and other discriminatory practices
- Advocate and provide technical assistance to local authorities to adopt successful interventions on engaging men and boys.
- Identify male role models and champions both at national level and from local communities, to act as agents of change and spokespersons against GBV
- Build advocacy capacity of male opinion leaders (parliamentarians, policy makers, etc)

Output 3: **Communities are engaged in preventing early marriage and other practices that discriminate against and harm young women**.

Indicator 3.1: Percentage of UNFPA-supported districts with community-based mechanisms to engage communities in preventing early marriage and other discriminatory and harmful practices.

Strategy (a): behaviour change campaigns targeting men, boys and societal leaders to change attitudes and prevent early marriage and other harmful practices. Key interventions include:

- Support government to conduct studies to understand male attitudes, socio-cultural influences on harmful practices, gaps in knowledge, successful interventions etc.
- Support districts to formulate district-specific, culturally sensitive strategic social communication plans targeting parents (bridge communication gap between parents and children, addressing mistrust); community and religious leaders (dowry); girls and boys integrating between programme components and partners.
- Launch comprehensive public awareness campaigns in high risk areas to raise awareness on laws and punishment associated with child marriage and on the importance of education and the harms of child marriage targeting family members, especially male members who make important matrimonial decisions.

Indicator 3.2: Percentage of parents in UNFPA-supported districts who do not want their daughter to be married before the age of 18.

Strategy (b): community-based initiatives to engage communities in the prevention of early marriage and discriminatory practices. Key interventions include:

- Support youth networks, women federations, ward citizen forums to undertake local initiatives on addressing early marriage and discriminatory practices (designing district specific BCC strategies).
- Support government in the design and implementation of innovative programme based on the best practice from other countries.
- Learn from other countries' and agencies experiences on effective strategies for addressing child marriage.

POPULATION DYNAMICS

20. This component contributes to the UNDAF outcome that focuses on strengthening the contract between the Government and citizens and the effectiveness and accountability of governance. Three outputs will focus on ensuring that national, sectoral and decentralized policies and plans address population dynamics and the inter-linkages with gender equality, poverty reduction, the needs of young people, and reproductive health, including family planning.

Output 1: **Strengthened capacity of relevant government ministries at national and subnational levels to address population dynamics and its inter-linkages in policies, programmes and budgets.**

Indicator 1.1: Number of key sectoral ministries that have implemented their annual work plan and budget responding to population, adolescent sexual and reproductive health, youth and gender-based violence issues, including in emergencies.

Strategy (a): The development of tools and methodologies to integrate indicators on gender, youth and adolescent sexual and reproductive health, as well as humanitarian concerns, into national, sectoral and local plans and budgets. Key interventions include:

- Support government to develop and institutionalize integrated planning tool to incorporate population dynamics issues in the national development plan (NDP), poverty reduction strategies (PRSP), sectoral plans and local development plans and programmes;
- Support government to revise and update government poverty monitoring/resource allocation/RBM guidelines/tools (such as PMAS/DPMAS, MCPM, etc.) to integrate key ICPD and PRSP indicators;
- Foster government partnership with academics, research institutions and civil society in compilation and dissemination of evidence base on emerging population issues to influence local and national policy debate and reform.
- Support government in conduction of IEC/BCC programme.

Indicator 1.2: Number of district development committees in UNFPA-supported districts that report on key ICPD indicators as part of their annual reports produced using data and information based on the district poverty monitoring and analysis system.

Strategy (b): The operationalization of the national population perspectives plan at central and decentralized levels. Key interventions include:

- Provide support through the health and population sector to government, academics and training/research institutions to build capacity of central and district line agencies to incorporate population dynamics issues in the sectoral and local plans and programmes.
- Strengthen the national systems of central and district level planning, coordination, and monitoring mechanisms for influencing evidence-based planning, RBM and budgeting for population, RH, gender and youth issues;
- Provide technical support for the capacity building of districts to operationalize Local Level Population Management Programme of MoHP, in line with Population Perspective Plan;
- Support capacity development of districts in data management and reporting on DPMAS based on census, survey, HMIS, EMIS, etc.
- Support government to implement population perspective plan and its activities.
- Support government to establish population management information system (PMIS).
- Support government to strengthen civil vital registration system (CVRS).

Output 2: **Improved data availability and analysis for evidence-based decision-making and policy formulation on population dynamics, adolescent sexual and reproductive health, and gender equality.**

Indicator 2.1: Number of districts that use data from the census and disaggregated national surveys in annual plans.

Strategy (a): The technical capacity of statistical offices and academic and research institutions at central and district levels to collect, analyse and disseminate disaggregated data. Key interventions include:

- Strengthen national capacity in the analysis and dissemination of census, surveys and other statistical data, including in emergency settings;
- Support capacity development of national demographers and researchers to produce in-depth analysis of census and survey data;
- Support capacity building of relevant local line agencies in demographic analysis and population projections based on census and survey data for evidence-based local planning.

Strategy (b): Research on demographic and health trends, including harmful and discriminatory socio-cultural practices related to reproductive health. Key interventions include:

- Build capacity of youth researchers to undertake local level research on emerging population and socio-cultural issues related to RH and GBV;
- Support to conduct nationally-representative research on population, RH, gender and youth issues (in relation to aging, migration and youth (2nd phase) and capacity need assessment of population).

Indicator 2.2: Number of UNFPA-supported districts with district contingency plans that incorporate the minimum initial service package, responses to gender-based violence, and adolescent sexual and reproductive health services

Strategy (c): The strengthening of information management systems on health and gender-based violence and the sub-national capacity to use data in emergency preparedness and response. Key interventions include:

- Provide technical support to help government to assess current and future information management systems with regard to health, population and GBV and support improvement of the information management systems including in emergency settings;

- Provide technical support to districts to use data in their vulnerability assessment, disaster planning and response activities;
- Provide technical support to districts to integrate MISP, GBV and ASRH issues into their district preparedness plans.

Output 3: Strengthened capacity of networks for youth and for vulnerable women at central and local levels to influence development policies, plans and budgets.

Indicator 3.1: Proportion of youth from the district level youth networks who participate in local government planning process in UNFPA-supported districts.

Strategy (a): Strengthening the government mechanisms at central and local level to foster partnership with youth and women networks to ensure their participation and representation in policy dialogue and programming. Key interventions include:

- Support relevant government agencies and local bodies to establish and operate institutional mechanisms to partner with young people in policy dialogue and programming for improved youth participation and representation in government's planning, monitoring and decision making processes;
- Support government and youth networks to develop, finalize and roll out youth-responsive budgeting system in the government planning/budgetary processes at central and district level that monitors government resource allocation for youth-sensitive programmes

Strategy (b): Building the capacity of the networks of vulnerable youth and women to participate in government planning, monitoring and governance mechanisms. Key interventions include:

- Support youth organizations and vulnerable women's networks to advocate for increased youth participation and representation in government mechanisms of planning, monitoring and resource allocation processes at central and decentralized level;
- Support institutional capacity development of youth organizations on planning, result-based management and leadership development at national and district level;
- Support youth networks to monitor, evaluate and report on the implementation of national commitments towards children/adolescents/youth related International Programme of Actions and Declarations such as WPAY, ICPD/POA, MDGs, CEDAW, CRC, etc.

PART V. PARTNERSHIP STRATEGY

21. UNFPA will actively engage in purposeful partnerships to achieve its programme results-with government, civil society, UN agencies and External Development Partners. UNFPA will continue to participate in the Sector-Wide Approach in health and with specific UN and donor partners on pertinent issues. Partnership and collaboration with professional and regulatory bodies, academic institutions and Civil Society, media will also be sought.

22. UNFPA Nepal will work through existing national co-ordination mechanisms that include, but not limited to EDP forum, JTT, Safe-motherhood and Neonatal Subcommittee (SMNSC), Family Planning Subcommittee (FPSC) and ASRH Subcommittee; Reproductive Health Co-ordination Committee (RHCC), RH IEC/BCC Technical Committee, Y-Peer networks and District AIDS Co-ordination Committee (DACC), National Population Committee, LGCDP National Steering/Advisory Committees, National Committee on Youth, District Population Coordination Committee District Integrated Planning Committee, District Joint Monitoring Committee

23. For achieving outcome 1 results, key partners will include, but will not be limited to the Ministry of Health and Population (MoHP), Family Health Division (FHD), National Health Training Centre (NHTC), National Centre for AIDs and STI Control (NCASC) and National Health Information, Education and Communication Centre (NHEICC) at the national level; Regional Directorate (RD) and Regional Health Training Centers (RHTC) and District Public Health Offices (DP/HO).

24. To achieve outcome 2, UNFPA will partner with Ministry of Women, Children and Social Welfare (MWCSW), and the Population Division of the Ministry of Health and Population, at the Central level and with the District Health Office and the Women and Children Office at the district level. Collaboration with civil society organizations specialized in gender and health, psycho social counseling and media mobilization will be enhanced to provide technical assistance to the government partners. Partnership with MOHP and MWCSW will enhance health services to GBV survivors and for effective coordinated referral.

