Country Programme Performance Summary 2013-2022
Nepal

This format is mandatory to be submitted to the Executive Board (EB) alongside the Country Programme Documents (CPDs). The summary format should factor in all evaluative evidence, such as the latest country programme evaluation, and will be posted together with other mandatory documents for access by the Executive Board.

A. Country Information	
Country name: Nepal	
Category per decision 2013/31: Red	**Cycle of assistance: 7**
B. Country Programme Outputs Achievement[1] *(This would not have been possible without the collaboration and support of Government of Nepal (GoN) and our development partners (Australia, Central emergency response fund, German development cooperation, OCHA, Friends of UNFPA, SWISS Agency for development and cooperation, Government of Japan, Government of Norway, Global Grants Giving, UBRAF, UNESCO/KOICA, United Nations Fund for International Partnership, UK Department for International Development, UN Peace fund)*	

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

Indicators	Baseline	Target	End-line data
(SP OC1 OP1) Output 1 indicator 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 un/married youth.	0	1/UNFPA-supported district	30 adolescent friendly centres certified as of February 2017 in 13 districts 12 more expected by Dec. 2017 in the remaining five districts
(SP OC1 OP1) Output 1 indicator 2: Number of national and regional nurse/midwifery training institutions supported by UNFPA with curricula based on essential competencies of the WHO & the ICM of Midwives adopted and implemented.	0	4	Minimum Requirements for Bachelor in Midwifery Education finalized & endorsed; Education Initiated in 2 Universities.
(SP OC1 OP1) Output 1 indicator 3: Number of UNFPA-supported health-training institutions providing HSP with competency-based training, adhering to national standards and protocols, in FP & in preventing and treating RH morbidities.	0	4	4 Comprehensive RH training sites established (ASRH, FP, Health response to GBV) and 1 training site for Obstetric Fistula
(SP OC1 OP5 I5.2) Output 1 Indicator 4: Number of UNFPA-supported districts w/contingency plans that incorporate the MISP, responses to GBV, and ASRH services	12	18	18
(SP OC1 OP5 I5.1) Output 1 Indicator 4.1: Number of affected districts that have capacity to implement MISP at the onset of a crisis and during emergency. HFCB IRFI 3.8: Number of persons including women and/or girls reached through RH kits and SRH services. HFCB IRFI 5.3: Number of inter-agency reproductive health coordination body that are functional as a result of UNFPA guidance and leadership.	0	As per the FLASH Appeal issued following the 2015 earthquake	104,740 beneficiaries reached through 132 mobile RH camps in 14 EQ affected districts. 3 RH coordinators deployed to 3 places (Ktm, Gorkha, and Sindhupalchowk. Details provided in EQ progress report. www.nepalunfpa.org
(SP OC1 OP2) Output 1 Indicator 5: No of districts that uses web-based LMIS system for regular reporting for monitoring stock out situation essential life-saving medicines	0	18	18

[1] *Achievement includes input from the latest CPE and UNFPA corporate reports and routine programme data*

Key Achievements

During CP7, UNFPA was successful in incorporating priority agendas in the Nepal Health Sector Strategy (2016-2021) such as ASRH, RH morbidity (Obstetric Fistula), FP, GBV and also in the subsequent NHSS-Implementation plan. The Strategy has a strong focus on quality, addressing social inequities, exclusion and financial risks.

The "Barrier Study" carried out UNFPA in 2014, has clearly influenced national commitments and quality standards in the area of adolescent sexual and reproductive health. The recommendations prompted the GoN to review existing certification criteria for the rising number of public AFHS centers and to revise the national ASRH training package for health service providers. Based on the recommendations, the Ministry of Health with support from UNFPA was able to certify 31 Adolescent Friendly Service centers (AFS) as of February 2017 which are now providing quality adolescent' friendly services in 13 UNFPA-supported districts. Up until 2016, over 350,000 adolescents have been reached through these centers, with utilization increasing over time (10% increase in 2015 and 36% in 2016). 178 Adolescent Friendly Information Corners (AFIC) were established in schools (14 districts) resulting in information and materials on Sexual and Reproductive Health being more accessible. UNFPA was also able to leverage resources for ASRH with other partners having started to fund some of the ASRH components.

