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### United Nations Children's Fund

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Item 5 (a) of the provisional agenda\*

### **Draft country programme document\*\***

### **Nepal**

#### *Summary*

The draft country programme document (CPD) for Nepal is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$34,160,000 from regular resources, subject to the availability of funds, and \$109,952,095 in other resources, subject to the availability of specific-purpose contributions, for the period 2013 to 2017.

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\* E/ICEF/2012/9.

\*\* In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the CPD at the 2012 annual session of the Executive Board. The revised CPD will then be presented to the Executive Board for approval at the second regular session of 2012.



<i>Basic data</i> <sup>†</sup> (2010 unless otherwise stated)	
Child population (millions, under 18 years)	12.9
U5MR (per 1,000 live births)	50
Underweight (% , moderate & severe)	29 <sup>a</sup>
(% , urban/rural, poorest/richest)	17/30, ..../.
Maternal mortality ratio (per 100,000 live births, adjusted, 2008)	380 <sup>b</sup>
Primary school enrolment/attendance (% net, male/female, 2010-2011)	67/70 <sup>c,d</sup>
Survival rate to last primary grade (% , male/female, 2007)	62
Use of improved drinking water sources (%)	89
Use of improved sanitation facilities (%)	31
Adult HIV prevalence rate (% , 15-49 years of age, male/female, 2009)	0.4
Child labour (% , 5-14 years of age, male/female, 2008)	34 <sup>e</sup>
Birth registration (% , under 5 years of age, 2006)	35
(% , male/female, urban/rural, poorest/richest)	36/34, 42/34, 22/47
GNI per capita (US\$)	490
One-year-olds immunized with DPT3 (%)	82
One-year-olds immunized against measles (%)	86

<sup>†</sup> More comprehensive country data on children and women can be found at [www.childinfo.org/](http://www.childinfo.org/).

<sup>a</sup> Underweight estimates are based on the WHO Child Growth Standards adopted in 2006.

<sup>b</sup> 280 deaths per 100,000 live births is the 1999-2005 estimate developed by the Maternal Mortality Estimation Interagency Group (WHO, UNICEF, UNFPA and the World Bank, together with independent technical experts), adjusted for underreporting and misclassification of maternal deaths. Comparable time series on maternal mortality ratios for the years 1990, 1995, 2000, 2005 and 2008 are available at [www.childinfo.org/maternal\\_mortality.html](http://www.childinfo.org/maternal_mortality.html).

<sup>c</sup> Survey data.

<sup>d</sup> Does not include primary school aged children attending secondary school.

<sup>e</sup> Data differs from the standard definition.

## Summary of the situation of children and women

1. Nepal is a landlocked country with diverse ecology and culture. Half of its 26.6 million people live in the low-lying southern *terai* plains, followed by 43 per cent in the middle Hills and 7 per cent in the northern Mountains.<sup>1</sup> The population can be divided into the Hindu castes (57.5 per cent), Janajati (37.2 per cent), and Muslim/other minorities (4.3 per cent). Forty-eight per cent of the population is under 18 years of age, making investments in children and adolescents especially relevant in shaping national development.

<sup>1</sup> Unless specifically cited, data sources include: the Committee on the Rights of the Child 2005; the Nepal Demographic Health Survey 2006 and 2011; United Nations Development Programme Human Development Reports 2010 and 2011; the National Living Standards Survey 2011; Human Rights Council 2011; Nepal United Nations Country Team Country Analysis 2011; various UNICEF Nepal reports; and various Ministry and non-governmental organization reports.

2. Nepal has made rapid progress, as measured by the Human Development Index — from 0.210 (1970) to 0.428 (2010) — despite a violent conflict (1996-2006). Legislation and initiatives promoting free education have raised net enrolment rates. Extension of primary health care has lowered the under-five mortality rate (U5MR) and the infant mortality rate. Nepal received the 2010 Millennium Development Goal Award for reducing its maternal mortality ratio and will likely achieve all three micronutrient goals of *A World Fit for Children*.