25. The existing mechanism of the health GESI committees, national and district level GBV coordination committees, watch groups for the prevention of GBV at the community level will be strengthened for GBV prevention and response and improved health services for GBV survivors. Collaboration will be enhanced with existing networks such as National and district level Women's Rights Monitoring Network, adolescent girl's groups , mothers groups and female community health volunteers, academic institutions and regulatory bodies such as the National Women's Commission.

26. UNFPA will partner with sister agencies on specific shared results, such as with WHO for the integration of GBV in the curricula of doctors, nurses and midwives, pre service and in service training of health workers. The possible partnership with UNODC may be sought for prevention and response to GBV services among vulnerable groups such as intravenous users, and female sex workers, people living with HIV/AIDS. Partnership will be sought with UNICEF in the area of strengthening one stop crisis management centers and community mobilization through women's groups for the prevention of GBV. Towards the effort to improve psychosocial support to GBV survivors, UNFPA will partner with IOM in standardizing psychosocial counseling training and providing psycho social support to trafficking survivors. Partnership with UN women will be in the area of policy based advocacy against GBV and working with men and boys especially inter faith leaders.

27. For achieving Outcome 3 results, key partners will include, but will not be limited to, National Planning Commission, Central Bureau of Statistics, Population Division of Ministry of Health and Population, Ministry of Federal Affairs and Local Development/it's Local Bodies, and Ministry of Youth and Sports. Partnership with other development partners include DFID, USAID, GIZ, SDC, UN sister agencies; Youth Networks and other youth-focused national NGOs, universities, research and training institutions, networks of dalit, janajati and vulnerable groups.

28. UNFPA will provide technical and financial support to implementing partners and the partners would support UNFPA based on their individual technical capacity.

29. UNFPA will also play an important role to catalyze public private partnership for using locally available technical expertise of national academics, research, training and private consulting institutions to build national and local level capacity to deliver on the CPAP results in terms of national capacity development. In addition to the implementation partner modality, UNFPA would also collaborate with national civil society networks in consultation with related government counterpart to advocate and advance ICPD mandate in order to reach out to a wide range of vulnerable population groups and marginalized communities.

PART VI. PROGRAMME MANAGEMENT

30. The programme will be nationally implemented under the overall coordination and guidance of the National Planning Commission and the Ministry of Finance. Government ministries, NGOs, IGOs, UN agencies, including UNFPA will implement the programme activities. The reference to 'implementing partner(s)' shall mean 'executing agencies' as used in Standard Basic Assistance Agreement (SBAA). UNFPA may consider to pool some funds under relevant SWAp (sector wide approach).

31. National implementation continues to be the preferred implementation modality for UNFPA projects. However, the national implementation capacity will be assessed and necessary measures will be taken to address gaps with the coordination of relevant sector ministries. Whenever appropriate, NGO implementation modalities will be used in consultation with relevant government counterpart. UNFPA will select implementation partners based on their ability and their networks to deliver high quality programme delivery.

32. The UNFPA country office in Nepal includes staff who perform basic management and development-effectiveness functions funded from the UNFPA institutional budget. UNFPA will allocate programme resources for staff providing technical and programme expertise, as well as associated support, for the implementation of the programme.

33. In addition to the UNFPA country office in Kathmandu, there are three regional support offices, which provide field-focused technical assistance and monitoring to district-based staff in 18 districts. The UNFPA Asia and Pacific Regional Office will assist in identifying technical resources and provide quality assurance.

34. All cash transfers to an Implementing Partner are based on the Annual Work Plans agreed between the Implementing Partner and UNFPA.

35. Cash transfers for activities detailed in AWPs can be made by a United Nations agency using the following modalities:

1) Cash transferred directly to the Implementing Partner:
   a) Prior to the start of activities (direct cash transfer), or
   b) After activities have been completed (reimbursement);
2) Direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner;
3) Direct payments to vendors or third parties for obligations incurred by United Nations agencies in support of activities agreed with Implementing Partners.

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

37. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNFPA, or refunded.

38. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management

capacity in the case of a Government Implementing Partner, and of an assessment of the financial management capacity of the non-United Nations[2] Implementing Partner. A qualified consultant, such as a public accounting firm, selected by UNFPA may conduct such an assessment, in which the Implementing Partner shall participate.

39. The Value added tax (VAT) and Public Procurement Act of Nepal require the projects to procure goods and services from VAT registered vendors. UNFPA funds used in paying VAT on projects should be refunded from the Inland Revenue Department through appropriate procedures.

40. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

PART VII. MONITORING AND EVALUATION

41. Monitoring and evaluation of the 7th CPAP will be undertaken in line with the UNDAF results matrix and monitoring and evaluation plan. The Government of Nepal, together with UNFPA Nepal, will be responsible for ensuring continuous monitoring and evaluation of the CPAP, with the view to ensure achievement of program results, efficient utilisation of programme resources, accountability and transparency, promoting the culture of results based management.

42. The Planning tool for monitoring and evaluation (see attached annex 3: Planning matrix for monitoring and evaluation will be the key monitoring tool for the 7th CPAP). This identifies persons or units responsible and how data will be practically shared and delivered. In addition the country office has developed an integrated M and E matrix (see attached annex 4: Integrated Monitoring and Evaluation framework CP7 RRF), which provides detailed information on the sources of data, how the indicator is specifically going to be measured and how often it will be measured. Almost all baselines have been collected or revalidated and the perception survey, which is collecting updated baseline data for some indicators, will be completed by January 2013.

43. Implementing partners will provide quarterly AWP monitoring report which provides updates on progress, achievement and results by output, outlining the challenges faced during the programme implementation as well as resources spent as articulated in the AWP.

44. Output indicators will be tracked by the country office on an annual basis and reported on in Annual Standard Progress Report , while outcome indicators will be updated/reported during mid-term review and end of country programme evaluation. In addition to an annual review meeting with partners, the country office will prepare an annual Standard Progress Report which will provide a detailed account of progress towards achievement of CPAP outputs and indicator targets for each year. UNFPA will also provide detailed inputs to the UNDAF monitoring report as per the reporting schedule.

45. UNFPA will continuously monitor performance, review targets and periodically adjust implementation arrangements, as necessary. The programme will adhere to the principles of aid effectiveness and harmonization to ensure mutual accountability for delivering results. The programme will use national systems) to the fullest extent possible.

[2] For the purposes of these clauses, "the United Nations" includes the International Financial Institutions (IFIs).

46. The programme will strengthen the capacity of UNFPA and its implementing partners in results based management with specific skills in applying robust monitoring, reporting and improvements to the programs to ensure the delivery of targeted results. Participatory approaches for monitoring and evaluation will be applied with national partners to enhance national ownership and effective delivery.

47. All UNFPA country programme outcomes will be evaluated twice during the cycle through Mid-term evaluation and end of Country programme evaluation adhering to UNFPA evaluation policy and guidelines aligned with the Evaluation Policy and Guidelines of the Government of Nepal, National Planning Commission. To the extent possible evaluation and reviews will be conducted jointly with the government to ensure joint ownership and response to findings. Throughout the programme cycle the good practices, achievements and lessons learned will be documented and disseminated. M&E activities will be linked to UNDAF M&E calendar.

48. Mechanisms for monitoring and evaluation of the CPAP will be linked to UNDAF mechanisms. Annual review meetings will be led by the UNFPA CPAP Steering Committee (SC), chaired by the Ministry of Finance to assess progress towards achieving outcomes of the CPAP (based on UNDAF results matrix), draw lessons learned, best practices and raise recommendations for a way forward. In addition, periodic programme coordination meetings will be conducted with Implementing Partners, both at central and at district level, to monitor progress of AWPs and to facilitate coordination amongst partners and information exchange.

49. The implementing partners agree to cooperate with UNFPA for monitoring of all programmatic activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA. To that effect, Implementing Partners agree to the following:

- Periodic review of their financial records by UNFPA or its representatives, following UNFPA's standards and guidance,
- Periodic review and monitoring of their programmatic activities following UNFPA's standards and guidance,
- Special or scheduled audits: UNFPA, in collaboration with other United Nations agencies (where so desired: and in consultation with the Ministry of Finance) will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

50. To facilitate assurance activities, Implementing Partners and the United Nations agency may agree to use a programme monitoring and financial control tool allowing data sharing and analysis.

51. If the assessment of the Public Financial Management system has confirmed that the capacity of the Supreme Audit Institution (SAI) i.e. Office of the Auditor General (OAG) is high and willing and able to conduct scheduled and special audits, the SAI may undertake the audits of Government Implementing Partners. If the SAI chooses not to undertake the audits of specific Implementing Partners to the frequency and scope required by UNFPA, audits shall be conducted by auditors designated by UNFPA.

52. Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA.

53. As part of the UNCT, UNFPA will participate in the UNDAF M&E Task Force in the Mid Term Review and the Annual Reviews, to assess the progress and achievements of the UNDAF outcomes and priorities as related to UNFPA mandated interventions.

PART VIII. COMMITMENTS OF UNFPA

54. UNFPA Executive Board has approved a total of financial support of thirty million and five hundred thousand US Dollar for the period 2013 – 2017, of which twenty three million US Dollar are to be secured from UNFPA Regular Resources, pending availability of funds, as well as seven million and five hundred thousand US Dollar to be mobilised from other resources, subject to donor interest. While these amounts are exclusive of funding required or received in response to emergency appeals, they will be dedicated to the implementation of the CPAP outputs.