With UNFPA TA and financial assistance, 4 national health training institutions (Bheri Zonal hospital, Seti Zonal hospital, Maternity Hospital, Gandaki zonal hospital) were strengthened and equipped as comprehensive training & service sites for quality FP, RH morbidity (Pelvic Organ Prolapse), and SRH services. BP Koirala Institution of Health Science (BPKIHS) has been established as center of excellence for Obstetric Fistula training & services. Plus, Koshi Zonal and Bharatpur hospitals are also strengthened as ASRH training and Service sites during CP7. 4 clinical training institutions have started to provide competency-based training to improve FP services and reduce RH morbidities. UNFPA has played a major role in promoting LARC. Health service providers were satisfied with UNFPA-supported FP and RH morbidities training (CPE, 2017). Half of all births to women aged 15-24 are attended by skilled birth attendants, an increase over 2011. UNFPA-supported institutions and SRH services are sustainable (CPE, 2017).

During CP7, UNFPA contributed to strengthening a human rights-based approach to FP in Nepal. It supported the development of a FP Costed implementation plan that clearly lays out gaps in expanding choice, spells out financial needs and provides indication on data and research gaps required to further reduce the unmet need for Family planning. CPR is on the increase in 11 of 18 UNFPA-supported districts. Micro-planning and satellite clinics are considered an effective approach to reach the most marginalized. Over 3,100 women of reproductive age were able to use Long Acting Reversible Contraceptives (LARCs) through the visiting providers' approach supported by UNFPA in 2016 with an aim to reduce the unmet need for Family planning amongst the most vulnerable and marginalized women in 4 districts (Sunsari, Sarlahi, Udayapur and Rautahat). UNFPA has trained more than 400 HWs on LMIS. District-level users appreciate the UNFPA-supported web-based LMIS. Its use for monitoring stock-outs has increased, but it is not fully operational, and the system is already being revamped (CPE, 2017).

Education standards for Midwifery Education (ICM/WHO) were finalized and endorsed in Nepal. Bachelor's level Midwifery Education started in two universities in 2016.

Emergency preparedness and response is mainstreamed throughout CP7. All UNFPA priority districts have incorporated MISP in their Disaster Response Plans and more than 500 health service providers and stakeholders trained on MISP and ASRH toolkit (adapted in Nepali). National RRT training package also includes now the MISP Component. Humanitarian IEC materials reprinted and distributed to all concerned community and among IPs for further dissemination. In 14 EQ-affected districts (13 of which were not part of the 18 districts covered by UNFPA), during 2015, 143,686 estimated affected population reached with emergency RH kits (drugs and supplies) and medical equipment. 104,740 EQ-affected population (85% women/adolescent girls) reached with RH and GBV services through mobile RH camps. 10,293 EQ-affected population benefitted from FP service users through mobile RH camps. 56,496 affected population reached with awareness –raising IEC materials/sessions on SRH/GBV through mobile RH camps. 7,803 episodes airing SRH, GBV and ASRH messages in local FM radios. UNFPA also successfully co-led the RH Sub-cluster (under the health cluster)

Output 2 Increased capacity of women and youth to access high quality sexual and reproductive health services			
Indicators	**Baseline**	**Target**	**End-line data**
SP OC1 OP1) Output 2 Indicator 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	WRA15-49 yrs.: 27.3%, Pregnant women: 35%;	50%	52.2% (national) NHH Survey
SP OC2 I1) Output 2 Indicator 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	27.6% (female), 43.6% (male)	60%	36.4% (National for female)
(SP OC2 OP7) Output 2 Indicator 3: National comprehensive sexuality education curricula are in place that is aligned with international standards.	No	Revised Curriculum	Yes from Grade 1 to 10 Ongoing for revision of grade 10 curriculum along with text book since 2015

Key Achievements

With UNFPA advocacy and technical inputs, Comprehensive Sexuality Education has become an integral part of the School Sector Development Plan (2016-2023) that aims to improve teaching and learning on CSE to enable young people exercise their Sexual and Reproductive Health Rights. Work is on-going to develop teaching materials and build capacity of teachers in this area. CSE curriculum review completed in 2014 and the findings widely disseminated amongst government and relevant stakeholders including advocacy workshop with 90 parliamentarians completed in 2016 with strong commitment to invest in adolescents and young people by the parliamentarians.

UNFPA IEC/BCC activities and trainings have cut across CP7 Outcomes 1 (SRH) and 2 (GE), activities have revolved around the issues of pregnancy complications, HIV, GBV and child marriage in an attempt to contribute to improved health and well-being of adolescent girls and women by informing, educating and promoting positive behaviors appropriate to community settings. In addition, HIV outreach work has targeted FSWs. Various activities, in collaboration with the National Health Education, Information and Communication Centre (NHEICC), DDCs and district line agencies, as well as other partners have been completed during CP7. UNFPA has raised awareness and built the capacities to safeguard the health and rights of female sex workers, going beyond HIV prevention and access to SRH services (CPE, 2017).

