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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Nepal**

Proposed indicative UNFPA assistance: \$30.8 million: \$12.5 million from regular resources and \$18.3 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2018-2022)

Cycle of assistance: Eighth

Category per decision 2013/31: Red

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	4.7	9.3	14.0
Outcome 2	Adolescents and youth	1.5	2.0	3.5
Outcome 3	Gender equality and women's empowerment	2.4	5.0	7.4
Outcome 4	Population dynamics	3.4	2.0	5.4
Programme coordination and assistance		0.5	-	0.5
<b>Total</b>		12.5	18.3	30.8

## I. Programme rationale

1. Nepal is a landlocked, least developed country with an ambition of graduating to middle-income status by 2030. In support of its vision of a rights-based and equitable welfare State, the Government has promulgated a new constitution, committed to the achievement of the Sustainable Development Goals.
2. The population, projected to grow to 30.4 million by 2021, is concentrated in the capital and in the plain areas, and is more thinly spread throughout other regions. The country's current youth bulge provides a potential for a demographic dividend if investment in the human capital of young people is undertaken.
3. The social sector, particularly health and education, have seen important development gains. Poverty nonetheless remains at 21.6 per cent, with high levels of deprivation among some groups. The country is characterized by significant diversity, with 125 caste/ethnic groups, and vast differences in social and economic indicators.
4. The country is going through a federalization process, addressing a decade-long democratic deficit at the local level, yet also creating a climate of uncertainty around programme implementation at the subnational level.
5. Nepali women face a heavy and dangerous burden in childbirth. Despite a significant decline in maternal mortality over the last 15 years, it remains high at 258 per 100,000 live births. A skilled provider attends some 58 per cent of women at birth, although there are vast disparities by region and caste/ethnic group. Shortages and the uneven distribution of health personnel is a challenge and there is no cadre of qualified midwives, although two universities have recently launched a Bachelor in Midwifery programme. The total fertility rate is 2.3 children per woman and the contraceptive prevalence rate stands at 43 per cent for modern methods. Adolescent fertility has increased, and is alarmingly high at 88 births per 1,000 women.
6. Nepal's policy and legal frameworks provide an enabling environment for fulfilling the human rights of women and young people. However, implementation remains weak. Gender inequality and discrimination, partly a result of deeply embedded social norms, are endemic, affecting the freedom of women and girls to make informed and independent reproductive choices.
7. Access to adolescent sexual and reproductive health is limited; location, availability of services, institutional capacity and social norms are all contributing factors. Unmarried adolescents face additional barriers in accessing information and services, and although comprehensive sexuality education has been included in the national education sector strategy, much remains to be done for successful implementation.
8. Harmful practices, such as gender-biased sex selection and child marriage, reflect a persistent son preference. Child marriage, although slowly declining, remains at a national average of 41 per cent. The Government endorsed a National Strategy to End Child Marriage in 2016. Support is required for its implementation and the related legal frameworks may require reform, as they are not fully aligned. The prevalence of gender-based violence is high, with some 22 per cent of women reporting a lifetime experience of violence. While the Government has invested in multisectoral One Stop Crisis Management Centres and referral mechanisms, the quality and equity of services remain a concern.
9. Nepal is vulnerable to natural disasters, such as the 2015 earthquakes, frequent flooding and landslides. However, the Government's capacities to respond and coordinate are limited, and the provision of emergency sexual and reproductive health care and the prevention and response to gender-based violence would require continued support.
10. Population data is collected regularly through the national census and other surveys. However, disaggregated data for tracking results remains limited. The next census will take place in 2021.
11. The seventh UNFPA country programme (2013–2017) focused on sexual and reproductive health, gender equality and reproductive rights, population dynamics and

youth empowerment. The 2015 earthquake brought the implementation of the Minimum Initial Service Package to the forefront of UNFPA's programme in additional districts.