55. Details on yearly allocation of UNFPA funds in support of CPAP interventions will be reviewed and further detailed through the preparations of the AWPs. UNFPA funds are distributed by calendar year, in accordance with this CPAP and subject to availability of funds. During the review meetings, respective Implementing Partners will examine the implementation rate for each AWP. If the implementation rate of any programme component is below the annual estimates, funds may be re-allocated to other priority AWP.

56. In case of direct cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner within 15 working days upon receipt of formal and signed request with complete supporting documentation.

57. In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within 15 working days.

58. UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.

59. Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

PART IX. COMMITMENTS OF THE GOVERNMENT

60. The Government will honour its commitments in accordance with the provisions of the Standard Basic Assistance Agreement (SBAA) with UNDP of 23 February 1984, which applies mutatis mutandis to UNFPA as stated in the letters exchanged between UNFPA and the Ministry of Foreign Affairs in October 1996. In line with this Agreement, the Government will grant to UNFPA and its officials, and to other persons performing services on behalf of the UNFPA, such facilities and services as are granted to officials and consultants of the various funds, programmes and specialised agencies of the United Nations. The Government shall apply the provisions of the Convention on the Privileges and Immunities of the United Nations Agencies to the UNFPA's property, funds, and assets and to its officials and consultants. The Government of Nepal agrees to make an annual contribution to UNFPA of 500,000 Nepali rupees per year.

61. In addition, the Government will provide in-kind contributions, including government staff salaries, for example, to ensure effective delivery of shared results.

62. The Government will support UNFPA's efforts to raise funds required to meet the financial needs of the approved CPAP. In that context, it will authorize the publication through various national and international media of the CPAP results and experiences derived.

63. A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.

64. Cash transferred to Implementing Partners should be spent for the purpose of activities as agreed in the AWPs only.

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

66. In the case of international NGO and IGO Implementing Partners cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in the AWPs, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds.

67. To facilitate scheduled and special audits, each Implementing Partner receiving cash from UNFPA will provide United Nations Agency or its representative with timely access to:

- All financial records which establish the transactional record of the cash transfers provided by UNFPA;

- All relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.
- The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will furthermore receive and review the audit report issued by the auditors.
- Provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA that provided cash (and where the SAI has been identified to conduct the audits, and to the SAI).
- Undertake timely actions to address the accepted audit recommendations.
- Report on the actions taken to implement accepted recommendations to the UN agencies (and where the SAI has been identified to conduct the audits, and to the SAI), on a quarterly basis (or as locally agreed).

PART X. OTHER PROVISIONS

States that this CPAP supersedes any previously signed CPAP;

States that the CPAP may be modified by mutual consent of both parties;

States that nothing in this CPAP shall in any way be construed to waive the protection of the UNDG Agency accorded by the contents and substance of the United Nations Convention on Privileges and Immunities to which the Government is a signatory.

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan in English language in two copies on this day thirtieth of February 2013 in Kathmandu, Nepal.

For the Government of Nepal

Government of Nepal
Ministry of Finance

Mr. Madhu Kumar Marasini
Joint Secretary/
Chief of IECCD
Ministry of Finance
Government of Nepal

For UNFPA

UNFPA

Feb 12, 2013

Mr. Najib M. Assifi
Representative a.i; Officer-In-Charge
UNFPA
(United Nations Population Fund)

ANNEXE 1: LINKAGES BETWEEN THE UNFPA GLOBAL STRATEGIC PLAN OUTCOMES, UNDAF COUNTRY PROGRAMME OUTPUTS & UNFPA CPAP OUTPUTS

UNFPA Global Strategic Plan 2012-2013	***Nepal Government's Priority and Goal***	***UNDAF 2013-2017***	***UNFPA CPD/CPAP 2013-2017***
Outcome 6 (RH): Improved access to sexual and reproductive health services and sexuality education for young people, including adolescents.	**Ministry of Health and Population National Health Sector Programme II:** Increase access to and the utilization of high-quality essential health-care services **Goal by 2015:** 1. Reduce Maternal Mortality Ratio to 134 per 100,000 live births (Current 281) (Safe Motherhood, RH morbidities) 2. Increase CPR for modern methods to 67% (Current: 43%) (Family Planning) 3. Adolescent Fertility Rate to 70% (Current 81%) (ASRH) **4.** HIV prevalence rate among youth (ages 15-24) (current: 0.12% to 0.6) (STI/HIV/AIDS)	**Outcome 1: 1. Vulnerable and disadvantaged groups get improved access to basic essential social services and programmes in an equitable manner.** **Related output:** ***Output 1.2:*** Health policies, strategies and programmes of the Government of Nepal increasingly address social inclusion, equity, and social and financial risk protection. ***Output 1.3:*** The performance of district health systems in the delivery of primary health care is significantly improved. ***Output 1.4:*** Prevention and care-seeking behaviours of communities improved, based on informed choices.	**Outcome 1 (RH): ($12.2 million)** **Improved access to sexual and reproductive health services and sexuality education for young people, including adolescents** **Related output:** ***Output 1:*** Strengthened capacity of health institutions and service providers to plan, implement and monitor high-quality comprehensive sexual and reproductive health services ***Resource allocation from UNFPA:*** ***Core: 4.6 million*** ***Other: 1.5 million*** ***Output 2:*** Increased capacity of women and youth to access high-quality sexual and reproductive health services ***Resource allocation from UNFPA:*** ***Core: 4.6 million*** ***Other: 1.5 million***
Outcome 5 (Gender): Gender equality and reproductive rights advanced, particularly through advocacy and the implementation of laws and policy.	**Ministry of Health and Population, National Health Sector Programme II:** Reduce cultural and economic barriers to accessing health-care services and reduce harmful cultural practices, in partnership with non-State actors **National Strategy on ending GBV and Gender Empowerment 2012/13 – 2017/18** (Provide health service to GBV survivors, Expand and strengthen one stop crisis management centre, strengthen capacity of health workers in GBV screening, psychosocial counseling and referral, Include GBV in the curriculum of doctors,nurses and midwives and in pre service and in service training, Mobilize health GESI committees against gender based violence, Develop coordinated response to GBV, Develop tools and guidelines for the protection and rehabilitation of GBV survivors and train service providers, Develop and update information management system on GBV, Launch national campaign against gender based violence and gender equality, Mobilize men and boys and young people on promoting zero tolerance to GBV and coordinated response, Develop capacity of women and girls in GBV prevention – adolescent girls development programme , Development and dissemination of IEC materials against GBV, harmful traditional practices)	**Outcome 3: Vulnerable groups experience greater self-confidence, respect and dignity.** **Related outputs:** ***Output 3.1:*** Vulnerable groups and those who stigmatize or discriminate against them are progressively engaged and challenged on their own assumptions, understanding and practices that result in stigma and discrimination. ***Output 3.2:*** Non-discriminatory (inclusive) policies and procedures are progressively implemented in institutional contexts such as schools, health facilities and workplaces.	**Outcome 2 (Gender): ($8.25 million)** **Gender equality and reproductive rights advanced, particularly through advocacy and the implementation of laws and policy.** **Related outputs:** ***Output 1:*** Strengthened national and sub national health-system capacity within the coordinated multi-sectoral response to sexual and gender-based violence ***Resource allocation from UNFPA:*** ***Core: 1.75 million*** ***Other: 0.6 million*** ***Output 2:*** Enhanced capacity of men and women to prevent gender-based violence and support women seeking multi-sectoral services on gender-based violence ***Resource allocation from UNFPA:*** ***Core: 2 million*** ***Other: 0.4 million*** ***Output 3:*** Communities are engaged in preventing early marriage and other practices that discriminate against and harm young women ***Resource allocation from UNFPA:*** ***Core: 2 million*** ***Other: 1.5 million***

UNFPA Global Strategic Plan 2012-2013	*Nepal Government's Priority and Goal*	*UNDAF 2013-2017*	*UNFPA CPD/CPAP 2013-2017*
Outcome 1 (PD): Population dynamics and its inter linkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies.	**Ministry of Health and Population, National Health Sector Programme II:** Develop policies, strategies, plans and programmes that create a favourable environment for integrating gender and social inclusion into the Nepal health sector **Population Perspective Plan-PPP:** Integrate population concern at policy level and prioritise specific sectoral policy/programme areas realted to population that bear on aspects of poverty alleviation and sustainable development **LGCDP's Goal:** Contribute towards poverty reduction by means of local good governance in order for building equitable society **Objective of National youth Policy:** To establish the youth as the driving force of national development by developing the leadership through gender sensitivity based meaningful participation in the policy formulation, decision making and implementation process at all levels in the economic, social, political and cultural fields of the nation, by enhancing the access of the youth to the means of production, while ensuring the basic rights of the youth."	**Outcome 5: Institutions, systems and processes of democratic governance are more accountable, effective, efficient and inclusive** **Related output:** ***Output 5.4****:* National, provincial and local institutions have improved capacity to incorporate population dynamics, and collect, analyse, disseminate and use socio-demographic disaggregated data for evidence-based planning, monitoring and budgeting, targeting vulnerable groups.	**Outcome 3 (P&D): ($8.9 million)** **Population dynamics and its interlinkages with the needs of young people, sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies** **Related output:** ***Output 1:*** Strengthened capacity of relevant government ministries at national and sub national levels to address population dynamics and its inter linkages in policies, programmes and budgets ***Resource allocation from UNFPA:*** ***Core: 2 million*** ***Output 2:*** Improved data availability and analysis for evidence-based decision-making and policy formulation on population dynamics, adolescent sexual and reproductive health, and gender equality ***Resource allocation from UNFPA:*** ***Core: 3.4 million*** ***Other: 1.5 million*** ***Output 3:*** Strengthened capacity of networks for youth and for vulnerable women at central and local levels to influence development policies, plans and budgets ***Resource allocation from UNFPA:*** ***Core: 1.5 million*** ***Other: 0.5 million*** ***Programme Coordination and Assistance*** ***Core: 1.2 million***