Following the adoption and implementation of a BCC strategy, over 10,000 adolescents and young people gained knowledge on comprehensive HIV transmission and prevention including danger signs during pregnancies in 18 UNFPA supported districts. The pre- and post -test results showed that the knowledge was reached to 90% (routine programme data CP7).

To educate and provide counselling to adolescent girls on ASRH and menstrual management there are a number of partners involved in this and that UNFPA was tasked to take the lead in one district in completing TOTs on menstrual health management to district education officers, health service providers and teachers. So far, 115 AFICs in 10 districts have been established and 162 health service providers and teachers received orientation addressing adolescents and young students need to access SRH information and materials with in School.

Output 1: Strengthened national and subnational health-system capacity within the coordinated multisectoral response to sexual and gender-based violence			
Indicators	**Baseline**	**Target**	**End-line data**
SP OC3 OP10) Output 1 Indicator1: Number of public sector hospitals in UNFPA supported districts, including one-stop crisis management centers, providing health response/services to survivors of GBV as per national guidelines.	0	6	9[2] One-stop Crisis Management Centers established
HFCB IRFI10.6: # of persons, including women and girls, reached with GBV services [EQ]	0	As per FLASH Appeal – 2015 earthquake	124,720 affected WRA, adolescent girls and disabled reached with GBV services through FFS. Details provided in EQ Progress report. http://nepal.unfpa.org/
SP OC3 OP10) Output 1 Indicator 2: Number of inter-agency gender-based violence coordination bodies that are functional as a result of UNFPA guidance and leadership. Baseline for regular CP7 programme: GBV Coordination Committee at center & district-non-functional, GBV working group under protection cluster formed.	*0*	As per FLASH Appeal – 2015 earthquake	All flash appeal targets were surpassed.

[2] *9 OCMC: Dang, Sarlahi, Saptari, Sunsari, Rautahat, Doti, Sindhuli, Okhaldhunga and Udyapur*

Key Achievements

During CP7, UNFPA has worked in close collaboration with the GoN and other partners to develop national strategies on GBV and child marriage. With UNFPA technical and financial assistance, and with the support of JHPIEGO, a Clinical Protocol on Gender-based Violence was developed by the MoH and endorsed by the GoN in 2015. The protocol is the first national guideline for health care providers on GBV management in Nepal. Based on the protocol, a competency-based training package was developed with UNFPA's support under the leadership of the NHTC.[3] CPE 2017 informed that UNFPA's contribution to the legal, policy and programme framework regarding GBV and ending child marriage is evident. The Clinical Protocol on GBV, the National Strategy on Ending Child Marriage and "Rupantaran" are three such highlights. Rupantaran is a package a Social and Financial Skills Package which consist of weekly 'lessons' and follow-up to empower adolescent girls to voice against child marriage and harmful practices.

UNFPA's assistance has contributed to developing individual capacities of psycho-social counsellors and institutional capacities of safe houses and OCMCs, all of which cater to different needs of GBV survivors and those at risk of violence. UNFPA has worked within existing structures of the GoN. CPE 2017 confirms that GBV services through existing OCMCs appear sustainable, even without further external funding.

UNFPA trained women and adolescent girls aged 15-24 in 18 priority districts on increasing their knowledge to seek health services following sexual violence, the perception survey 2013 showed 11.7% (very low) and as a result of combination of training activities under the GE and SRH programmes the level of knowledge has reached to 60% in 2017 (training pre-post test result).

UNFPA's emergency preparedness programme has cut across the SRH and GE programme components to support planning, coordination, capacity development and prepositioning. UNFPA's support was embedded in government structures, in collaboration with government authorities and international and local organizations and SRH and GBV are integral parts of emergency preparedness planning and coordination in Nepal at both central and community level (in selected districts). UNFPA was also co-lead of the Protection/GBV cluster system during 2015 EQ and UNFPA is still continuously providing support for the disaster preparedness and response.

UNFPA's engaged with GoN and various partners in the emergency GBV response in the form of coordination, procurement, trainings and providing shelter support to GBV survivors through establishment of 14 female friendly services (FFS). UNFPA also supported the provision of health services for GBV survivors. 56,000 dignity kits were distributed to EQ affected women, with a primary focus on pregnant and lactating mothers. Some kits were also distributed to elderly women and to Female Community Health Volunteers in three districts.

As part of monsoon preparedness few months before the April 2015 earthquake, UNFPA had worked with other Agencies on updating district profiles and making use of census data as well as population projections to estimate the number of potentially affected populations. When the earthquake struck, these data as well as the overall census projections and the MISP calculator proved vital to provide immediate population estimates and calculate the initial needs.