3. Nevertheless, Nepal ranks 157 out of 187 countries in the 2011 Human Development Index. While overall poverty is decreasing, two thirds of its children are still deprived of at least one of seven basic needs. The national Gini coefficient (0.352) is amongst Asia's highest. Nepal's Human Development Index would be a third higher than its present level had past progress been distributed evenly across society. Inequity is especially evident in terms of geography, age, gender, caste, ethnicity, language, education, HIV status, disability, and income. Three interdependent sets of factors underpin this inequity: "political", including inadequate governance, policy, legislation, and investment; "system", including fragmented, inaccessible and low-quality social services; and "societal", including harmful social norms and practices that impact access to and use of services or fuel discrimination and deprivation.

4. **Political factors.** Following the Monarchy's abolition in 2008, political transformation towards an inclusive Constitution with a federal structure remains unstable.<sup>2</sup> Governance challenges, including strikes and violent acts orchestrated by politically affiliated groups, hinder progress particularly in the *terai*. Subnational bodies have operated without elected representatives for 10 years, resulting in interference in local administration and increased fiduciary risks. Nepal ranks 154 out of 182 countries in Transparency International's Corruption Perceptions Index 2011.

5. Policies and national plans of action for children exist but lack budgets and coordination. Several pending pieces of legislation have significant gaps with regard to children's rights. Delay in enacting key legislation impedes reform. Commissions to address rights violations exist but have insufficient resources and limited public access. Nutrition, early childhood development, HIV prevention, water, sanitation and hygiene education (WASH), adolescent development, and child protection remain underfunded.

6. An average of 1,000 lives and \$43 million are lost annually to earthquakes, floods, landslides, and droughts (United Nations International Strategy for Disaster Reduction, 2011). Water- and drought-induced disasters are intensifying due to increased floods, melting glaciers, and shifting seasons. More investment is needed to prepare for and to mitigate the impact of natural hazards and climate change.

7. **System factors.** Eighty per cent of the wealthiest quintile has access to a health facility within 30 minutes' walk, but only 50 per cent of the poorest quintile has such access. Thirty-six per cent of births are attended by a skilled health worker; in the two lowest wealth quintiles skilled birth attendance is 18 per cent. The poorest children are 24 times less likely to use improved sanitation facilities compared to the richest. Over 40 per cent of improved drinking water sources need major rehabilitation. Only 35 per cent of births are registered; the figure is 22 per

<sup>2</sup> The country is currently administered through 5 Development Regions, 75 Districts, 99 Municipalities, and 3,734 Village Development Committees (VDCs).

cent among the poorest. In 2010, only 11 per cent of pregnant women tested for HIV received their results, while 7 per cent of pregnant women who were HIV positive and 32 per cent of the children who were HIV positive received antiretroviral treatment.

8. Twenty-two per cent of children do not enrol in primary school. These children are largely from disadvantaged groups or living in districts with low access to education. One per cent of children with disabilities go to primary school. The quality of the public education system is a concern. In 2011, only 45 per cent of grade 10 students from public/community schools passed the School Leaving Certificate. Unemployment rates are increasing for every age cohort of young people. Many take on insecure, hazardous jobs. Young women often experience imposed economic inactivity or are forced into subsistence activities.

9. Most child protection services are provided by non-governmental organizations (NGOs), largely funded by development partners. Services are fragmented, vary in quality with little State oversight, and generally focus on rescue and rehabilitation rather than prevention. To advance justice for children, specialized police services exist in every district and dedicated courts exist in 32 districts, but their capacity to deal with child victims, witnesses and offenders is weak. Child protection data are limited.