ANNEX 2: RESULTS AND RESOURCES FRAMEWORK (RRF) FOR NEPAL

National development goal: increase access to and the utilization of high-quality essential health-care services (Ministry of Health and Population National Health Sector Programme II) **UNDAF outcome**: vulnerable and disadvantaged groups obtain improved access to basic essential social services and programmes in an equitable manner				
UNFPA strategic plan outcome	**Country programme outputs**	**Output indicators, baselines and targets**	**Partners**	**Indicative resources**
Improved access to sexual and reproductive health services and sexuality education for young people, including adolescents **Outcome indicators:** • Percentage of women aged 15-24 with unmet need for family planning in UNFPA-supported districts Baseline: 15-19 years: 37.9%; 20-24 years: 32.9%; Target: 15-19 years: 33%; 20-24 years: 28% *Baseline for 18 UNFPA districts: 15-24 years: 36.5% (2011 DHS reanalysis)* • Percentage of births among women aged 15-24 attended by skilled birth attendants in UNFPA-supported districts Baseline: 42%; Target: 60% *Baseline for 18 UNFPA districts: 34.1% (2011 DHS reanalysis)* • Percentage of female sex workers in UNFPA-supported districts reporting the use of a condom with their most recent client Baseline: 75%; Target: 80% *Baseline for 18 UNFPA districts: 64.5%(2011 DHS reanalysis)*	**Output 1:** Strengthened capacity of health institutions and service providers to plan, implement and monitor high-quality comprehensive sexual and reproductive health services **Output 2:** Increased capacity of women and youth to access high-quality sexual and reproductive health services	**Output 1 indicators:** • Number of health facilities in UNFPA-supported districts that have received certification to provide youth-friendly sexual and reproductive health services, including contraceptives, to unmarried youth. Baseline: 0; Target: at least 1 facility per UNFPA-supported district • Number of national and regional nurse/midwifery training institutions supported by UNFPA with curricula based on essential competencies of the World Health Organization and the International Confederation of Midwives adopted and implemented. Baseline: 0; Target: 4 • Number of UNFPA-supported health-training institutions providing health-service providers with competency-based training, adhering to national standards and protocols, in family planning and in preventing and treating reproductive health morbidities. Baseline: 0; Target: 4 **Output 2 indicators:** • Percentage of women aged 15-49 in UNFPA-supported districts who can correctly identify at least three danger signs during pregnancy and who know when to seek care. Baseline: 18%; *Baseline is being verified through perception survey by Feb 2013;Target: 50%* • Percentage of young people aged 15-24 in UNFPA-supported districts who both correctly identify ways to prevent the sexual transmission of HIV and who reject major misconceptions about HIV transmission. Baseline: 27.6% (female), 43.6% (male); *Baseline for 18 UNFPA districts: 19.2%/M: 32.8% (DHS 2011 reanalysis);*Target: 60% (both female and male)	Ministries of Health and Population; and Home Affairs; civil society organizations; Australian Agency for International Development; German Agency for International Cooperation (GIZ); United Kingdom Department for International Development (DFID); United Nations organizations; United States Agency for International Development (USAID); World Bank	$12.2 million ($9.2 million from regular resources and $3 million from other resources)
National development goal: reduce cultural and economic barriers to accessing health-care services and reduce harmful cultural practices, in partnership with non-State actors (Ministry of Health and Population, National Health Sector Programme II). **UNDAF outcome**: vulnerable groups experience greater self-confidence, respect and dignity				
Gender equality and reproductive rights advanced, particularly through advocacy and the implementation of laws and policy **Outcome indicators:** • Percentage of service delivery points in UNFPA-supported districts that provide health services to survivors of	**Output 1:** Strengthened national and subnational health-system capacity within the coordinated multisectoral response to sexual and gender-based violence	**Output 1 indicator:** • Number of districts with a functional one-stop crisis management centre, as per national guidelines Baseline: 0; Target: 10 UNFPA-supported districts **Output 2 indicators:** • Percentage of women and girls (aged 15-24) in UNFPA-supported districts who know when and where to seek health-care services following sexual violence	National Planning Commission; Ministry of Women, Children and Social Welfare, Ministry of Health and Population; and Ministry of Federal Affairs and Local	$8.2 million ($5.7 million from regular resources and $2.5 million from other resources)

gender-based violence, according to minimum national standards and guidelines Baseline: 0%; Target: 60% • Percentage of women aged 20-24 who were married or in union before age 18 in UNFPA-supported districts Baseline: 51%; Target: 40% *Baseline for 18 UNFPA districts: 48.7 (2011 DHS reanalysis)*	**Output 2:** Enhanced capacity of men and women to prevent gender-based violence and support women seeking multisectoral services on gender-based violence **Output 3:** Communities are engaged in preventing early marriage and other practices that discriminate against and harm young women	Baseline: 30%; *Baseline is being verified through perception survey by Feb 2013;* Target: 60% • Percentage of men and boys in UNFPA-supported districts who believe that violence against women and girls is acceptable. Baseline: 24% *Baseline is being verified through perception survey by Feb 2013*; Target: 0% **Output 3 indicators:** • Percentage of UNFPA-supported districts with community-based mechanisms to engage communities in preventing early marriage and other discriminatory and harmful practices Baseline: 11% (2 of 18 districts); Target: 100% (18 of 18) • Percentage of parents in UNFPA-supported districts who do not want their daughter to be married before the age of 18 Baseline: 50% *Baseline is being verified through perception survey by Feb 2013;* Target: 80%	Development DFID; European Union; GIZ; United Nations Children's Fund (UNICEF); UN-Women; USAID; World Bank National non-governmental organizations (NGOs)	
National development goal: develop policies, strategies, plans and programmes that create a favourable environment for integrating gender and social inclusion into the Nepal health sector (Ministry of Health and Population, National Health Sector Programme II) **UNDAF outcome**: institutions, systems and processes of democratic governance are made more accountable, effective, efficient and inclusive				
Population dynamics and its interlinkages with the needs of young people, sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies **Outcome indicators:** • Percentage of national budget allocated for population, reproductive health, youth and gender-based violence issues Baseline: 10.5% (5/27 national level government agencies) *;* Target: 15% • Percentage of District Development Committees (DDCs) budget allocated for population, reproductive health, youth and gender-based violence issues in 18 UNFPA-supported districts. Baseline: 1.7% (*;* Target: 15% (18 of 18)	**Output 1:** Strengthened capacity of relevant government ministries at national and subnational levels to address population dynamics and its interlinkages in policies, programmes and budgets **Output 2:** Improved data availability and analysis for evidence-based decision-making and policy formulation on population dynamics, adolescent sexual and reproductive health, and gender equality **Output 3:** Strengthened capacity of networks for youth and for vulnerable women at central and local levels to influence development policies, plans and budgets	**Output 1 indicators:** • Number of key sectoral ministries that have implemented their annual workplan and budget responding to population, adolescent sexual and reproductive health, youth and gender-based violence issues, including in emergencies. Baseline: 19% (5/27 national level government agencies)*;* Target: 56% (15 of 27 agencies) • Number of district development committees in UNFPA-supported districts that report on key ICPD indicators as part of their annual reports produced using data and information based on the district poverty monitoring and analysis system. Baseline: 0% *;* Target: 100% (18 of 18) **Output 2 indicators:** • Number of UNFPA-supported districts with district contingency plans that incorporate the minimum initial service package, responses to gender-based violence, and adolescent sexual and reproductive health services Baseline: 67% (12 of 18 districts); Target: 100% (18 of 18) • Number of districts that use data from the census and disaggregated national surveys in annual plans Baseline: 0; Target: 18 districts **Output 3 indicators:** • Proportion of youth from the district level youth networks who participate in local government planning process in 18 UNFPA-supported districts. Baseline: 1.4 % (participation in DDC council meeting) 1.7% (representation in DIPC meeting) ; Target: 20%	National Planning Commission; Ministries of: Health and Population; Local Development; and Youth and Sports DFID; European Union; UNDP; UNICEF; UN-Women Academic institutions, national NGOs	$8.9 million ($6.9 million from regular resources and $2 million from other resources) Total for programme coordination and assistance: $1.2 million from regular resources