Following the earthquake, UNFPA provided TA on the use of population-related data and support for carrying out two assessments: the Post-Disaster Needs Assessment (PDNA) and Nepal Earthquake 2015; Socio demographic Impact study with reference to 14 most affected districts, UNFPA also worked with youth organizations to spread messages on SRH and GBV and to work through a peer-to-peer empowerment approach in displaced camps and schools in the Kathmandu valley.

[3] http://nepal.unfpa.org/publications/clinical-protocol-gender-based-violence. Only available in Nepali.

Output 2: Enhanced capacity of men and women to prevent gender-based violence and support women seeking multisectoral services on gender-based violence			
Indicators	**Baseline**	**Target**	**End-line data**
(SP OC2 OP8) Output 2 Indicator 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	11.7%;	60%	81% (this is a Pre-post test data, survey data for this indicator is not available as End line perception survey could not be carried out due to drastic funding cuts)
(SP OC3 OP11) Output 2 Indicator 2: Percentage of men and boys in UNFPA-supported districts who believe that violence against women and girls is acceptable.	32.6%;	0%	70% of men and boys believes that violence against women and girls is not acceptable. (this is a Pre-post test data, survey data for this indicator is not available as End line perception survey could not be carried out due to drastic funding cuts)

Key Achievements

During CP7 UNFPA supported a review of the legal provisions relating to child marriage in Nepal which was disseminated at the end of 2016. The review revealed that gaps in these provisions, as well as inconsistencies with other laws, have undermined efforts to address child marriage. Recommended changes include i) making child marriages void ab inititio (invalid from the outset), ii) defining "free and full consent", iii) reviewing the types of punishments, fines and compensation imposed, and iv) increasing the statute of limitations for reporting child marriage, currently set at just three months. [http://nepal.unfpa.org/publications/ending-impunity-child-marriage-nepal].

Following a rigorous and extensive consultative approach, the Ministry of Women, Children and Social Welfare Council, with support from several partners including UNFPA, was able to finalize the National Strategy on Ending Child Marriage.

While UNFPA is carrying out several activities to end child marriage in its 18 districts, it was able to go 'deeper' in five of them through additional funds raised for this purpose. In the five districts alone, UNFPA reached to a total of 5,220 adolescent girls though a government endorsed social and financial skills training package (Rupantaran or "transformation") which is expected contribute to empowering adolescent girls through their participation in decisions affecting their lives while also by raising their voices against discrimination and in ending child marriage, SRHR in UNFPA supported districts. The package also includes modules for parents

Through an outreach programme, UNFPA reached to men and boys in its priority districts in orienting them about VAW with an aim to influencing their attitudes and behaviors towards VAW. A perception survey conducted by UNFPA in 2013 showed that only 32.6% of men **a**nd boys in its priority districts agreed – i.e., that two-thirds thought violence was acceptable.[4] This attitude is reinforced by women's perceptions: 2014 MICS data showed that the percentage of women who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances was 42.9%.

[4] Annual Review Meeting 2015; UNFPA August 2016 monitoring data.

Output 3: Communities are engaged in preventing early marriage and other practices that discriminate against and harm young women			
Indicators	**Baseline**	**Target**	**End-line data**
SP OC3 OP10) Output 3 Indicator 1: Percentage of UNFPA-supported districts with community-based mechanisms to engage communities in preventing early marriage and other discriminatory and harmful practices	11% (2/18 districts)	100% (18 of 18)	100%
(SP OC3 OP11) Output 3 Indicator 2: Percentage of parents in UNFPA-supported districts who do not want their daughter to be married before the age of 18	93.3%;	80% was set before the perception survey, now the target has to be reset as its lower than the baseline.	80% (this is a Pre-post test data, survey data for this indicator is not available as End line perception survey could not be carried out due to drastic funding cuts)

Key Achievements

UNFPA has supported various community based mechanisms, such as youth network, women cooperatives, adolescent girls groups, traditional healer (Dhami Samuha), CAC, VDC Secretaries, parents network, Ward Citizenship Forum in facilitating dialogues on gender equitable norms and advocating for preventing early marriage and other discriminatory and harmful practices. UNFPA has also capacitated them in preventing GBV, support GBV survivors and preventing child marriages and other harmful practices. They range from religious leaders, LGCDP social mobilizers, members of girls' circles, women cooperative members and members of women's groups. A total of 4,691 GBV Watch Groups are formed in VDCs with UNFPA support.

Through local level mechanism UNFPA has been prominently involved in preventing child marriage and to reduce other discriminatory and harmful practices. In 2013, a very high 93.3% of surveyed parents did not want their daughters to marry early. The level of knowledge on the correct age at marriage has reached to 80% compared to the less than half of it in the pre-test. UNFPAs presence in the ground has a significant contribution to this-2017 CPE has confirmed this. However, despite all efforts to educate communities and generally favorable parental attitudes, child marriage is still a challenge, although seemingly a less and less common phenomenon (CPE, 2017).