10. **Societal factors.** Harmful social norms and practices regarding children and adolescents prevail, most notably child labour, gender-based and sexual violence, trafficking, child marriage, violent discipline, and discrimination, for example, against third genders. Approximately 620,000 children aged 5-17 years are engaged in hazardous work. Some 13,000 girls are being sexually exploited in the Kathmandu Valley. In the Mid- and Far-Western Regions, 66 per cent of the poorest girls are married before the age of 18 years, while 9 per cent of all girls are married before the age of 14 years. In the same regions, 83 per cent of children aged 2-14 experience violent discipline, and one in every two girls encounters some form of discrimination during menstruation.

11. New poverty traps are emerging. The urban population has increased from 14 per cent (2001) to 17 per cent (2011). Urban centres are unable to accommodate such growth. U5MR among the poorest urban quintile is higher than the average rural U5MR. Limited economic opportunity has increased internal and overseas migration, especially among men, in turn dismantling household structures, overburdening girls and women, and increasing the risks of HIV infection and engagement in hazardous work.

## **Key results and lessons learned from previous cooperation, 2008-2012**

### **Key results achieved**

12. The following are key results, with further information provided in the consolidated results report:

(a) Equity-based investments in maternal, neonatal and child health have been influenced by demonstrating field-based packages in remote areas and targeting poor-performing districts in nationwide programmes such as immunization. A Child Grant to improve nutrition was initiated for poor Dalit families with children

under 5 and all families in five Karnali districts. Birth registration is included in the scheme, with some localities achieving universal registration;

(b) UNICEF assisted in both the design and fund-raising for the Ministry of Education 2009-2014 School Sector Reform Plan. The Ministry was assisted in the development of the Child-friendly School Framework and Minimum Standards for Quality Education. Education Emergency Cluster capacity has been strengthened and was effectively mobilized during the September 2011 Eastern Region earthquake response;

(c) UNICEF support for the prevention of mother-to-child transmission (PMTCT) of HIV has helped to reduce transmission from 17 per cent (2010) to 8 per cent (2011), with particular success demonstrated through community-based PMTCT services;

(d) Over 10,000 children associated with or affected by the conflict, scattered across 60 districts, were successfully integrated, and a basic system for their protection was established with potential to address a broader range of child protection issues. The system was strengthened through the expansion, from 23 to 59 districts, of Paralegal Committees — a community-based mechanism to combat trafficking of girls and women, gender-based violence, and the abuse, exploitation of and violence against children;

(e) UNICEF assisted some of the most marginalized communities through its rights-based Decentralized Action for Children and Women (DACAW) approach. Learning from DACAW, UNICEF assisted the Ministry of Local Development to develop a Child-Friendly Local Governance (CFLG) strategy, endorsed by Cabinet in 2011. CFLG facilitates prioritization of children's rights in planning and budgeting. The roll-out of CFLG is well under way in 34 districts and 14 municipalities. Enhancing CFLG's expansion, 13,291 child clubs (over 5,000 initiated with UNICEF support) are now active in 52 districts;

(f) UNICEF support in WASH has resulted in greater sector harmonization, demonstrated by, for example, the first National Hygiene and Sanitation Master Plan and the first large-scale public-private-partnership to promote hand-washing with soap. A social movement has been initiated in the Mid- and Far-Western Regions accelerating installation of latrines in schools and local communities. UNICEF has also built WASH Emergency Cluster capacity at national and subnational levels.

### Lessons learned

13. Sector-wide approaches (SWAs) have enhanced coordination within sectors but intersectoral collaboration, especially at subnational level, requires strong investment. Most of the children, adolescents and women being left out of Nepal's progress are denied many of the same rights *simultaneously*. These deprivations diminish their potential to reach full capacity as adults, resulting in the transfer of the same deprivations to the next generation. DACAW demonstrated that to address multiple disparities, *integrated* systems are needed that bind together different programmatic interventions in a coherent, mutually reinforcing manner. Concurrently, policy formulation and implementation *across* development sectors need to be coordinated to ensure all dimensions of inequity are addressed comprehensively. For example, HIV and AIDS prevention is best implemented as a multi-sector approach and mainstreamed in health, nutrition, protection, education and social policy. The

roll-out of CFLG offers tremendous opportunity to build capacity for child-centred integrated policy, planning, budgeting and monitoring.