ANNEX 3: PLANNING MATRIX FOR MONITORING AND EVALUATION

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities (approx. 5% of total AWP budget)	Monitoring risks
		Year 1		Year 2		Year 3		Year 4		Year 5							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
SP outcome 6: Improved access to sexual and reproductive health services and sexuality education for young people, including adolescents.																	
UNDAF outcome 1: Vulnerable and disadvantaged groups increasingly demand, utilize and access equitable and quality essential social services and programmes.																	
CPD Output 1: Strengthened capacity of health institutions and service providers to plan, implement and monitor high-quality comprehensive sexual and reproductive health services	**Output 1 indicator: Number of health facilities in UNFPA-supported districts that have received certification to provide youth-friendly sexual and reproductive health services, including contraceptives, to unmarried youth. Baseline: 0 CPD Target: at least 1 facility per UNFPA-supported district**	6		6		6		Maintain support in all 18 districts		Maintain support in all 18 districts		Internal: Quarterly report SPR External: Certification verified by using GoN checklist, DoHS Annual report	1. Review meeting with IPs. 2. Joint field monitoring visit at YFS sites w/ Gov & submission of Joint Monitoring report w/recommendations.	1. 4th Quarter each year 2. Quarterly /once in 6 month	1. RDC/RH PM/IPs/sub IPs 2. RDC/RH PM 3. RH team member 4. PM/PO/Govt. officials	Resources for M&E activities will be made available in the IPs AWP and direct execution AWP	1.It is assumes that the planned RBM/M&E training to IPs/sub-IPs will be completed by the end of 2013. 2.Political instability 3.IPs may not be willing to implement the M&E recommendations from the field visit
	Output 1 Indicator: Number of national & Regional nurse/midwifery training institutions supported by UNFPA w/curricula based on essential competencies of the World Health Organization & the International Confederation of Midwives adopted & implemented. Baseline: 0 / CPD Target: 4	Planning according to regulation and education		Set up of core/pilot educations sites 1		Strengthening clinical sites/ universities/regulations/associations 2		Set up of all 4 education sites 1		Strengthening clinical sites/universities/regulations/associations		Internal: Quarterly Report, SPR, Site Evaluation report based on ICM standard, Mid-term and Year end review report of CP7 External: DoHS Annual report	1. Review meeting with IPs. 2. Joint field visit with IP/ICM/ GoN with recommendations 3. Evaluation according to ICM standards	1. 4th Quarter each year 2. Quarterly /once in 6 months 3. Mid – term review of CP7 (2015)/Yr End Evaluation of CP7(2017)	1. RDC/RH PM/IPs/sub IPs 2. Technical Specialist Midwifery 3. RH PM/UNFPA MEWG	Resources for M&E activities will be made available in the IPs AWP and direct execution AWP	1. Delay in endorsement of regulations 2. Delay in establishment of associations/regulation/education 3. IPs may not be willing to implement the M&E recommendations from the field visit
	Output 1 indicator Number	0		1		2		1		Strengthenin		Internal: Quarterly Report	1. Identify specific	1. 2013 2. 2013	1. RDC/RH PM/GON 2. RDC/RH PM/GON	Resources for	Capacity of government

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities (approx. 5% of total AWP budget)	Monitoring risks
		Year 1		Year 2		Year 3		Year 4		Year 5							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
	of UNFPA-supported health-training institutions providing health-service providers with competency-based training, adhering to national standards and protocols, in family planning and in preventing and treating reproductive health morbidities. Baseline: 0; CPD Target: 4									g the sites		and SPR <u>External:</u> DoHS Annual Report	national standards, protocols & training curriculum in FP/RH morbidities to adhere. 2. Develop checklist to supervise/ensure quality of overall training programme 3. Review meeting with IPs 4. Joint field monitoring w/Gov. & Submission of joint monitoring report w/recommendations	3. Annual 4. Quarterly/once in 6 months	4. RDC/RH PM/IPs/sub IPs 3. PM/PO/Govt. officials	M&E activities will be made available in the IPs AWP and direct execution AWP	programme officers on quality programem monitoring and feedback and implementation of recommendations
<u>CPD Output 2:</u> Increased capacity of women and youth to access high-quality sexual and reproductive health services	**<u>Output 2 indicator</u>: % of women aged 15-49 in UNFPA-supported districts who can correctly identify at least three danger signs during pregnancy**					40 %				50%		<u>Internal:</u> UNFPA's Perception Survey report, Mid-term and Year end review report of CP7, Routine programme monitoring data on annual basis by Ips	1. Review meeting with IPs 2. Joint field monitoring with government & submissi	1. Annual 2. Quarterly /once in 6 months 3. Mid – term review of CP7 (2015)/Year End	1. RDC/RH PM/IPs/sub IPs 2. PM/PO/Govt. Officials 3. RH PM/UNFPA MEWG	Resources for M&E activities will be made available in the IPs AWP	Annual tracking of quality routine monitoring data for survey indicator will be challenge Political instability Capacity of government

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities (approx. 5% of total AWP budget)		Monitoring risks
		Year 1		Year 2		Year 3		Year 4		Year 5								
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement							
	and who know when to seek care. Baseline: 18%; Baseline is being verified through perception survey by Feb 2012 CPD Target: 50%											4th Q AWP Progress report (training's pre& post test assessment result, report from pre-post test of IEC materials on key messages etc), SPR External: MoHP HH survey (not DHS)	on of joint monitoring report with recommendations	Evaluation of CP7(2017)			and direct execution AWP	programme officers
	Output 2 indicator: % of young people aged 15-24 in UNFPA-supported districts who both correctly identify ways to prevent the sexual transmission of HIV and who reject major misconceptions about HIV transmission. Baseline: F:27.6%, M:43.6% CPD Target: 60% (both female and male)					50% female 55% male				60% (both female and male)		Internal: Routine programme monitoring data on annual basis by Ips 4th Q AWP Progress report (training's pre& post test assessment result, report from pre-post test of IEC materials on key messages etc), SPR External: NDHS 2014/15 (including Reanalysis)	1. Ensure all relevant IPs use the national (NCASC) checklist and tools for knowledge assessment & development of IEC/BCC materials. 2. Review meeting with IPs 3. Joint field monitoring with government & submission of joint monito	1. 2013 2. 2013 3. Annual 4. Quarterly/once in 6 months	1. RDC/RH PM 2. RDC/RH PM/IPs/sub IPs 3. PM/PO/Govt. officials		Resources for M&E activities will be made available in the IPs AWP and direct execution AWP	Annual tracking of quality routine monitoring data for survey indicator will be challenge Political instability Capacity of gov. programme officers

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities (approx. 5% of total AWP budget)	Monitoring risks
		Year 1		Year 2		Year 3		Year 4		Year 5							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
													ring report with recommendations				
SP outcome 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy.																	
UNDAF outcome 3: Vulnerable and stigmatized groups experience greater self-confidence, respect and dignity.																	
CPD output 1: Strengthened national and sub national health system capacity within the coordinated multi sectoral response to sexual and gender based violence.	**Output 1 indicator: Number of districts with functional one stop crisis management centre as per national guidelines. Baseline: 0. CPD Target: 10**	4 (4 out of 15 OSCC are in UNFPA supported districts- in year one we will focus in these 4 only)		2 (new OSCC will be set up in 2 UNFPA supp districts, in the second year total of 6 OSCC will be supported)		2 new OSCC will be set up in 2 UNFPA supp districts, in the third year total of 8 OSCC will be supported)		2 new OSCC will be set up in 2 UNFPA supp districts, in the third year total of 10 OSCC will be supported		All 10 OSCC in UNFPA supported districts will be supported		Internal: Quarterly report, SPR, Client Exit survey report & Mystery client survey report (Evaluator will act as a client to get first hand information on quality of service), UNFPA's CP7 Mid-term and Year end evaluation report External: DoHS annual report, GBVIMS	1. Formulation of checklist on evaluation of "functionality" of OSCC. 2. Annual review meeting to see progress on functionality of OSCC 3. M&E meetings with MoHP to update/ develop M&E tools to track services 4. Biannual review meeting with government & CBOs 5. Joint monitoring w/DoHS /MoHP/	1. Quarterly 2. Annual 3. Once a year 4. End of third year and ebore the end of 2017	1.PM 2.DO/GSIO/RDCs 3.IPs/sub – Ips programme focal point	Resources for M&E activities will be made available in the IPs AWP and direct execution AWP	1.Government does not decide to set up planned no of the OSCC sites 2.Required guidelines and protocol are in developed and in endorsed on time 3.Political instability 4.IPs may not be willing to implement the M&E recommendations from the field visit

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities (approx. 5% of total AWP budget)	Monitoring risks
		Year 1		Year 2		Year 3		Year 4		Year 5							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
													RHD 6. UNFPA programme staff field visit and recommendations				
	<u>Output 1 indicator</u>: Percentage of women and girls (15-24) who have knowledge on when and where to seek health care services following sexual & gender based violence in UNFPA-supported districts. **Baseline: 30% baseline is being verified through perception survey by Feb 2012** **CPD Target: 60%**					45%				60%		<u>Internal:</u> Routine programme monitoring data on annual basis by Ips 4th Q AWP Progress report (training's pre& post test assessment result, report on the use of IEC materials during the group discussions which includes the changes in the perception on the key messages), SPR UNFPA's Perception Survey, CP7 Midyear –Year End evaluation Report <u>External:</u> DHS 2014, MICS 2014	1. Develop monitoring checklist with specific messages on when to seek health services following experience of sexual violence 2. Mapping of service delivery points with contacts 3. Integrate /align the indicator into M&E tool of local government & CBOs 4. Peer/Joint monitor	1.Annually 2.2015 and 2017 3.2013/2014 4.Quarterly/once in 6 months	1. PM 2. DO/GSIO/ RDCs 3. IPs/sub – Ips programme focal point	Resources for M&E activities will be made available in the IPs AWP and direct execution AWP	1.Annual tracking of quality routine monitoring data for survey indicator will be challenge 2.IPs may not be willing to align/integrate the indicators into Gov. Tools, recording/reporting system.