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			
Indicators	**Baseline**	**Target**	**End-line data**
SP OC4 OP14) Output 1 Indicator 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	19% (5/27 national level government agencies)*;*	56% (15 of 27 agencies)	25.5% (8/31)
(SP OC4 OP15) Output 1 Indicator 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	0 (UNFPA districts)	18	0 UNFPA districts[5] This could not be done because GoNs sectoral plan at local level are based on activity does not include indicators nor report on indicators including ICPD.

[5] *UNFPA OC3 RD IV annual tracking survey 2016, CDPS/TU*

Key Achievements *(input also from the last CP evaluation)*

UNFPA provided support to key Ministries mainly on policy development, coordination, capacity building, ensuring youth participation and development, data, research and further analysis.

During CP7, the 2015 National Population Policy and the 13th National Plan were developed with UNFPA support. The 14th Plan Approach Paper (2016/17-2018/19) and other policy/plans included ICPD issues in particular youth, SRH, GBV due to UNFPAs contribution.

UNFPA also contributed to the development of the National Health Sector Strategy 2016-2021, the National Youth Policy and the Strategy to End Child Marriage to name a few.

UNFPA has been regularly advocating, monitoring and tracking national and district level investment on population, RH, youth and GBV issues. While some fluctuations have been observed in budget allocations and spending by the GoN, two main reasons are change in priority by the government, including due to the massive earthquake in April 2015 whereby GoN reallocated their budgets in emergency related programs. Second, later in 2015 some of the ministries and national line agencies were restructured which resulted in revision of programs and budgets. However, though there have been improvements in programming and budgeting on selected ICPD issues and related indicators at national and sub national levels.

The Population Situation Analysis (PSA) was drafted and key findings were integrated into the Common Country Analysis (CCA) for the new United Nations Development Framework (2018-2022).

Policy briefs around key ICPD issues (children and youth, population ageing, gender equality and governance and local development) for Nepali parliamentarians have been disseminated. Results based Periodic District Development Plans incorporating population dynamics drafted in five districts (Dadeldhura, Kapilbastu, Argakhanchhi, Sindhuli, and Udayapur).

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

Indicators	Baseline	Target	End-line data
(SP OC4 OP15) Output 2 Indicator 1: Number of districts that use data from the census and disaggregated national surveys in annual plans	0%	18 districts	7/18
(SP OC4 OP12 I 12.2) Output 2 Indicator 2: Number of databases with population-based data accessible by users through web-based platforms that facilitate mapping of socio-economic and demographic inequalities	1 Nepal Info	PMIS, DPMAS, Census Info	3 CensusInfo, DPMAS and PMIS are available (DPMAS and PMIS are not on web-based platforms)
(SP OC4 OP12 I 12.1) Output 2 Indicator 2.1: Number of districts experiencing a humanitarian crisis situation in which UNFPA provided technical assistance on the use of population-related data and support for assessments	0	2	2: PDNA Report; Socio-demographic Impact of EQ Study Report available
(SP OC4 OP 13 I13.3) Output 2 Indicator 3: National statistical authorities have capacity to analyze and use disaggregated data on a) adolescents and youth b) sexual and reproductive health c) gender-based violence and d) gender equality & social inclusion	2 (CBS, MoH)	2	2

Key Achievements

With UNFPA's technical and financial support 2011 census results were further disseminated through three Population Monographs. The Nepal Population and Housing Census 2011s national report Volume I and other subsequent volumes.6 UNFPA assistance in piloting the census, field work, post enumeration survey and data analysis was considered important for data quality assurance and improved and sustained data availability and analysis in Nepal. Towards the end of 2013, CBS, with UNFPA support, published additional volumes of census results. They included disaggregated information on households, fertility, migration, industry, occupation, education/literacy and gender amongst other things. UNFPA also provided support for disseminating census results across UNFPA programme districts.

During CP7, UNFPA supported the CBS to carry out national survey and analysis on youth, ageing, migration and urbanization. UNFPA also supported MoH to further analyse the 2011 DHS data and use disaggregated data on A&Y, SRH, GBV, GE and social inclusion. A number of publications and reports by MoH and CBS, including the Further analysis of DHS 2011, Population Monographs. UNFPA also developed Adolescent Youth Dashboard, Youth Friendly booklet aiming to support evidence based planning and programming.

In 2015, post-earthquake, UNFPA supported GoN to commission a Nepal Earthquake: Socio-demographic impact study, Report of the Resource Flows Survey on Family Planning 2015 is available; and Field-work and data entry and processing of the Urban Population Survey is completed.

