



**Executive Board of the
United Nations Development
Programme, the United Nations
Population Fund and the United
Nations Office for Project Services**

Distr.: General
10 April 2012

Original: English

Annual session 2012
25 to 29 June 2012, Geneva
Item 10 of the provisional agenda
UNFPA — Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for Nepal

Proposed indicative UNFPA assistance: \$30.5 million: \$23 million from regular resources and \$7.5 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2013-2017)

Cycle of assistance: Seventh

Category per decision 2007/42: A

Proposed indicative assistance (in millions of \$):

Strategic Plan Outcome Area	Regular resources	Other	Total
Young people's sexual and reproductive health and sexuality education	9.2	3.0	12.2
Gender equality and reproductive rights	5.7	2.5	8.2
Population dynamics	6.9	2.0	8.9
Programme coordination and assistance	1.2	-	1.2
Total	23.0	7.5	30.5



I. Situation analysis

1. The peace process in Nepal, which began in 2006 and ended a decade-long civil conflict, is gradually moving forward. The Constituent Assembly elected in May 2008 declared Nepal a federal republic. The Assembly is expected to promulgate a new constitution in 2012.

2. 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.

3. 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.

4. 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 (37.9 per cent), followed by the 20-24 age group (33.9 per cent). Nationally, the unmet need is lower (26.3 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 midwest and far west of the country. The HIV epidemic is stabilizing; the prevalence rate was 0.33 per cent in 2010.

5. 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 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.

6. Although the civil code act defines the legal age of marriage as 20 (18 with parental consent), early marriage is prevalent. Forty per cent of all girls are married by age 15, and 51.4 per cent before the age of 18. Other harmful practices include dowry payments and the custom requiring women to stay in separate sheds during menstruation and after deliveries.

7. The availability of disaggregated sociodemographic data and analysis, particularly at the subnational 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 and for monitoring national poverty-reduction goals is also weak. This results in poor 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.

II. Past cooperation and lessons learned

8. 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, cited a number of achievements. 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.

9. 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 subnational capacity for planning and managing population, gender and reproductive health programmes and strategies in districts that have shown slow progress in achieving the goals of the International Conference on Population and Development (ICPD). At the national level, UNFPA focused on national ownership, sustainability, accountability and national system-strengthening.

10. 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.

III. Proposed programme

11. The proposed country programme, which will contribute to consolidating peace and sustaining development, is aligned with the priorities of the Government's interim development plan for 2011-13 and sectoral strategies. The country programme contributes to three outcome areas of the United Nations Development Assistance Framework (UNDAF), 2013-2017. It will be nationally led and will employ national systems, in line with United Nations reform and in partnership with external development partners.

12. 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 towards achieving ICPD goals.

Young people's sexual and reproductive health and sexuality education

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

14. Output 1: Strengthened capacity of health institutions and service providers to plan, implement and monitor high-quality comprehensive sexual and reproductive health services. Interventions will: (a) provide support to develop and implement policies and operational frameworks; and (b) advocate and build the capacity of district health and local governance institutions in UNFPA-supported districts for the provision of safe motherhood and adolescent- and youth-friendly reproductive health information and services, including family planning, and to prevent and treat reproductive health morbidities.

15. Output 2: Increased capacity of women and youth to demand high-quality sexual and reproductive health services. Interventions will include: (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; and (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.

Gender equality and reproductive rights

16. 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.

17. Output 1: Strengthened national and subnational health-system capacity within the coordinated multisectoral response to sexual and gender-based violence. Interventions will include: (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; (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; and (c) strengthening the coordinated response to assist survivors of gender-based violence in UNFPA-supported districts.

18. Output 2: Enhanced capacity of men and women to prevent gender-based violence and support women seeking multisectoral services that address gender-based violence. Interventions will support: (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; (b) developing skills to encourage participation in planning and decision-making processes; and (c) involving men and boys in the prevention of gender-based violence.

19. Output 3: Communities are engaged in preventing early marriage and other practices that discriminate against and harm young women. Interventions will include: (a) behaviour change campaigns targeting men, boys and societal leaders to change attitudes and prevent early marriage and other harmful practices; and (b) community-

based initiatives to engage communities in the prevention of early marriage and discriminatory practices.

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 interlinkages with gender equality, poverty reduction, the needs of young people, and reproductive health, including family planning.

21. 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. Interventions will support: (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; (b) the operationalization of the national population perspectives plan at central and decentralized levels; and (c) evidence-based advocacy on emerging population and development issues.

22. 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. Interventions will support: (a) the technical capacity of statistical offices and academic and research institutions at central and district levels to collect, analyse and disseminate disaggregated data; (b) the strengthening of information management systems on health and gender-based violence and the subnational capacity to use data in emergency preparedness and response; (c) the operationalization of the district poverty monitoring and analysis system; and (d) research on demographic and health trends, including harmful and discriminatory sociocultural practices related to reproductive health.

23. Output 3: Strengthened capacity of networks for youth and for vulnerable women at central and local levels to influence development policies, plans and budgets. Interventions will include: (a) developing and implementing advocacy strategies for selected networks for youth and for vulnerable women, in order to incorporate their concerns into national and local policies, plans and budgets in UNFPA-supported districts; (b) building the capacity of youth, women and marginalized groups from disadvantaged communities to participate in local planning, monitoring and governance mechanisms; and (c) building the capacity of youth organizations to monitor the implementation of national youth-related policies and strategies, consistent with international conventions and declarations.