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities (approx. 5% of total AWP budget)	Monitoring risks
		Year 1		Year 2		Year 3		Year 4		Year 5							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
													ing				
CPD output 2: **Enhanced capacity of men and women to prevent gender-based violence and support women seeking multisectoral gender-based violence services**	**Output 2 indicator: Percentage of men and boys in UNFPA-supported districts who believe that violence against women and girls is acceptable. Baseline: 24%; Baseline is being verified through perception survey by Feb 2012 CPD Target: 0%**				15%					0%		Internal: Media monitoring report, Perception Survey Report, CP7 Midyear, Yearend evaluation report, Routine programme monitoring data on annual basis by Ips 4th Q AWP Progress report (training's pre& post test assessment result, report on the use of IEC materials during the group discussions which includes the changes in the perception on the key messages),SPR	1. Rapid assessment (FGD-s, quarterly meeting with men's group and f/up the implementation of recommendations 2. Joint Field visit with IPs and UNFPA staff	1. Quarterly, Annual 2. Third year and before the end of 2017 (last year).	1.PM 2.DO/GSIO/RDCs 3.IPs/sub – Ips programme focal point	Provision in AWP	IPs may not be willing to implement the M&E recommendations from the field visit
CPD output 3: **Communities are engaged in the prevention of early marriage and other discriminatory and harmful practices against young women.**	**Output 3 indicator: Percentage of UNFPA-supported districts with community-based mechanisms to engage communities in preventing early marriage and other discriminatory and harmful practices**	4 (2 existing and establish 2 new mechanisms)		Mechanisms in 4 districts		mechanisms in 6 districts		mechanisms in 4 districts		18		Internal: Quarterly report, AWP progress report, SPR, Monitoring report/meeting minutes with community mechanism, Media monitoring reports, CP7 Midyear –Year end evaluation Report External: GESI committee report to DHO,	1.Develop checklist of functioning community-based mechanisms as outlined in the national GBV strategy (such as GBV desk at	. 2013 . Continuous . Quarterly/once in 6 month	1. PM 2. DO/GSIO/RDCs 3. IPs/sub – Ips programme focal point	Provision in AWP Provision in AWP	IPs may not be willing to implement the M&E recommendations from the field visit

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities (approx. 5% of total AWP budget)	Monitoring risks
		Year 1		Year 2		Year 3		Year 4		Year 5							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
	Baseline: 11% (2 of 18 districts) CPD Target: 100% (18 of 18)											DDC annual report, Register records at WCO and reports of GBV information points of VDCs	DDC, district GBV coordination committee, watch groups at VDC level etc) 2.Quarterly monitoring meeting with community mechanisms 3. Field visit jointly with GoN, NGOs and recommendations				
	<u>Output 3 indicator</u>: Percentage of parents in UNFPA-supported districts who do not want their daughter to be married before the age of 18 Baseline: 48.7% (20-24 yrs women married at the age of 18 -DHS 2011 reanalysis); Baseline is being verified through perception survey by Feb 2012					60%				80%		<u>Internal:</u> Perception survey report, CP7 Midyear – Year end evaluation Report, Routine programme monitoring data on annual basis by Ips 4th Q AWP Progress report (training's pre& post test assessment result, report on the use of IEC materials during the group discussions which includes the changes in the perception on the key messages),SPR	1.Participate in NDHS, MICS survey tool finalization meeting to include relevant question for output 3 indicator. 2.Inter district monitoring by	1. 2013/14 2. Annual/ Quarter 3. Third year and before the end of 2017 (last year).	1. PM 2. DO/GSIO/ RDCs 3. IPs/sub – Ips programme focal point	Provision in AWP Provision in AWP	1.Political instability 2.Non Implementation of laws on child marriage 3.IPs may not be willing to implement the M&E recommendations from the field visit

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities (approx. 5% of total AWP budget)	Monitoring risks
		Year 1		Year 2		Year 3		Year 4		Year 5							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
	CPD Target: 80%												UNFPA Programme staff 3.Joint monitoring by IPs				
SP outcome 1: Population dynamics and its inter-linkages with the needs of young people, sexual and reproductive health/family planning, gender equality and poverty reduction addressed in national and sectoral development plans and strategies.																	
UNDAF outcome 5: Institutions, systems and processes of democratic governance made are more accountable, effective, efficient and inclusive.																	
CPD output 1: Strengthened capacity of relevant government ministries at national and sub national levels to address population dynamics and its interlinkages in policies, programmes and budgets	**Output 1 indicator: Number of key sectoral ministries that have implemented their annual work plan and budget responding to population, adolescent sexual and reproductive health, youth and gender-based violence issues, including in emergencies. Baseline: 19%** (5/27 national level government agencies **CPD Target: 56% (15 of 27 agencies)**	3 existing and Additional 3 ministries		2		3		2		5		Internal: SPR, CP7 Year end evaluation report, Annual update of data using baseline data collection tool External: Resource Flow Survey, MOF Red book, programme and budget sheet of sectoral ministries	Annual programme ad budget review of sectoral ministries Outcome 3 indicators update using the baseline data collection tool	September / Annually/Bi-annually	M&E working group/PM	Budget for annual review including in AWP of PoP Dep/MoHP	Resource flow survey is still not localized Govn. Budget is not allocated as per UNFPA's mandated area.
	Output 1 indicator: Number of district development committees in UNFPA-supported districts that report on key ICPD indicators as part of their annual reports produced using data and information based on the district poverty	3		4		5		6		Provide continuo's support to 18		Internal: SPR, CP7 Year end evaluation report, Annual update of data using baseline data collection tool External: DDC Annual Progress Report	Programme and Budget review of DDCs	September /Annual Review of DDCs' Programmes	RDC/DO/ M&E working group	Budget allocation for DDC annual review meetings	Lack of High level commitments from NPC/MoFALD to ensure update of DPMAS guideline/software

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities (approx. 5% of total AWP budget)	Monitoring risks
		Year 1		Year 2		Year 3		Year 4		Year 5							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
	monitoring and analysis system. Baseline: 0% (0 of 18 districts) **CPD Target: 100% (18 of 18)**																
<u>CPD Output 2</u>: Improved data availability and analysis for evidence-based decision-making and policy formulation on population dynamics, adolescent sexual and reproductive health, and gender equality	**<u>Output 2 indicator</u>: Number of UNFPA-supported districts with district contingency plans that incorporate the minimum initial service package, responses to gender-based violence, and adolescent sexual and reproductive health services Baseline: 67% (12 of 18 districts); CPD Target: 100% (18 of 18)**	6 existing and additional 7 districts		5		Strengthen 18		Strengthen 18		Strengthen 18		<u>Internal:</u> AWP Progress report, SPR, CP7 Year end evaluation report, Annual update of data using baseline data collection tool <u>External:</u> District Disaster Preparedness and Response Plan	Review of District Disaster Preparedness and Response Plan	April/Annually	NHRO/DOs	Budget allocation for DDRC annual review meeting	1. DDC/DDRC/DHO autho. not aware abt. MISP 2. Risk of inclusion of MISP in contingency plan due to unavailability of trained resource person at local level 3. Frequent transfer of GON focal point affects coordination/monitoring at local level 4. Unavailability of district specific disaggregated data
	<u>Output 2 indicator</u>: Number of districts that use data from the census and disaggregated national surveys in annual plans Baseline: 0 CPD Target: 18 districts	3		6		6		3				<u>Internal:</u> SPR, Annual update of data using baseline data collection tool, CP7 End line evaluation Report <u>External:</u> Annual Programme Budget sheet of DDC	Annual programme review of DDC	March/September/Semi-annual/annual	DO/GSIO/RDC/M&E group	Allocate budget for semi-annual and annual programme meeting	Lack of harmonized classification of data disaggregation at district level Specific disaggregated socio-demographic data are available at district and local level
<u>CPD Output 3:</u> Strengthened capacity of networks for youth & for vulnerable women at central & local levels to influence	**<u>Output 3 indicator</u>:** Proportion of youth from the district level youth networks who participate in local government planning process in UNFPA-	5%		10		15		20		20 (Sustained participation of 20 in year 5 across 18 districts		<u>Internal:</u> SPR, Annual update of data using baseline data collection tool, CP7 End line evaluation Report <u>External:</u> Meeting minutes of IPC and	Review of meeting minutes of IPC/DDC council	April/Annually	DO/GSIO/RDC/M&E group		Lack of recording system for age of participants in the Government participation attendance list. Lack of maintenance of records of youth participation at DDC