12. The country programme evaluation described the programme as “well aligned with relevant national legislation, policies, strategies and programmes”. Key achievements included: (a) influencing major policies, including the constitution and the Population Policy, from a rights perspective; (b) interventions to improve access to family planning services for vulnerable women and the introduction of midwifery education; (c) prevention of child marriage by empowering adolescent girls; (d) dissemination of the 2011 census results; (e) increased participation of youth in policy making; and (f) emergency preparedness and response, including prepositioning of supplies which were promptly used following the 2015 earthquakes.

13. Recommendations for the eighth country programme include: refocusing programming to fewer geographical locations for greater impact; continued focus on adolescents, including those aged 10-14 years; increasing the involvement of vulnerable women; improving the availability of disaggregated data, especially at subnational levels; and improving outcome-level monitoring and evaluation.

## **II. Programme priorities and partnerships**

14. The programme will contribute to a transformative agenda to build a foundation for achieving the Sustainable Development Goals. The central goal is to reduce maternal mortality and expand reproductive rights and choices. All programme components are designed to support this goal, by strengthening the capacities of the health system to target underserved communities with quality services; equipping young people, especially adolescent girls, with skills and information to make informed choices and prevent harmful practices, enhancing services to survivors of gender-based violence and empowering communities to support social change by challenging discriminatory harmful practices. Robust, disaggregated data will support targeting, planning and advocacy. The programme will work from upstream policy to service delivery by building institutional capacities in the respective programme areas, and by building an enabling environment for the implementation of laws, policies and strategies and the fulfilment of human rights, with the flexibility to respond in humanitarian situations.

15. A commitment to leaving no one behind underpins the programme. Vulnerable women and young people, especially adolescent girls, are the primary target groups. Given the ongoing federalization process, the programme is designed to have sufficient flexibility to adapt to changing circumstances; however, the Far-Western, Mid-Western and the Terai areas, with consistently poorer socioeconomic indicators, will be a key focus.

16. UNFPA will leverage various partnerships, elaborated further in the Partnership Plan, including Government institutions, civil society, national academic and research and the media institutions. Further, UNFPA will maintain strong relationships with development partners and United Nations agencies, and will pursue private sector collaboration. The programme will benefit from already signed funding agreements, as per the resource mobilization plan.

17. The programme seeks to reach underserved communities and to strengthen the overall health system. It will also seek to advance gender equality, the empowerment of women and girls and sexual and reproductive rights, including in humanitarian situations. Taking advantage of the synergies with other programme interventions, the programme will link with family planning and reproductive health interventions and activities targeting adolescent girls in particular. UNFPA will strengthen the capacity of the national statistical system to generate, process, analyse, disseminate and utilize disaggregated data to promote evidence based planning, monitoring and evaluation of development results, addressing the needs of the most vulnerable, including those in humanitarian situations.

### **A. Outcome 1. Sexual and reproductive health**

18. Output 1: Increased capacity to deliver integrated, quality sexual and reproductive health services that target women and adolescent girls, especially the most vulnerable,

including in humanitarian situations. To promote equitable access to gender-responsive, rights-oriented services, the programme will work with partners and beneficiaries to generate demand for and improve availability and choice of family planning methods targeting underserved communities. It will support the improved availability of high-quality adolescent sexual and reproductive health services, integrated within the health system; support the provision of high-quality services for reproductive morbidities, including obstetric fistula, pelvic organ prolapse and cervical cancer prevention; and advocate for integration of sexual and reproductive health services and health response to gender-based violence, including in humanitarian contexts. UNFPA will work at the systems level to strengthen comprehensive training sites and supply chain management; assist in developing evidence-based policies and protocols; support universities to roll out midwifery education to international standards and support deployment of midwives, and contribute to emergency preparedness through integration of the Minimum Initial Service Package.

## **B. Outcome 2. Adolescent and youth**

19. Output 1: Young people have the skills and knowledge to make informed decisions about health and well-being, and to participate in decision-making. Significant and targeted investments in youth are required for Nepal to reap the benefit of the demographic dividend. The programme will support implementation of a comprehensive, gender-responsive sexuality education through capacity building of teachers and by linking adolescents with sexual and reproductive health services and information through information corners in schools, community learning centres and life skills. UNFPA will advocate for greater investment in the above areas, implement gender-sensitive behaviour change strategies using new technologies, and provide leadership development for youth led organizations, to enhance the voice and participation of young people, in pursuit of greater community resilience, peacebuilding and social cohesion.

