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**Country programme document for Nepal**

Proposed indicative UNFPA assistance:	\$28 million: \$17 million from regular resources and \$11 million through co-financing modalities and/or other, including regular resources
Programme period:	Three years (2008-2010)
Cycle of assistance:	Sixth
Category per decision 2005/13:	A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	11	6	17
Population and development	3	2	5
Gender	2	3	5
Programme coordination and assistance	1	-	1
<b>Total</b>	<b>17</b>	<b>11</b>	<b>28</b>

## I. Situation analysis

1. Nepal began a peace process in June 2006 after an 11-year internal conflict that resulted in an estimated 2 per cent annual decrease in gross domestic product (GDP). Average per capita GDP for 2004/2005 was \$297. The population is estimated at 26 million, 31 per cent of whom live below the poverty line. Disparities in wealth, opportunities and access to basic services exist between regions, rural and urban areas, genders, castes and ethnic groups. Socially excluded groups include Dalits, Muslims, disadvantaged Janajatis, middle-caste Terai groups, women and the disabled.

2. Life expectancy at birth is 63 years. Between 2001 and 2006, the total fertility rate declined from 4.6 to 3.1 per woman and the contraceptive prevalence rate for modern methods increased from 35 per cent to 44 per cent. The population growth rate was approximately 2.25 per cent in 2001 and remains high. The urban population is growing rapidly.

3. Access to health services is limited in remote, mountainous areas. It is also hindered by sociocultural and language barriers, especially among excluded groups, and by the lingering impacts of the conflict. The maternal mortality ratio is 281 deaths per 100,000 live births. Skilled attendants are present at only 19 per cent of births and 44 per cent of mothers receive antenatal care. Genital prolapse affects 10 per cent of women of reproductive age.

4. Sexually transmitted infections and HIV are major concerns. HIV prevalence among the general population, estimated at less than 1 per cent, is concentrated among injecting drug users and sex workers. Additional risk factors include seasonal migration and the trafficking of girls to India.

5. Adolescents account for about 24 per cent of the population. Half of adolescent girls are married, and 21 per cent have at least one child. Maternal morbidity and mortality are

higher among adolescents than among any other age group. Despite progressive policy reforms, the human development indicators of women and girls remain low, irrespective of caste, ethnicity and geographical location. Their participation in decision-making is minimal, and they have limited access to resources, basic services and information. Sexual and gender-based violence is widespread.

6. Institutional and technical capacity within the Government and civil society must be strengthened. In many institutions, planning capacity and management skills are limited. The capacity to analyse and utilize data for planning and policy purposes, especially at subnational levels, is also limited. Human resource capacity and management in all sectors needs to be strengthened.

## II. Past cooperation and lessons learned

7. UNFPA support to Nepal began in 1971. The fifth country programme (2002-2006) strengthened reproductive health and population programmes nationwide. It also adopted a gender-responsive, district-focused and decentralized programme aligned with the United Nations Development Assistance Framework (UNDAF) and the government decentralization policy in six districts. These districts were selected on the basis of their population, reproductive health and gender indicators.

8. The programme helped to: (a) strengthen reproductive health care, including family planning and voluntary surgical contraception; (b) provide emergency reproductive health services and care for genital prolapse; (c) support female community health volunteers; (d) incorporate adolescent sexual and reproductive health education in the school curriculum; (e) develop a population plan; (f) build capacity to ensure that gender dimensions were included in census data; and (g) develop an integrated health-sector information strategy and a

reproductive health commodity security strategy.

9. Lessons learned include the need to: (a) focus and consolidate national, district and community-level activities; (b) continue support for high-quality reproductive health care; (c) limit the number of implementing agencies; (d) promote community participation; (e) address economic and sociocultural barriers faced by women and socially excluded people to improve access to services and to promote empowerment and social inclusion; (f) develop monitoring and evaluation plans early in the programme cycle; and (f) integrate reproductive health, population and development, and gender issues at all levels. The country programme action plan will incorporate these lessons.

### III. Proposed programme

10. The proposed programme contributes to peace-building and is aligned with the priorities of the draft government interim development plan for 2008-2010; the UNFPA strategic plan, 2008-2011; and the common country assessment. The country programme contributes to all four of the 2008-2010 UNDAF outcomes: (a) consolidating peace; (b) improving access to quality basic services; (c) expanding sustainable livelihoods; and (d) promoting and protecting human rights, gender equality, and caste and ethnic equality. The programme will contribute to the government plan to attain prosperity and build peace by reducing human poverty through good governance, social justice and inclusive development approaches.