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

Indicators	Baseline	Target	End-line data
SP OC4 OP15) Output 3 Indicator 1: Proportion of youth from the district level youth networks who participate in local government planning process in 18 UNFPA-supported districts.	1.4 %	20%	16.3%: DDC, 21.4%: DIPC
Added for EQ response Result from SP: (SP OC4 OP15 I 15.1) Output 3 Indicator 2: Number of countries that have developed and applied scientifically sound monitoring and evaluation procedures when introducing new sexual and reproductive health, and adolescents and youth programmatic interventions	0	Set up result based Monitoring, reporting and evaluation system for EQ response	• EQ Response M&E framework, monitoring tool is developed and results aligned. • Humanitarian response evaluation is integrated in the CPE as a part CCPE, Evaluation completed, mgmt. response prepared to the recommendations. • Joint monitoring visits reports documented & actions points tracking completed for 2015-2016.

Key Achievements

During CP7, UNFPA's contributed in strengthening local level results based planning, monitoring and evaluation of community development results in decentralised context through our technical assistance to LGCDP. Also, UNFPA strengthened, capacitated the youth networks to claim their participation in district development processes to contribute to the LGCDP planning process. As a result youth participation in district development processes currently shows an increasing trend (data provided above).

[6] CBS 2012: National Population and Housing Census 2011, Vol. 1, National Report, p10. See http://unstats.un.org/unsd/demographic/sources/census/wphc/Nepal/Nepal-Census-2011-Vol1.pdf.

C. National Progress on Strategic Plan Outcomes[7]	Start value	Year	End value	Year	Comments
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	61 (national)	2013 FBARHCS	62 (national)	2016 FBARHCS	2013 collected information from public facilities only so, for 2016 value has been put of public facilities only
Contraceptive prevalence rate (total)	49.7 all methods 43.2 Modern methods	NDHS 2011	50 all methods 47 Modern methods	2014 NMICS	Target setting exercise will occur by end of 2017
Proportion of demand for contraception satisfied (total)	65.0%	NDHS 2011	66.3	NMICS 2014	Target setting exercise will occur by end of 2017
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	80 (national)	FBARHCS 2013	72 (national)	FBARHCS 2016	Result of end value is three months preceding the survey. 2013 collected information from public facilities only so, for 2016 value has been put of public facilities only
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	42.0% (national) 34.1% (UNFPA districts)	2011	60% (national)	MICS 2014	NA
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	-	-	-	-	Adapted DMT and WHO-MEC wheel. Developed FP-CIP
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	-	-	-	-	NA
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	-	-	-	-	NA

[7] The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

C. National Progress on Strategic Plan Outcomes[7]	Start value	Year	End value	Year	Comments

Summary of National Progress:

Family planning has been an integral component of national health strategies and programmes of the Ministry of Health in Nepal since 1959. The priority that the government accords to family planning is demonstrated by its prominence in the country's development plans and strategies, including the Second Long-Term Health Plan 2006-2017, the Population Perspective Plan 2010-2031, the Nepal Health Sector Strategy (NHSS) 2016-2021 (initially for 2015-2020 but deferred by one year given the devastating earthquake that struck the country in April 2015) and the National Family Planning Costed Implementation Plan 2015-2020.

Through the concerted efforts made over the past several decades, Nepal has made remarkable progress in increasing the utilization of modern family planning modern methods among currently married women, from 26 percent in 1996 (NDHS, 2001) to 47 percent in 2014 (MICS, 2014). The most commonly used modern methods are sterilization (18 percent for female sterilization and 5 percent for male sterilization), injectable (13 percent), oral contraceptive pills (5 percent), and male condoms (4 percent) (Multiple Indicator Cluster Survey, 2014, Central Bureau of Statistics, Nepal).

While CPR increased over time despite a period of stagnation, an estimated one in four women in Nepal has an **unmet need** for family planning (MICS 2014). While this (unmet need) declined nationally from 31% in 1996 (Nepal Family Health Survey) the present level of unmet need has remained unchanged since 2006 and provides therefore scope for more programmatic interventions on family planning towards the most marginalzed and unreached segments of the population, especially among younger women.

UNFPA's Contributions:

UNFPA has contributed to instituting a human rights-based approach to family planning in Nepal through expansion of choice of FP methods and using data to identify those left out from the services and adopt special programmes to reach them. CPR is on the increase in 11 of 18 UNFPA-supported districts. Micro-planning and satellite clinics are considered an effective approach. Over 3,100 women of reproductive age were able to use Long Acting Reversible Contraceptives (LARCs) through the visiting providers' approach supported by UNFPA with an aim to reduce the unmet need for Family planning amongst the most vulnerable and marginalized women in 4 districts (Sunsari, Sarlahi, Udayapur and Rautahat).