14. The rapid expansion of early childhood development centres, child clubs, and other structures originating from DACAW has sometimes come at the cost of sustainability and quality. Sustainability is enhanced when interventions are embedded into permanent structures (e.g., the integration of PMTCT into maternal and child health services) and when support is channelled through national systems (e.g., supporting District Education Plans rather than individual schools). All local and national child rights initiatives benefit from clear monitoring of quality standards.

15. There is global and local evidence that investing in adolescent girls can break the cycle of inter-generational poverty. Important experience has been gained on adolescent development and participation through initiatives such as HIV prevention, CFLG, alternative schooling, and rehabilitating children associated with the armed conflict. Given the many challenges confronting young people, UNICEF must intensify its focus on adolescents, including their need for civic engagement and sustainable socio-economic integration.

## The country programme, 2013-2017

### Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health and nutrition	5 418	18 796	24 214
Education	3 180	21 700	24 880
Child protection	1 575	29 930	31 505
Water, sanitation and hygiene	2 601	11 400	14 001
Adolescent development and participation	2 217	4 750	6 967
Governance, policy, planning and evaluation	6 881	11 510	18 391
Disaster risk reduction and emergency preparedness	875	4 350	5 225
Cross-sectoral	11 413	7 516	18 929
<b>Total</b>	<b>34 160</b>	<b>109 952</b>	<b>144 112</b>

### Preparation process

16. In 2011, a committee co-chaired by the National Planning Commission and the United Nations guided the design of the 2013-2017 United Nations Development Assistance Framework (UNDAF). The country analysis focused on the most vulnerable groups, exploring the root causes for their vulnerability. Eleven UNDAF outcomes were agreed upon at a participatory strategic planning retreat. Augmenting the country analysis, UNICEF conducted an equity-focused, rights-based situation analysis of children, adolescents and women involving consultations with key stakeholders including children and adolescents. The Government, together with development partners, endorsed the country programme document in February 2012. An initial screening indicated no environmental impact was anticipated as a result of UNICEF interventions.

### Programme components, results and strategies

17. The overall goal of the 2013-2017 country programme is to directly address the three main sets of inequity factors (political, system, societal) so that all children, adolescents and women have access to education, health care, nutrition, sanitation, clean water, protection, information, and other services necessary to fulfil their rights to survival, development, protection and participation.

18. Contributing to the overall goal, the following three inter-related programme component results (PCRs), measured through qualitative and quantitative indicators and targets, are expected by the end of 2017:

(a) **PCR 1:** National policies, legislation, plans, budgets, coordination and monitoring mechanisms are enabling the survival, development, protection and participation rights of children, adolescents, and women, to be fulfilled with equity in all contexts, including humanitarian situations;

(b) **PCR 2:** In selected areas (the most disadvantaged districts and municipalities), social sector systems are providing integrated, quality services to fulfil the survival, development, protection and participation rights of children, adolescents and women with equity in all contexts, including humanitarian situations;

(c) **PCR 3:** In selected areas, children, adolescents, women and men, and all relevant duty-bearers are engaged in social change and action to realize the survival, development, protection and participation rights of children, adolescents and women with equity in all contexts, including humanitarian situations.

19. PCR 1 reflects intensive policy reform work in the context of preparations for a new Constitution and state restructuring towards federalism, and will build on efforts to support legislation and multi-sector policies that meet international human rights standards. The latter two PCRs will prioritize at least 15 districts (and their municipalities) considered to be the most disadvantaged through a newly designed Child Deprivation Index described in the summary results matrix. Another set of disadvantaged districts and municipalities will be supported through selective programming within PCRs 2 and 3. Evidence of subnational impact will be fed back into national policy reform (PCR 1).