## **C. Outcome 3. Gender equality and women's empowerment**

20. Output 1: Public institutions and community capacities increased to prevent and respond to gender-based violence. UNFPA will advocate for legal reform and enforcement of policies to address gender-based violence and harmful practices. The programme will strengthen national capacity to prevent and respond to gender-based violence through: (a) technical assistance for provision of multisectoral services to survivors; (b) integration of gender-based violence within the health response and in disaster policies and plans; and (c) advocacy for enhanced data collection and analysis to enable appropriate targeting.

21. The programme will equip and mobilize communities, particularly men and boys, families and community leaders, with the knowledge and skills to challenge gender discriminatory sociocultural norms and prevent harmful practices, such as child marriage and gender-biased sex selection. In addition, adolescent girls in and out of school will be empowered through life skills education and linkages with multisectoral services.

## **D. Outcome 4. Population dynamics**

22. Output 1: High-quality disaggregated data available for planning and monitoring of development interventions. A cornerstone of the programme will be support to the 2021 census, including capacity development for the Central Bureau of Statistics using appropriate electronic technologies, and support for the analysis and dissemination of census data. Further support to national academic/research institutions to generate up-to-date and adequately disaggregated data for the national and subnational level through in-depth census analysis sociodemographic surveys and civil registration and vital statistics data, taking into account gender, age, geography, caste/ethnicity and vulnerability, will facilitate analysis and use of vital statistics for evidence-based local planning and decision-making. UNFPA will further support national actors to track the achievement of the Sustainable Development Goals and monitor development interventions by supporting research and the capacity of relevant institutions to undertake population projections and demographic analysis, small area estimations and quantitative and qualitative research on culturally sensitive sexual and reproductive health and reproductive rights issues and harmful practices including child marriage, gender-based violence and gender-biased sex

selection; and by building subnational capacity to integrate these issues in development programming. Finally, the programme will enhance transparency and accountability by developing electronic/web-based platforms for public access to sociodemographic and humanitarian data.

### **III. Programme and risk management**

23. The Ministry of Finance is the coordinating authority for the programme. In unforeseen circumstances, such as humanitarian emergencies, UNFPA may seek to reprogramme funding – thematically and/or geographically – in consultation with the Government, and towards activities aligned with UNFPA’s mandate.

24. The primary risks facing implementation of the programme are: the current transition into a federal structure and the uncertainty around the roles and responsibilities of subnational institutions; further reductions in regular resources, leading to increased pressure to mobilize non-core resources for key interventions; and the country’s vulnerability to natural disasters.

25. In response to these risks, UNFPA will: (a) seek to employ different operational modalities, including national and direct execution with sufficient flexibility to adapt as federalism is implemented, enabling expansion or reduction of the geographical outreach; (b) continue to nurture strong relationships with development partners and explore non-traditional partnerships, as outlined in the partnerships plan; (c) deliver the programme in the spirit of Delivering as One; and (d) integrate disaster preparedness and response into programmatic activities, and ensure staff capacities for business continuity and humanitarian response. A review of the optimal human resources and skills mix necessary for implementation will be undertaken. The programme relies on national technical expertise and on support from both headquarters and the regional office.

26. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures and the internal control framework.

### **IV. Monitoring and evaluation**

27. UNFPA will pursue results-based management approaches to maximize impact. A total of 7 per cent of regular resources will be allocated for monitoring and evaluation activities, with additional allocations from non-core funds. A monitoring plan for all indicators of the results and resource framework will assign roles and responsibilities for monitoring, provide a timetable for data collection and identify data sources. Annual programme reviews and work planning will be informed by monitored data and provide corrective measures to achieve the desired results. A country programme evaluation will be conducted towards the end of the programme cycle to determine what worked and why, and identify lessons learned to improve programming.

28. UNFPA will support the Government of Nepal in identifying statistical data gaps, strengthening national monitoring and evaluation systems and monitoring progress towards the Sustainable Development Goals. The disaggregation of data will receive support in order to improve targeting.