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health					
C. National Progress on Strategic Plan Outcomes	**Start value**	**Year**	**End value**	**Year**	**Comments**
Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	27.6% (F/national) 43.6% (M/national)	2011 (DHS)	36.4% (National for female)	2014 (MICS)	Data is only available for Female in MICS 2014
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	Yes	-	-	-	Health Policy of Nepal

Summary of National Progress:

Nepal is a signatory of the International Conference on Population and Development (ICPD) and has been an active supporter of the ICPD beyond 2014 review document, where the need for CSE is highlighted. Nepal has numerous strategies and policy documents that include CSE. There exists the National Adolescent Health and Development Strategy 2000, National Communication Strategy for Adolescent Sexual and Reproductive Health (ASRH) Nepal 2011-2016, the National ASRH Program Implementation Guideline 2011 and the National Adolescent Job Aid 2012 includes components of CSE. The 2014 National CSE curriculum review reported that Nepal has included CSE related topics in the curricula of grade 1-10 and are to a large extent in line with the ITGSE. The report also made recommendation for better integration of age appropriate CSE in national curriculum, teacher's training (pre-service and in-service), and also the integration of CSE in non-formal education. The School Sector Development Program (2016/17-2022/23) has incorporated CSE in the strategy document which emphasize on the skills enhancement of teachers to deliver CSE topics in class room (both pre-service and in-service training) and clear sectoral and school policies and curricula in this regard.

UNFPA's Contributions:

UNFPA has worked closely with the Ministry of Education (MoE) in integrating Sexual and reproductive health in the formal education (secondary and higher secondary) since 1983 and continued till 2006. UNFPA has also commissioned a CSE curriculum review in 2014 in close collaboration with the Curriculum Development Centre (CDC) that recommended the consistent use of age-grade appropriate CSE, and strengthening in-service and pre-service training of teachers for CSE. A CSE technical working group (CSETWG) was also formed with representation of CDC, National Centre for Education and Development (NCED), Non-formal Education Center (NFEC), Family Health Division (FHD) and development partners in September 2015. An action plan to address the recommendation from the CSE review was developed with respect to related Centers. With Australia's and UNESCO/KOICA's funding support, UNFPA is providing technical support to the MoE in implementing the CSE plan of action from 2016 to 2020 by creating an enabling environment for CSE (CSE orientations, advocacy), institutional capacity building (development of teacher's training guide and reference materials, training of teachers) and provision of resource learning materials to adolescent girls and boys through adolescent friendly information corners in schools.

Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth

C. National Progress on Strategic Plan Outcomes	Start value	Year	End value	Year	Comments
Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	-	-	-	-	In process. Not yet consulted
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	-	-	2	2016	Based on UPR recommendation received, no. of actions taken are 2
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	-	-	42.9%	2014 MICS	NA

Summary of National Progress

Adoption and Implementation of the National Action Plan on UNSCR 1325 and 1820 addressing a broad range of issues as: support women's participation and representation, strengthening Women and Children Service Centers, provision of legal assistance, medical services and psycho-social counseling for survivors of sexual and gender-based violence; justice, reparation and compensation for the victims of conflicts and their families; financial assistance to conflict-affected women; and provision of educational scholarships to women and girls affected by conflict.

Formulated the "Sex and Gender-based Violence and Gender Empowerment Strategy and Work Plan" (2012/13-2016/17) in 2011 and has been in implementation since then. Accordingly, district level service centers and community level service centers have been established to address the critical concerns of victims of gender-based violence. To reinforce such mechanism, 'Hospital-based One-stop Crisis Management Center' has been introduced to provide integrated services to GBV survivors.

The MoWCSW has been implementing 'National Plan of Action against GBV' since 2010 with initiation of several protective, educational and promotional programs with the aim to address eliminating traditional cultural practices against women.

Nepal Police has adopted a separate 'Gender Policy' as strategic framework in 2012, along with separate Code of Conduct against GBV for police personnel in 2012 and Victim Support Standard Operating Procedures (SOP), 2013 with necessary enforcement mechanisms to promote gender sensitive service delivery (Nepal Police).

Development of Standard Operating procedure for Prevention of and Response to Gender Based Violence- Office of the Prime Minister and Council of Ministers (OPMCM) for effective implementation of the programme against Gender Based Violence through the participation and inclusion of stakeholders, by maintaining the secrecy of victim or affected person by providing required health treatment, psycho counseling service legal aid including security, creating conducive environment.