IV. Programme management, monitoring and evaluation

24. Under the guidance of the National Planning Commission and the Ministry of Finance, UNFPA will collaborate with relevant ministries and national civil society organizations and networks to implement national and district-focused programmes.

25. National execution continues to be the preferred implementation arrangement. UNFPA will carefully select implementation partners based on their ability to deliver high-quality programmes. UNFPA will continuously monitor performance

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 also be aligned with the national fiscal year and will use national systems to the fullest extent possible.

26. The programme will strengthen the capacity of UNFPA and its implementing partners to apply rights-based approaches and results-based management and to report on results. UNFPA will conduct baseline and endline surveys in UNFPA-supported districts. UNFPA will also develop a monitoring and evaluation plan that will be aligned with the UNDAF framework.

27. 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.

28. 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 Asia and Pacific regional office will assist in identifying technical resources and provide quality assurance.

RESULTS AND RESOURCES FRAMEWORK FOR NEPAL

<p>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 increasingly demand, utilize and access equitable and high-quality essential social services and programmes</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p>Improved access to sexual and reproductive health services and sexuality education for young people, including adolescents <u>Outcome indicators:</u></p> <ul style="list-style-type: none"> 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% Percentage of births among women aged 15-24 attended by skilled birth attendants in UNFPA-supported districts Baseline: 42%; Target: 60% Percentage of female sex workers in UNFPA-supported districts reporting the use of a condom with their most recent client Baseline: 75%; Target: 80% 	<p><u>Output 1:</u> Strengthened capacity of health institutions and service providers to plan, implement and monitor high-quality comprehensive sexual and reproductive health services <u>Output 2:</u> Increased capacity of women and youth to demand high-quality sexual and reproductive health services</p>	<p><u>Output 1 indicators:</u></p> <ul style="list-style-type: none"> 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 <p><u>Output 2 indicators:</u></p> <ul style="list-style-type: none"> Percentage of pregnant women aged 15-24 in UNFPA-supported districts who can correctly identify at least three danger signs during pregnancy and who know when to seek care. Baseline: 18%; 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); Target: 60% (both female and male) 	<p>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</p>	<p>\$12.2 million (\$9.2 million from regular resources and \$3 million from other resources)</p>
<p>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 and stigmatized groups experience greater self-confidence, respect and dignity</p>				
<p>Gender equality and reproductive rights advanced, particularly through advocacy and the implementation of laws and policy</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> 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: 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% 	<p><u>Output 1:</u> Strengthened national and subnational health-system capacity within the coordinated multisectoral response to sexual and gender-based violence <u>Output 2:</u> Enhanced capacity of men and women to prevent gender-based violence and support women seeking multisectoral services on gender-based violence <u>Output 3:</u> Communities are engaged in preventing early marriage and other practices that discriminate against and harm young women</p>	<p><u>Output 1 indicator:</u></p> <ul style="list-style-type: none"> Number of districts with a functional one-stop crisis management centre, as per national guidelines Baseline: 0; Target: 10 UNFPA-supported districts <p><u>Output 2 indicators:</u></p> <ul style="list-style-type: none"> 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 Baseline: 30%; Target: 60% Percentage of men and boys in UNFPA-supported districts who believe that violence against women and girls is acceptable. Baseline: 24%; Target: 0% <p><u>Output 3 indicators:</u></p> <ul style="list-style-type: none"> 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%; Target: 80% 	<p>National Planning Commission; Ministries of Health and Population; Local Development; and Women DFID; European Union; GIZ; United Nations Children's Fund (UNICEF); UN-Women; USAID; World Bank National non-governmental organizations (NGOs)</p>	<p>\$8.2 million (\$5.7 million from regular resources and \$2.5 million from other resources)</p>

<p>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)</p> <p>UNDAF outcome: institutions, systems and processes of democratic governance are made more accountable, effective, efficient and inclusive</p>				
<p>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</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Percentage of national budget allocated for population, reproductive health, youth and gender-based violence issues Baseline: 8% (24 ministries) Target: 15% • Percentage of district plans and budgets that have incorporated population, reproductive health, youth and gender-based violence issues in UNFPA-supported districts. Baseline: 6% (1 of 18 UNFPA-supported districts) Target: 100% (18 of 18) 	<p>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</p> <p>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</p> <p>Output 3: Strengthened capacity of networks for youth and for vulnerable women at central and local levels to influence development policies, plans and budgets</p>	<p>Output 1 indicators:</p> <ul style="list-style-type: none"> • 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: 12% (3 of 26 ministries); Target: 58% (15 of 26 ministries) • 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: 6% (1 of 18 districts); Target: 100% (18 of 18) <p>Output 2 indicators:</p> <ul style="list-style-type: none"> • 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: 33% (6 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 <p>Output 3 indicators:</p> <ul style="list-style-type: none"> • Percentage of youth from the most disadvantaged groups who participate in the local government planning process in UNFPA-supported districts. Baseline: 15%; Target: 35% 	<p>National Planning Commission; Ministries of: Health and Population; Local Development; and Youth and Sports</p> <p>DFID; European Union; UNDP; UNICEF; UN-Women</p> <p>Academic institutions, national NGOs</p>	<p>\$8.9 million (\$6.9 million from regular resources and \$2 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1.2 million from regular resources</p>