29. Joint monitoring and assurance activities will be implemented by UNFPA with United Nations partners and national institutions, using the assurance monitoring system of the harmonized approach to cash transfer framework.

30. A communications strategy will be implemented to enhance the visibility of achievements. UNFPA will reach a diverse audience with success stories and documented good practices using innovative, user-friendly social media tools.

## RESULTS AND RESOURCES FRAMEWORK FOR NEPAL (2018-2022)

<p><b>National priority:</b> Sustainable improvement on human development through social development and social security/protection; Gender Equality, Social Inclusion, environment protection and maximum use of science and technology</p> <p><b>UNDAF Outcomes:</b> By 2022, there is improved, equitable access, availability and utilization of quality basic social services for all people, particularly for vulnerable people. By 2022, environmental management, sustainable recovery and reconstruction and resilience to climate change and natural disasters are strengthened at all levels</p> <p><b>Indicators:</b> Maternal mortality ratio. Baseline (2015): 258 per 100,000 live births; Target: 116 per 100,000 live births. Proportion of demand for family planning satisfied with modern methods. Baseline (2016) 56%; Target: 74%.</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p><b>Outcome 1: Sexual and reproductive health</b></p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Unmet need for family planning. Baseline (15-49 years): 23.7%; Target: 15-49 years:19%</li> <li>Proportion of service delivery points having no stock-out of contraceptives in the last 6 months. Baseline: 73%; Target: 80%</li> <li>Percentage of adolescents utilizing services through adolescent-friendly services Baseline: 10%; Target: 30%</li> </ul>	<p><b>Output 1:</b> Increased capacity to deliver integrated, quality sexual and reproductive health services that target women and adolescent girls, especially the most vulnerable, including in humanitarian situations</p>	<ul style="list-style-type: none"> <li>Number of health facilities in priority locations that meet quality standards and received certification, for provision of integrated adolescent-friendly sexual and reproductive health services. <i>Baseline: 25; Target: 70</i></li> <li>Proportion of health facilities in priority areas providing 5 modern family planning methods. <i>Baseline: 33%; Target: 60%</i></li> <li>Number of women reached through the Visiting Providers to increase access to family planning services in eight districts. <i>Baseline: 1,900; Target: 3,600</i></li> <li>Number of UNFPA-supported areas with updated disaster preparedness and response plans, including Minimum Initial Service Package for Reproductive Health services. <i>Baseline: 0; Target: 14</i></li> <li>Fistula surgery incorporated as part of Nepal's Essential Health Service Package for vulnerable groups. <i>Baseline No; Target: Yes</i></li> <li>Number of Universities providing midwifery training as per international standards. <i>Baseline: 2; Target: 3</i></li> </ul>	<p>Ministries of Health; Federal Affairs and Local Development; United Kingdom Department for International Development; UNICEF; UNDP; World Health Organization; United States Agency for International Development; Adventist Development and Relief Agency; Jhpiego; Nepal Red Cross Society; Marie Stopes International Family Planning Association of Nepal; Kathmandu University; B.P. Koirala Institute of Health Sciences, Tribhuvan University</p>	<p>\$14.0 million (\$4.7 million regular resources and \$9.3 million other resources)</p>
<p><b>National priority:</b> Bringing balance between population, economic and social development through implementation of population management and reproductive health programmes</p> <p><b>UNDAF Outcome:</b> By 2022, there is improved, equitable access, availability and utilization of quality basic social services for all people, particularly for vulnerable people</p> <p><b>Indicators:</b> Adolescent birth rate (per 1,000 women aged 15-19 years). Baseline (2016): 88; Target: 51.</p>				
<p><b>Outcome 2: Adolescents and youth</b></p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Percentage of public budget allocated for youth programmes at national and subnational levels. Baseline: 2.9%; Target: 5</li> </ul>	<p><b>Output 1:</b> Young people have skills, knowledge to make informed decisions for health and well-being and to participate in decision-making</p>	<ul style="list-style-type: none"> <li>Gender responsive comprehensive sexuality education integrated in national curriculum. <i>Baseline: No; Target: Yes</i></li> <li>Number of adolescents accessing information and counselling from adolescent friendly learning spaces in schools. <i>Baseline: 0; Target: 15,000</i></li> <li>National and subnational development platforms for active youth participation in planning and decision-</li> </ul>	<p>Ministries of Education, Youth and Sports, Health; Federal Affairs and Local Development; National Forum for Parliamentarians on Population and Development; UNESCO; UNICEF; International Labour Organization; National Youth Council; local-level government bodies; Restless Development:</p>	<p>\$3.5 million (\$1.5 million regular resources and \$2.0 million other resources)</p>