11. The country programme will support: (a) decentralization, community participation, social inclusion and the mainstreaming of gender concerns; (b) policy dialogue and advocacy; (c) institutional and human capacity development; (d) comprehensive, client-oriented reproductive health service delivery and intersectoral linkages; (e) building a knowledge base on key population and reproductive health issues; and (f) partnerships with the private sector, international

organizations, non-governmental organizations (NGOs), civil society, donors and United Nations organizations.

#### *Reproductive health component*

12. The reproductive health component has two outcomes: (a) reproductive health policies and strategies are implemented at national and subnational levels to promote reproductive health and rights; and (b) improved utilization of high-quality reproductive health services by men, women and adolescents, including socially excluded groups. The reproductive health component supports the government health sector programme. UNFPA will phase out its direct support to the government voluntary surgical contraception camps, the female community health volunteer programme, and the health management information system.

13. Output 1: Improved, inclusive health systems focusing on essential health-care services, including maternal and neonatal health, family planning, adolescent sexual reproductive health, and the prevention and management of sexually transmitted infections, HIV and uterine prolapse. Key activities include: (a) support to accelerate progress towards achieving the Millennium Development Goal on maternal health, including increasing the number of births attended by skilled birth attendants and post-abortion care; (b) revitalizing family planning services; (c) preventing and treating uterine prolapse; and (d) revising and implementing the reproductive health component of disaster and emergency response plans.

14. Output 2: Strengthened capacity of local agencies in selected districts to plan, implement, monitor and evaluate high-quality reproductive health services. Assistance will include: (a) providing technical backstopping for family planning, maternal, neonatal and post-abortion care; (b) strengthening the district health information system for planning and monitoring reproductive health care; (c) enhancing institutional capacity to improve the quality of reproductive health services; (d) increasing the capacity of health workers to

address the health effects of sexual and gender-based violence; and (e) supporting mobile outreach services and reproductive health camps for hard-to-reach groups and those affected by natural disasters and conflict.

15. Output 3: The capacity of selected communities in programme-supported districts is increased, especially among excluded groups, to participate in local-level planning, monitoring and evaluation of high-quality reproductive health services. The programme will assist in: (a) identifying reproductive health needs; (b) formulating socioculturally sensitive behaviour change communication campaigns on local reproductive health issues; (c) preparing district- and village development committee-level plans responsive to the reproductive health needs of the community, especially of excluded groups; and (d) establishing social monitoring mechanisms for local reproductive health services. The expansion of interventions will draw on experiences of the previous country programme.

16. Output 4: Increased coverage for adolescent sexual and reproductive health programmes and for HIV prevention in selected districts. Key initiatives for adolescent sexual and reproductive health will include: (a) strengthening the reproductive health knowledge and life skills of adolescents through formal and non-formal education; (b) increasing youth-friendly reproductive health services; and (c) targeting behaviour change communication interventions. Strategies for HIV prevention will include: (a) developing and implementing guidelines and protocols, including condom programming, and life-skill strategies for sex workers; (b) partnering with NGOs in anti-trafficking and in sexual and gender-based issues; and (c) managing sexually transmitted infections and supporting voluntary counselling and testing for HIV.

*Population and development component*

17. The two outcomes are: (a) line ministries and local governments have structures, policies,

programmes and capacity for evidence-based, decentralized development planning, including gender-sensitive and socially inclusive components; and (b) central and local government institutions mainstream population, reproductive health, gender and social-inclusion concerns in policies and plans, as well as in programme implementation, budgets and monitoring.

18. Output 1: Strengthen national and subnational capacity to collect and analyse socio-economic data disaggregated by age, sex, ethnicity, caste, economic status and location for evidence-based planning and monitoring. Key interventions will support: (a) the technical capacity of statistical offices at central and district levels, district data management committees in selected districts, programme-supported village development committees, and NGOs in collecting and analysing disaggregated data; (b) the preparation of small area sociodemographic profiles by gender, caste and ethnicity; (c) research on demographic trends and the impact of harmful and discriminatory sociocultural practices on reproductive health; and (d) preparatory activities for the 2011 census.

19. Output 2: Population, gender, reproductive health and social-inclusion concerns are integrated into development plans, programme implementation, budgets and monitoring at national, selected district and village levels. The programme will support: (a) the development of tools and methodologies to incorporate disaggregated data and research findings into national and local development planning and budgeting; (b) the development and introduction of costing methodologies and tools; (c) the integration of health-, gender- and environment-related Millennium Development Goal indicators into programme-supported district plans; (d) the operationalization of the population plan; and (e) evidence-based advocacy and sensitization of policy planners, decision makers and civil society on emerging population and development issues.