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities (approx. 5% of total AWP budget)	Monitoring risks
		Year 1		Year 2		Year 3		Year 4		Year 5							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
development policies, plans & budgets	supported districts. Baseline: 1.4% (participation in DDC council meeting, 1.7% (representation in DIPC meeting) CPD Target: 20%									)		DDC council					

ANNEXE 4: INTEGRATED MONITORING AND EVALUATION FRAMEWORK FOR CPAP RESULTS (2013-2017)

Objectives	Core Indicators for Data collection	Numerator	Denominator	Baseline Data	Data Collection/ Method/MoV	Responsibility for data Collection	Frequency of Data Collection	Disaggregation
National development goal: Increase access to and utilization of quality essential health care services (Ministry of Health and Population National Health Sector Programme II). UNDAF Outcome: Vulnerable and disadvantaged groups increasingly demand, utilize and access equitable and quality essential social services and programmes.								
Impact Indicator	**Total Fertility Rate** **Adolescent Fertility Rate (number of births per 1000 women aged 15-19 years)** **Maternal Mortality Ratio** **HIV prevalence rate among youth (ages 15-24)**	**na**	**na**	**3** **98** **250** **0.12 %** **(M:0.20%/F:0.05%)**	**Population -based surveys (NDHS, Estimations Modeling)**	**MoHP/NCASC**	**Every five years** **Every two years**	
Outcome level Indicators (timeline 3-5 years)	**Outcome 1: Improved access to sexual and reproductive health services and sexuality education for young people, including adolescents.**							
	1.1: Percentage of women aged 15-24 with unmet need for family planning in UNFPA-supported districts Baseline: 15-19 years: 37.9%; 20-24 years: 32.9%; Target: 15-19 years: 33%; 20-24 years: 28% ; CPD Target: 15-19 years: 33%; 20-24 years: 28% *Baseline for 18 UNFPA districts: 15-24 years: 36.5% (2011 DHS reanalysis)* *N=Unmet Need* *D= No. of currently married Women*	242	662	36.5	1. Population -based surveys (NDHS)-reanalysis of 2011 DHS data for age 15-24 yrs.	MoHP, UNFPA RH, New ERA/MEWG	Routine Programme monitoring on a Quarterly basis, Population -based survey Every five years	15-19 yrs 20-24 yrs
	1.2: Percentage of births among women aged 15-24 attended by skilled birth attendants in UNFPA-supported districts Baseline: 42%; Target: 60% *Baseline for 18 UNFPA districts: 34.1%2011 DHS reanalysis)* *N= Births attended by SBA* *D=No. of Births*	210	615	34.1	Population -based surveys (NDHS)-reanalysis of 2011 DHS data for age 15-24 yrs.		Every five years	
	1.3: Percentage of female sex workers reporting the use of a condom with their most recent client in UNFPA-supported districts. Baseline: 75%; Target: 80% *Baseline for 18 UNFPA districts: 64.5%* *N= sex workers who reported that condom was used with their last client* *D= sex workers who reported having commercial sex in the last 12 months*	78	121	64.5	Integrated Bio-Behavioural Surveillance Survey (IBBS) (reanalysis of IBBS data in UNFPA supported districts-New ERA)	NCASC/UNAIDS	Every two years	Sex Age (15-19, 20-24 yrs)

Objectives	Core Indicators for Data collection	Numerator	Denominator	Baseline Data	Data Collection/ Method/MoV	Responsibility for data Collection	Frequency of Data Collection	Disaggregation
Output Level indicators	**Output 1.1: Strengthened capacity of health institutions and service providers for planning, implementation and monitoring of high-quality comprehensive sexual and reproductive health services.**							
	<u>Output 1.1 indicators:</u> 1.1.1: Number of health facilities that have received certification for providing youth friendly SRH services including provision of contraceptives to un/married youth in UNFPA districts. Baseline for 18 UNFPA districts: 0 Target: at least 1 facility /UNFPA supported district	na	na	0	Routine Programme Monitoring (Quarterly Report, Standard Progress Report, certification verified by using GON checklist) & DoHS Annual report	RH PM and RDCs/GON	Quarter, Annual	
	1.1.2: Number of national/regional nurse/midwifery training institutions supported by UNFPA with curricula based on World Health Organization/International Confederation of Midwives essential competencies adopted & implemented. Baseline for 18 UNFPA districts:0 Target: 4	na	na	0	Routine Programme Monitoring (AWP progress reporting by Ips, Quarterly Report, Annual Standard Progress Report, Site Evaluation etc) & DoHS Annual report	RH PM and RDCs	Quarter, Annual	
	1.1.3: Number of UNFPA-supported health training institutions providing health service providers with competency based training, adhering to national standards and protocols, in family planning and reproductive health morbidities prevention and treatment. Baseline for 18 UNFPA districts:0Target: 4	na	na	0	Routine Programme Monitoring (Quarterly Report, Standard Progress Report, Site Evaluation Report based on ICM standard, Mid-term and Year end evaluation of CP7) & DoHS Annual report	RH PM and RDCs	Quarter, Annual	
Output Level indicators	**Output 1.2: Increased capacity of women and youth (15-24) to demand high-quality sexual and reproductive health services.**							
	Output 1.2 Indicators: 1.2.1: Percentage of women (15-49) who can correctly identify (at least 3) danger signs during pregnancy and when to seek care in UNFPA- supported districts. Baseline: 18%; *Baseline is being verified through perception survey by Feb 2012;* Target: 50% *N= women who correctly identified 3 danger sign during pregnancy.* *D= currently married women of 15-24 yrs* *18% = CP6 baseline survey conducted by UNFPA in 2010.*	na	na	data awaiting from perception survey	UNFPA's Perception Survey report, Mid-term and Year end review report of CP7, Routine programme monitoring data on annual basis by Ips 4th Q AWP Progress report (training's pre& post test assessment result, report from pre-post test of IEC materials on key messages etc), SPR, MoHP HH survey	UNFPA M&EWG/RH PM/RDCs/MoHP	Routine Programme monitoring will be done on a Quarterly basis Population - based survey Every two-five years	Sex Age (15-19, 20-24 yrs)

Objectives	Core Indicators for Data collection	Numerator	Denominator	Baseline Data	Data Collection/ Method/MoV	Responsibility for data Collection	Frequency of Data Collection	Disaggregation
	1.2.2: Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconception about HIV transmission in UNFPA supported districts. Baseline: 27.6% (female), 43.6% (male); Target: 60% (both female and male) *baseline for 18 UNFPA districts': 19.2%/M: 32.8% (DHS 2011 reanalysis)* *N=respondents aged 15-24 years who gave the correct answers to all give questions* *D=all respondents aged 15-24*	F: 241 M: 122	F: 1,250 M: 372	F: 19.2 M: 32.8	Routine programme monitoring data on annual basis by Ips 4th Q AWP Progress report (training's pre& post test assessment result, report from pre-post test of IEC materials on key messages etc) (Query from RH team: is it feasible?), SPR NDHS 2014/15 (including Reanalysis)	MoHP/NCASC/UNAIDS	Routine Programme monitoring will be done on a Quarterly basis Population - based survey Every two-five years	Sex Age (15-19, 20-24yrs)
National development goal: Reduce cultural and economic barriers to accessing health care services and harmful cultural practices in partnership with non -state actors (Ministry of Health and Population National Health Sector Programme II). **UNDAF outcome 3: Vulnerable and stigmatized groups experience greater self-confidence, respect and dignity**								
Outcome level indicators (timeline 3-5 years)	**Outcome 2: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy.**							
	Outcome 2 indicators: 2.1: Percentage of service delivery points in UNFPA-supported districts that provide health services to survivors of gender-based violence, according to minimum national standards and guidelines Baseline for 18 UNFPA districts: 0/ Target: 60% *N= Number of health facilities in UNFPA supported districts reporting of adopting a national standards and guidelines for clinical management of GBV survivors* *D=Total number of health units supported by UNFPA*	na	na	0	A quick survey of health units supported by UNFPA.	MoHP, UNFPA/ RDC/Gender PM	Routine Programme monitoring will be done on a Quarterly basis Survey once a year	Type of health unit, geographic area (rural, urban area)
	2.2: Percentage of women aged 20-24 who were married or in union before 18 in UNFPA-supported districts Baseline: 51%; Target: 40% *Baseline for 18 UNFPA districts: 48.7 (2011 DHS reanalysis)* *N= Married or union before 18* *D=No. of women (15-24)*	259	532	48.7	Population -based surveys (NDHS)- reanalysis of 2011 DHS data for age 20-24 yrs.	MoHP, UNFPA Gender PM, MEWG	Routine Programme monitoring will be done on a Quarterly basis Population - based survey Every five years	Sex Age 20-24yrs