20. Programmes will be coordinated through matrix management, since all contribute to the three PCRs in respective ways. Significant risks have been considered in developing the planned results and in selecting strategies. The following strategies will be operationalized:

(a) **Capacity development.** Capacities of children, adolescents, women, community leaders and networks, non-government and government staff will be further strengthened at subnational and national levels to improve the quality, reach, coordination, monitoring and use of social service systems and to strengthen policy design, implementation and review. Key-capacity building initiatives delivered through coordinated efforts among United Nations partners will include HIV mainstreaming, promotion of gender equality, and engagement in conflict-sensitive programming. Close attention will be paid to additional capacity-building that will be required under federal restructuring;

(b) **Effective advocacy.** UNICEF advocacy will contribute to equity-focused social policies, in addition to influencing SWAp, preparation of the Constitution and other legislation, planning, and budgeting in favour of children, adolescents and

women. Advocacy will be enhanced through new data generation, especially on adolescent girls and urban children, as well as by using bottleneck analysis and real-time monitoring of various determinants of inequity;

(c) **Strategic partnerships.** UNICEF will continue to work closely with government at all levels and complement this by convening partners from the United Nations system, bilateral and multilateral organizations, civil society, academia, media and the private sector;

(d) **Knowledge management.** Government and UNICEF knowledge systems will be strengthened to influence policy and programme management. Exchange of innovations and lessons learned will be continued across Nepal's regions as well as through the membership of Nepal in the South Asian Association for Regional Cooperation and global exchanges, including South-South cooperation;

(e) **Communication for Development.** UNICEF will remain a pioneer in the creative use of Communication for Development in support of programmes using community resources, films, cartoons, radio, television, entertainment, education, interpersonal communication, and information communication technology, including Short Message Service (SMS), Twitter and Facebook;

(f) **Urbanization, disaster risk reduction, and climate change.** While primacy will continue to be given to the most disadvantaged groups living in rural areas, attention will also be paid to urban inequity issues, particularly urban child survival, adolescent development, WASH, and protection. There will be stronger engagement in disaster risk management rather than just emergency preparedness. The country office has mapped child-centred disaster risks to prioritize districts and municipalities, and will, to the extent possible, risk-proof investments in relation to climate change and disaster-risk through strengthening government policy and community knowledge on climate change.

21. **Health and nutrition programme.** The programme component will work with the Ministry of Health and Population and SWAp partners to revise the National Health Policy as well as specific policies, laws, and plans related to immunization, skilled birth attendants, human resources, safe motherhood and neonatal care so that equity gaps and bottlenecks are addressed. The National Planning Commission and key partners will be supported to roll out a multi-sectoral nutrition plan with a focus on delivering core essential nutrition services at scale during the first 1,000 days of children's lives. The capacity of health staff in the most disadvantaged districts and municipalities will be strengthened to provide quality and equitable primary health services focused on the maternal, newborn, child and adolescent health continuum of care. Stronger attention will be given to neonatal care, given that most (61 per cent) under-five deaths occur in the first month of life — many within 24 hours of birth — as well as to achieving the elimination of new HIV infection among children and to keeping alive the mothers of children infected by HIV. In the same geographic areas, support will be provided to increasing access to and utilization of essential micronutrients by vulnerable groups. Intensive Communication for Development will be used to mobilize individuals, parents, care-givers, families and communities to take informed action to improve the maternal, newborn, child and adolescent health and HIV prevention and care. Likewise, parents, caregivers and families will be encouraged to practice optimal maternal, infant and young child feeding and to manage acute malnutrition.