*Gender component*

20. This component has two outcomes: (a) systems that address gender concerns and promote social inclusion are institutionalized in relevant ministries; and (b) gender dimensions are addressed in the peace process, including the participation of women and girls and the protection from and prevention of gender-based violence.

21. Output 1: Policies of relevant sectoral ministries are revised to reduce institutional and social barriers to exercising rights and accessing services, for all excluded groups. Key actions include: (a) supporting key ministries and other partners in institutionalizing systems that are gender sensitive and that promote social inclusion; and (b) establishing community-based gender and social inclusion systems for local health management committees.

22. Output 2: The capacity of health-service providers, security forces, stakeholders and communities is strengthened to prevent and respond to sexual and gender-based violence, caste-based violence and other forms of violence. Key activities include: (a) action plans to prevent and manage sexual, gender- and caste-based violence; (b) community-based initiatives for sexual and gender-based violence survivors; and (c) capacity-building and partnerships, including with men and boys, to promote empowerment and gender equality.

23. Output 3: Women and excluded groups participate in designing and implementing peace-building initiatives and in operationalizing United Nations Security Council resolution 1325 on women, peace and security. Interventions include: (a) supporting the representation of women and excluded groups in all processes; and (b) establishing mechanisms in programme districts for reintegrating women ex-combatants, dependants, supporters and survivors of the conflict into their communities.

**IV. Programme management, monitoring and evaluation**

24. UNFPA will support the Government and other partners in implementing the country programme through national and community-based programmes. The national programme will advocate policy measures and introduce initiatives on population and development, reproductive health, gender and social inclusion. The community-based programme will pilot, for government adoption and replication, cost-effective improvements in the quality of care that are community-centred and participatory.

25. Various ministries will implement the national and community-based programmes. UNFPA and the Government will agree on the lead coordinating agency during the formulation of the country programme action plan. UNFPA, the Government and partner agencies will conduct joint monitoring, reviews and evaluations, using participatory methods that involve local partners. UNFPA will track programme indicators and help to monitor and evaluate UNDAF outcomes. The programme will consolidate partnerships with donors, harness additional resources from international and bilateral agencies, and seek opportunities for joint programming with other United Nations organizations.

26. The UNFPA country office consists of a representative, a deputy representative, two assistant representatives, an operations manager, and programme and administrative staff. The UNFPA country technical services team in Kathmandu, Nepal; the chief technical adviser; and international and national consultants will provide technical support. The topography of Nepal and the community-based programme require field offices in programme districts. UNFPA has streamlined these offices to make them more effective and efficient in providing technical assistance, monitoring to ensure social inclusion, and humanitarian assistance.