National Strategy to End Child Marriage - Ministry of Women Children and Social Welfare (MoWCSW) with an aim to protect and promote the dignity and human rights of girls, and enable them to make informed and free decisions about marriage so that they may able to realize their full potential as human beings

The SOP for the prevention of and response to GBV has been endorsed, and accordingly the GBV Information Management System (GBVIMS) has been institutionalized under the office of NWC.

UNFPA's Contributions :

UNFPA supported right from the initial phase for development of NAP 1325 and 1820 and worked as the co-chair to the group called "Peace support working group" for coordination and development of the plan. UNFPA's work contributed specifically under "Protection and Prevention" cluster of the National Action Plan on UNSCR 1325 and 1820 as follows:-

- Providing prompt and free medical service and psycho-social and (legal) counselling to women and girls victims of SGBV during the time of conflict
- Make necessary arrangements for the treatment and rehabilitation of women who are mentally disturbed due to conflict and whose families have not been identified

UNFPA supported the Ministry of Women, Children and Social Welfare for the development of National Protection cluster strategy. UNFPA supported the OPMCM for the development of GBV SOP 2011 and its roll out in 18 UNFPA supported districts. The GBV SOP is reprinted by the OPMCM in 2016 and disseminated in 2016. UNFPA contributed to the National strategy to End Child Marriage as a member of the National Steering Committee. Also, a number of study and publication on policy and legal framework were undertaken supporting the pillars in the national strategy. Supported National Women Commission for GBVIMS by providing training on how to register GBV data according to GBVIMS procedures etc.

C. National Progress on Strategic Plan Outcomes[1]	Start value	Year	End value	Year	Comments
Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality					
Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	Yes	2001	Yes	2011	
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	Yes	2011	Yes	2014	2010/11 Nepal Living Standards Survey; 2010/11 Nepal Adolescents and Youth Survey; 2011 Nepal Demographic and Health Survey; 2014 Nepal Multiple Indicator Cluster Survey
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	No		No		NA
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	43%	2013	60%	2016	Source: Report on 7th UNFPA/GoN Country Program (2013-2017) Outcome 3: Round IV Data Collection Study, 2016

[1] The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

Summary of National Progress

National Population Policy and the 13th National Plan were developed. The 14th Plan Approach Paper (2016/17-2018/19) and other policy/plans included ICPD issues in particular youth, SRH and GBV.

The results of the census have provided the latest data as the basis for the demarcation of boundaries for the country's federal provinces and local units. National development plans and sectoral plans were able to set people-centered development targets by accounting for population trends and projections based on the census data.

UNFPA's Contributions

With UNFPA's technical support and financial contribution (and a grant from the Swiss Development Cooperation), Central Bureau of Statistics (CBS), in 2014, published three volumes of Population Monograph around population dynamics, social demography and economic demography based on the results of 2011 Population and Housing Census. The analytical reports that have presented detailed analysis and interpretation of results at national and sub-national levels and for different social groups and resulting policy recommendations are being widely used by policy makers, academia and development planners.

UNFPA has contributed in the analysis and dissemination of various socio-demographic surveys including the further analysis of the 2011 Nepal demographic and health survey (NDHS) and the design of the 2016 NDHS , design and analysis of the Nepal Ageing Survey, analysis and dissemination of the 2010/11 Nepal Adolescents and Youth Survey among other thematic national household surveys.

UNFPA capacitated local researchers, demographers and planners on evidence-based planning/results- based management, research methodology and survey data analysis.

In the aftermath of 2015 April Nepal earthquake, UNFPA commissioned a socio-demographic impact study of the earthquake with reference to 14 most affected districts. The report was endorsed by the government.

D. Country Programme Resources

SP Outcome[8] Choose only those relevant to your CP	Regular Resource (Planned and Final Expenditure USD in million)		Others (Planned and Final Expenditure USD in million)		Total[9] (Planned and Final Expenditure USD in million)	
Young people's sexual and reproductive health and sexuality education	9.20	7.09	3.00	5.30	12.20	12.39
Gender equality and reproductive rights	5.70	4.67	2.50	4.60	8.20	9.27
Population dynamics	6.90	5.50	2.00	0.18	8.90	5.68
Programme coordination and assistance	1.20	0.70			1.20	0.70
Total	**23.00**	**17.96**	**7.50**	**10.08**	**30.50**	**28.74**

[8] The financial report is based on the approved CPD by Executive Board in September 2012. Whereas the narrative on progress above is based on the CPAP alignment with Strategic Plan (2014-2017) around 4 Outcome areas.

[9] Total expenditure includes the projected expenditure of 2017 for regular resources (based on ceiling and OR based on cash received as of March 2017)