22. **Education.** The programme component will work with the Ministry of Education and SWAp partners to analyse system data, sector evaluations, and feedback from schools and districts to promote greater gender and social equity in national education policies, strategies and budgets. In targeted districts and municipalities, support will be given to increasing young children's access to holistic developmental opportunities through parental education and child-friendly pre-primary education for improved school readiness. Local education authorities will be supported to ensure children, particularly girls and marginalized children, have increased access to and complete uninterrupted child-friendly, quality basic and secondary education. The WASH programme will continue to work with the Ministry of Education to support the construction of WASH facilities in schools that are child-friendly, particularly in terms of gender and children with disabilities, in the targeted areas. Working closely with the adolescent development and participation (ADAP) programme, efforts will be made to mobilize families, communities and service providers to ensure that out-of-school children and adolescents have increased access to and complete quality alternative-learning opportunities.

23. **Child protection programme.** The programme component will assist in the progressive development of a national multi-sector child protection system, including legislation, policies, standards, planning and resourcing, monitoring and documentation, coordination and collaboration at national and local levels. In targeted districts and municipalities, the focus will be on ensuring that children and adolescents at risk or victims of abuse or exploitation — including children affected by conflict and by AIDS — benefit from quality social welfare services through capacity-building of service providers, strengthening multi-sector coordination and collaboration, and improving data availability and the monitoring of standards. At the same time, the capacities of the police and judiciary will be strengthened to help to ensure that children and adolescents who are victims of or witnesses to crime, or offenders, have access to child-sensitive justice. Linkages between Paralegal Committees and the formal justice system and other social services will be enhanced. Communication for Development initiatives will be implemented to help children, families, and communities take action to protect children and adolescents who are at risk or victims of abuse, violence and exploitation.

24. **Water, sanitation and hygiene.** The programme component will work with the Ministry of Physical Planning and Works and partners to formulate and review a national programme and finance strategy to improve equitable public access to WASH and the sustainability and efficiency of the WASH sector. In targeted districts and municipalities, the capacities of vulnerable communities (with a particular focus on school communities) will be strengthened to utilize and participate in the management of safe and sustainable drinking water and sanitation facilities. The intensive Communication for Development initiatives promoting maternal, newborn, infant, child and adolescent health, and HIV prevention and care, will include a strong focus on behaviours related to safe water use, hygiene (including hand washing with soap and menstrual hygiene for adolescent girls), and sanitation.

25. **Adolescent development and participation.** The new programme component will aim to ensure the systematic, ethical, meaningful and regular participation of adolescents at critical levels to make national policies, plans, and budgets adolescent-sensitive. ADAP will make special efforts to build capacities of disadvantaged and marginalized adolescents, especially girls, to make sure their voices are heard and their concerns addressed. Integrated services in targeted

districts and municipalities will be made more adolescent-friendly. Adolescent girls and boys will be equipped with knowledge and life skills to enhance their opportunities to pursue livelihoods as well as civic engagement. ADAP will take the lead in capacitating family, community and subnational level duty-bearers including the media, employers, government staff, religious organizations, and local political leaders to address harmful and discriminatory social norms and practices affecting the rights of children, adolescents and women.

26. **Governance, policy, planning and evaluation.** The programme component will build the capacities of institutions at national and subnational levels to develop, fund and monitor evidence-based, equity-focused, multi-sectoral frameworks and related policies for children, adolescents and women. Particular focus will be on governance and social protection. The capacities of national and provincial legislatures (the latter once a federal structure is initiated) will be strengthened to ensure legislative compliance with international child rights standards. Working with the Ministry of Local Development and local bodies, child-friendly governance systems for integrated planning, monitoring and investment will be developed in accordance with local child profiles and minimum indicators on child survival, development, protection and participation. Institutional capacity will also be strengthened for effective registration for (including birth registration) and delivery and monitoring of social protection benefits targeting children. Alongside other partners, UNICEF will continue to support the Ministry of Local Development and National Planning Commission to implement the District Poverty Monitoring and Analysis System in selected districts. Finally, the Programme will work closely with ADAP to ensure children, adolescents and women have the skills to participate in local decision-making bodies.