## RESULTS AND RESOURCES FRAMEWORK FOR NEPAL

<b>National priority:</b> the government three-year interim strategy goal for 2008-2010 of attaining peace and prosperity by reducing human poverty through good governance, social justice and inclusive development approaches <b>UNDAF outcomes:</b> (a) consolidating peace; (b) improving access to quality basic services; (c) expanding sustainable livelihoods; and (d) promoting and protecting human rights, gender equality, and caste and ethnic equality				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><b>Outcome 1:</b> Reproductive health policies and strategies are implemented at national and subnational levels to promote reproductive health and rights</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Number of key reproductive health policies implemented</li> <li>Percentage of health-sector budget allocated to reproductive health increased</li> </ul> <p><b>Outcome 2:</b> Improved utilization of high-quality reproductive health services by men, women and adolescents, including socially excluded groups</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Increased contraceptive prevalence rate for modern methods</li> <li>Percentage of deliveries by skilled birth attendants increased</li> </ul>	<p><b>Output 1:</b> Improved, inclusive health systems focusing on essential health-care services, including maternal and neonatal health, family planning, adolescent sexual and reproductive health, and the prevention and management of sexually transmitted infections, HIV and uterine prolapse</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>National policy and programme of action for reproductive health commodity strategy adopted for implementation, with budget provided</li> <li>Reproductive health quality of care strategy implemented</li> </ul> <p><b>Output 2:</b> Strengthened capacity of local agencies in selected districts to plan, implement, monitor and evaluate high-quality reproductive health services</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>In intervention areas, the percentage of women from different social groups using antenatal services increased</li> </ul> <p><b>Output 3:</b> The capacity of selected communities in programme-supported districts is increased, especially among excluded groups, to participate in local-level planning, monitoring and evaluation of high-quality reproductive health services</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>Percentage of settlements and villages with health action plans incorporated into the village and district development plans</li> </ul> <p><b>Output 4:</b> Increased coverage for adolescent sexual and reproductive health programmes and for HIV prevention in selected districts</p> <p><b>Output indicator:</b> Number of NGOs involved in providing adolescent sexual and reproductive health services increased</p>	<p>Ministries of: Education and Sports; Health and Population; Local Development; Women, Children and Social Welfare</p> <p>District development committees; district education officers; district health officers; women's development officers</p> <p>Communities; Local NGOs</p> <p>United Nations Children's Fund (UNICEF); UNDP; United Nations World Food Programme (WFP); World Health Organization (WHO)</p>	<p>\$17 million (\$11 million from regular resources and \$6 million from other resources)</p>
Population and development	<p><b>Outcome 1:</b> Line ministries and local governments have structures, policies, programmes and capacity for evidence-based, decentralized development planning, including gender-sensitive and socially inclusive components</p>	<p><b>Output 1:</b> Strengthen national and subnational capacity to collect and analyse socio-economic data disaggregated by age, sex, ethnicity, caste, economic status and location for evidence-based planning and monitoring</p>	<p>Central Bureau of Statistics; District data management committees; district development committees; Ministry of Health and Population; Ministry of Local Development</p> <p>Local NGOs; Universities</p>	<p>\$5 million (\$3 million from regular resources and \$2 million from other resources)</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
	<p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Increased use of data disaggregated by gender, caste and ethnicity for national and subnational development planning, monitoring and evaluation</li> </ul> <p><u>Outcome 2:</u> Central and local government institutions mainstream population, reproductive health, gender and social-inclusion concerns in policies and plans, as well as in programme implementation, budgets and monitoring</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Percentage of national budget allocated to population, gender and social-inclusion policies in social sectors increased</li> </ul>	<p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>Number of programme districts with a population and reproductive health database disaggregated by gender, caste and ethnicity</li> </ul> <p><u>Output 2:</u> Population, gender, reproductive health and social-inclusion concerns are integrated into development plans, programme implementation, budgets and monitoring at national, selected district and village levels</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>Number of tools and methodologies for costing and integrating population, gender and reproductive health priorities into national and selected district development plans and budgets developed and introduced</li> </ul>	<p>District development committees; Ministry of Health and Population; Ministry of Local Development; National Planning Commission</p> <p>UNDP; UNICEF; World Bank</p> <p>Local NGOs</p>	
Gender	<p><u>Outcome 1:</u> Systems that address gender concerns and promote social inclusion are institutionalized in relevant ministries</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Systems that address gender concerns and promote social inclusion are operationalized in relevant ministries</li> </ul>	<p><u>Output 1:</u> Policies of relevant sectoral ministries are revised to reduce institutional and social barriers to exercising rights and accessing services, for all excluded groups</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Sectoral strategies that promote social inclusion are in place in relevant ministries</li> <li>Percentage increase in women and excluded groups expressing satisfaction with care received from health service providers</li> </ul>	<p>Ministries of: Finance; Health and Population; Local Development; Peace and Reconstruction; Women, Children and Social Welfare (Department of Women's Development); NGOs</p> <p>UNDP; United Nations Development Fund for Women (UNIFEM); World Bank</p>	\$5 million (\$2 million from regular resources and \$3 million from other resources)
	<p><u>Outcome 2:</u> Gender dimensions are addressed in the peace process, including the participation of women and girls and the protection from and prevention of gender-based violence</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of women and girls participating in the peace-building process increased</li> <li>Percentage of women, excluded groups and adolescents reporting reduction in sexual and gender-based violence and other forms of violence</li> </ul>	<p><u>Output 2:</u> The capacity of health-service providers, security forces, stakeholders and communities is strengthened to prevent and respond to sexual and gender-based violence, caste-based violence and other forms of violence</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>Increase in percentage of reproductive health workers providing care and counselling to sexual and gender-based violence survivors</li> </ul> <p><u>Output 3:</u> Women and excluded groups participate in designing and implementing peace-building initiatives and in operationalizing United Nations Security Council resolution 1325 on women, peace and security</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>Increase in percentage of women and excluded groups involved in planning, implementing and monitoring of re-integration efforts, security-sector reform and transitional justice interventions</li> </ul>	<p>National Health Training Centre; Ministries of: Defence; Home Affairs; Peace and Reconstruction; Women, Children and Social Welfare; National Health Training Centre; NGOs; community-based organizations; Centre for Women and Politics; media</p> <p>United Nations Mission in Nepal; UNICEF; UNIFEM; Office of the United Nations High Commissioner for Human Rights; WFP</p>	Total for programme coordination and assistance: \$1 million from regular resources