		making on laws and policies in place. <i>Baseline: 3; Target: 7</i>	ADRA; YUWA-Nepal, Association of Youth Organization in Nepal	
<p><b>National priority:</b> Promotion of good governance and human rights through effective and accountable public finance and clean, transparent and people friendly public service</p> <p><b>UNDAF Outcome:</b> By 2022, inclusive, democratic, accountable and transparent institutions are further strengthened towards ensuring rule of law, social justice and human rights for all, particularly for vulnerable people.</p> <p><b>Indicators:</b> Percentage of women aged 15-49 years who have ever experienced physical or sexual violence who have ever sought help or services. Baseline (2011): 22.8%; Target: 40%</p>				
<p><b>Outcome 3: Gender equality and empowerment of women</b></p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Percentage of women aged 15-49 who think that a husband/partner is justified in hitting or beating his life/partner under certain circumstances. Baseline: 42.9%; Target: NA</li> <li>Proportion of women aged 20-24 years who are married or in union before age 18 Baseline: 40.7%, Target: 20%</li> <li>Sex ratio at birth. Baseline: 106.4/100 male/female; Target: 105/100 male/female</li> </ul>	<p><u>Output 1:</u> Public institutions and community capacities increased to prevent and respond to gender-based violence</p>	<ul style="list-style-type: none"> <li>Number of adolescent girls in target localities reached with life skills interventions and health services to enhance social capital and delay child marriage. Baseline: 3,000; Target: 10,000</li> <li>Number of public health institutions providing response to gender-based violence, including referral for multisectoral services for survivors, including in humanitarian settings. Baseline: 6; Target: 12</li> </ul>	Ministries of Women and Children; Health; Federal Affairs and Local Development; Nepal Police; local authorities; United Nations Children's Fund; World Health Organization; Centre for Victims of Torture; Nepal Red Cross Society; Women Rehabilitation Centre; Centre for Reproductive Rights	\$7.4 million (\$2.4 million regular resources and \$5.0 million other resources)
<p><b>UNDAF Outcome:</b> By 2022, inclusive, democratic, accountable and transparent institutions are further strengthened towards ensuring rule of law, social justice and human rights for all particularly for vulnerable people.</p> <p><b>Indicator:</b> Percentage of Universal Periodic Review recommendations implemented by the Government of Nepal</p>				
<p><b>Outcome 4: Population dynamics</b></p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>A population and housing census is carried out, processed and disseminated following internationally agreed recommendations. Baseline: 0; Target: 1</li> </ul>	<p><u>Output 1:</u> High-quality disaggregated population data available for planning and monitoring of development interventions</p>	<ul style="list-style-type: none"> <li>A National Population and Housing Census 2021 master plan with resource requirements developed and implemented by the Central Bureau of Statistics. <i>Baseline: 0; Target: 1</i></li> <li>Number of annual local development plans that have used disaggregated data to monitor localized Sustainable Development Goal 3 and 5 indicators. <i>Baseline: 0; Target: 14</i></li> </ul>	National Planning Commission, Central Bureau of Statistics; Ministries of Population and Environment; Federal Affairs and Local Development; European Union; UK Aid; United States Agency for International Development; Swiss Agency for Development Cooperation; Norway; UNDP; UN-Women; Central Department of Population Studies, Tribhuvan University; local authorities	\$5.4 million (\$3.4 million regular resources; \$2.0 million other resources)