27. **Disaster risk reduction and emergency preparedness programme.** Through this programme component relevant Ministries and partners will be supported to develop child-centred and gender-sensitive disaster risk reduction policies and to mainstream these into sector planning and systems. The capacities of national and subnational disaster management authorities, civil society organizations and rural and urban communities in hazard-prone areas will be strengthened to prevent, prepare for and respond to disasters and, working with other programmes, to reduce the risks of and adapt to climate change. In times of actual disaster, the programme will oversee the Humanitarian Action and Cluster Coordination of UNICEF.

28. **Cross-sectoral.** This component covers cross-sectoral staff salaries, including the Partnerships, Advocacy and Communication for Development teams as well as programme review and bottleneck-monitoring costs, travel and training as well as operational support for country and field office management and administration.

#### **Relationship to national priorities and the UNDAF**

29. The Comprehensive Peace Accord, the Interim Constitution of Nepal (2007), the Common Minimum Programme of the Coalition Government, the nation Plan of Action for Children (2004/5-2014/15), the national Three Year Plan (2011-2013), together with sector-specific and multi-sectoral plans and policies, have been considered as the basis for the country programme. The country programme will help the Government to achieve all its child-related Millennium Development Goals targets with equity and to address issues beyond the Goals. The country programme links to the Nepal Peace and Development Strategy (2010-2015) and 7 out of 11 UNDAF Outcomes described in the summary results matrix.

### **Relationship to international priorities**

30. The country programme will contribute to the Government's efforts to: implement the Convention on the Rights of the Child and its Optional Protocols as well as the Convention on the Elimination of All Forms of Discrimination against Women; follow up on the recommendations made by the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women, and the Human Rights Council, on Nepal's Universal Periodic Review; comply with Security Council resolutions 1612, 1325, 1820, 1882, 1888, 1960, and 1998; fulfil its commitment to the Millennium Declaration; and to achieve the *World Fit for Children* goals. The country programme is also aligned with the UNICEF medium-term strategic plan (MTSP) 2006-2013.

### **Major partnerships**

31. UNICEF will continue to engage with other United Nations entities, for example: with the United Nations Educational, Scientific and Cultural Organization and the World Food Programme on education; the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and the United Nations Population Fund on gender-based violence; the United Nations Development Programme, the Office of the High Commissioner for Human Rights and the Office of the United Nations High Commissioner for Refugees on citizenship; the Joint United Nations Programme on HIV/AIDS; the United Nations Girls' Education Initiative; the United Nations Adolescent Task Force Initiative; and UN-Women and UN-Habitat's Safe and Friendly Cities for All Initiative. Engagement with Government and development partners in health and education SWAps will be maintained. Collaboration will continue with various NGO networks such as the Children as Zone of Peace and Child Protection. UNICEF will work with the National Planning Commission and key Ministries through the new Ending Child Hunger and Undernutrition Partnership and Scaling Up Nutrition initiative. Cooperation will be enhanced with the Asian Development Bank, the World Bank and others to support the Government's Social Protection Framework. WASH partnerships will be consolidated across a range of sectors, development partners, United Nations entities, and NGOs. Where appropriate, private-public partnerships will be fostered, building on experience from the WASH sector. A new child protection alliance will be developed among key Ministries, together with major NGOs. UNICEF will continue as a key partner and member of the National Advisory Committee for the Local Governance and Community Development Programme.

### **Monitoring, evaluation and programme management**

32. UNDAF monitoring and evaluation matrices will be used by theme groups to monitor UNDAF results and prepare annual reports for the Resident Coordinator. Government-led evaluations will be supported to improve the effectiveness and ownership of programme results. A real-time monitoring framework will track both gender equality and efforts to tackle key national and subnational bottlenecks. Various PCR-level indicators will be measured through population-based surveys to be conducted before 2017. The Government and UNICEF will annually review progress of workplans, and a midterm review has been planned for the second half of 2015.