Objectives	Core Indicators for Data collection	Numerator	Denominator	Baseline Data	Data Collection/ Method/MoV	Responsibility for data Collection	Frequency of Data Collection	Disaggregation
Output level indicators	**Output 2.1. Strengthened national and sub national health system capacity within the coordinated multi sectoral response to sexual and gender based violence.**							
	Output 2.1 indicators: 2.1.1: Number of districts with functional one stop crisis management centre as per national guidelines. Baseline for 18 UNFPA districts: 0 Target: 10 UNFPA districts *N= Number of health facilities in the districts supported by UNFPA reporting that they have all of the relevant trained staff/commodities/supplies/facilities/guidelines/protocol/ for the management of violence survivors*	na	na	0	Quarterly report, SPR, Client Exit survey report & Mystery client survey report (Evaluator will act as a client to get first hand information on quality of service), UNFPA's CP7 Mid-term and Year end evaluation report , DoHS annual report	MoHP, UNFPA Gender PM/GSIOs	Quarterly, Annually, Mid Term Evaluation and End of CP7 evaluation	Type of health unit, geographic area (rural, urban area)
Output level indicators	2.1.2: Percentage of women and girls (15-24) who have knowledge on when and where to seek health care services following sexual violence in UNFPA- supported districts. Baseline: 30%; *Baseline is being verified through perception survey by Feb 2012;* Target: 60% *N=Have sought help from any source (incl. health)* *D= Number of women*			Baseline is being verified through perception survey by Feb 2012	Routine programme monitoring data on annual basis by Ips 4th Q AWP Progress report (training's pre& post test assessment result, report on the use of IEC materials during the group discussions which includes the changes in the perception on the key messages), SPR, UNFPA's Perception Survey, CP7 Midyear – Year End evaluation Report, DHS 2014, MICS 2014	MoHP, UNFPA Gender PM, MEWG	Routine Programme monitoring will be done on a Quarterly basis Population - based survey Every five years	Sex Age 15-24yrs

Objectives	Core Indicators for Data collection	Numerator	Denominator	Baseline Data	Data Collection/ Method/MoV	Responsibility for data Collection	Frequency of Data Collection	Disaggregation
	Output 2.2 Enhanced capacity of men and women to prevent gender-based violence and support women seeking multisectoral gender-based violence services							
	Output 2 indicators: 2.2.1: Proportion of men and boys in UNFPA supported districts who believe that violence against women & girls is acceptable. Baseline: 24% *Baseline is being verified through perception survey by Feb 2012;* Target: 0% N= men aged 15-59 who agreed that hitting or beating his wife is acceptable D= men aged 15-59 20.7% is the DHS 2006 data (this question discontinued from 2011 DHS survey) thus UNFPA is conducting Perception survey in 2012.	na	na	Baseline is being verified through perception survey by Feb 2012	Media monitoring report, Perception Survey Report, CP7 Midyear, Yearend evaluation report, Routine programme monitoring data on annual basis by Ips 4th Q AWP Progress report (training's pre& post test assessment result, report on the use of IEC materials during the group discussions which includes the changes in the perception on the key messages),SPR	UNFPA MEWG, Gender PM/GSIOs	Routine Programme monitoring will be done on a Quarterly basis Population - based survey Every two years	15-19, 20-24, 25-59yrs
	Output 2.3: Communities are engaged in the prevention of early marriage and other discriminatory and harmful practices against young women.							
	<u>Output 3.1 indicators:</u> 2.3.1: Percentage of UNFPA-supported districts with community-based mechanisms to engage communities in preventing early marriage and other discriminatory and harmful practices Baseline for 18 UNFPA districts: 2 Target: 100% (18 of 18)	na	na	2	Quarterly report, AWP progress report, SPR, Monitoring report/meeting minutes with community mechanism, Media monitoring reports, CP7 Midyear – Year end evaluation Report GESI committee report to DHO, DDC annual report, Register records at WCO and reports of GBV information points of VDCs	UNFPA MEWG, Gender PM/GSIOs/GON	Routine Programme monitoring will be done on a Quarterly basis	

Objectives	Core Indicators for Data collection	Numerator	Denominator	Baseline Data	Data Collection/ Method/MoV	Responsibility for data Collection	Frequency of Data Collection	Disaggregation
	2.3.2: Proportion of parents in UNFPA supported districts who do not want to marry their daughter before the age of 18.Baseline: 50% *Baseline is being verified through perception survey by Feb 2012;* Target: 80% *N=No of parent/s in the survey who do not intend to have any of their single daughters married before the age of 18 in the future.D= Total no of parent/s in the survey who have at least one unmarried daughter under the age of 18.*	na	na	Baseline is being verified through perception survey by Feb 2012	Perception survey report, CP7 Midyear – Year end evaluation Report, Routine programme monitoring data on annual basis by Ips 4th Q AWP Progress report (training's pre& post test assessment result, report on the use of IEC materials during the group discussions which includes the changes in the perception on the key messages),SPR	UNFPA MEWG, Gender PM/GSIOs	Every two yearsRoutine Programme monitoring will be done on a Quarterly basis	Age group, district ethnicity, religion
National development goal: Develop policies, strategies, plans and programmes that create favorable environment for integrating gender and social inclusion in Nepal's Health Sector (MoHP, NHSP II). UNDAF outcome 5: Institutions, systems and processes of democratic governance made are more accountable, effective, efficient and inclusive.								
Outcome level indicators (timeline 3-5 years)	**Outcome 3: Population dynamics and its inter-linkages with the needs of young people, sexual and reproductive health/family planning, gender equality and poverty reduction addressed in national and sectoral development plans and strategies.**							
	Outcome 3 Indicators: 3.1: Percentage of national budget allocated for population, reproductive health, youth and gender-based violence issues. Baseline: 10.5% (5/27 national level government agencies *;* Target: 15%	na	na	10.5%	SPR, CP7 Year end evaluation report, Annual update of data using baseline data collection tool Resource Flow Survey, MOF Red book, programme and budget sheet of sectoral ministries	MoHP/UNFPA	Annual	Population, RH, Youth and GBV
	3.2: Percentage of District Development Committees (DDCs) budget allocated for population, reproductive health, youth and gender-based violence in 18 UNFPA- supported districts. Baseline:1,7% Target: 15% (18/18) UNFPA- supported districts	na	na	1.7%	DDC plan & review document, program & budget sheet of DIP	DDC	Annual	Population, RH, Youth and GBV

Objectives	Core Indicators for Data collection	Numerator	Denominator	Baseline Data	Data Collection/ Method/MoV	Responsibility for data Collection	Frequency of Data Collection	Disaggregation
Output lelve indicators	**Output 3.1. Strengthened capacity of relevant government ministries at national and sub-national levels to address population dynamics and its inter-linkages in their policies, programmes and budgets**							
	Output 3.1 indicators: 3.1.1: Number of key sectoral ministries that have implemented their annual work plan and budget responding to population, adolescent sexual and reproductive health, youth and gender-based violence issues, including in emergencies. Baseline: 19% (5/27 national level government agencies) Target: 56% (15 of 27 ministries)	na	na	19% (5/27 national level government agencies)	SPR, CP7 Year end evaluation report, Annual update of data using baseline data collection tool Resource Flow Survey, MOF Red book, programme and budget sheet of sectoral ministries	MoHP	Annual	Population; ASRH, Young People and GBV issues
Output level indicators	3.1.2: Number of District Development Committees in UNFPA supported districts that report on key ICPD indicators as part of their annual reports produced using data/information based on District Poverty Monitoring and Analysis System (DPMAS). Baseline: 0 Target: 100% (18/18)	na	na	0	SPR, CP7 Year end evaluation report, Annual update of data using baseline data collection tool DDC Annual Progress Report	DDC	Annual	
	Output 3.2. Improved data availability and analysis for evidence-based decision-making and policy formulation around population dynamics, adolescent sexual and reproductive health and gender equality.							
	<u>Output 3.2 indicators:</u> 3.2.1: Number of UNFPA-supported districts with district contingency plans that incorporate the Minimum Initial Service Package (MISP), response to gender-based violence and adolescent sexual and reproductive health services. Baseline: 67% (12 of 18 districts) Target: 100% (18/18)	na	na	67% 912 of 18 districts)	AWP Progress report, SPR, CP7 Year end evaluation report, Annual update of data using baseline data collection tool District Disaster Preparedness and Response Plan	DDC	Annual	MISP; GBV and ASRH services
	3.2.2: Number of districts that use data from census and disaggregated national surveys in annual plans. Baseline: 0 Target: 18	na	na	0	SPR, Annual update of data using baseline data collection tool, CP7 End line evaluation Report Annual Programme Budget sheet of DDC			

Objectives	Core Indicators for Data collection	Numerator	Denominator	Baseline Data	Data Collection/ Method/MoV	Responsibility for data Collection	Frequency of Data Collection	Disaggregation
	Output 3.3 Strengthened capacity of youth networks and vulnerable women's networks at central and local level to influence development policies, plans and budgets.							
	<u>Output 3.3 indicators:</u> 3.3.1: Proportion of youth from the district level youth network who participate in local government planning process in 18 UNFPA-supported districts. Baseline:1.4% (participation in DDC council meeting); 1.7% (representation in DIPC meeting) Target: 20% *N= Young People (ages 15-24 years) for DAG4, 3A, 3B VDCs who participated in VDC Council/IPC meeting in district* *D= Young People (ages 15-24 years) in DAG 4, 3A, 3B VDCs of districts*	na	na	1.4% (participation in DDC council meeting); 1.7% (representation in DIPC meeting)	SPR, Annual update of data using baseline data collection tool, CP7 End line evaluation Report Meeting minutes of IPC and DDC council	DDC	Annual	Age; Sex; and Districts