

**POLICY AND PROCEDURES FOR DEVELOPMENT AND APPROVAL OF THE
COUNTRY PROGRAMME ACTION PLAN (CPAP)**

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I. Overview

The country programme action plan (CPAP) elaborates and refines the programme design, strategies and management modalities outlined in the country programme document (CPD). It provides a detailed description of the programme, its processes, major results expected and strategies for achieving those results. The CPAP includes detailed information on implementation modalities, and is the formal agreement between UNFPA and the Government implementing the country programme.

The CPAP must bring together into one coherent document all programmatic and operational aspects of a country programme, the results to be achieved, programme implementation, and monitoring and evaluation. The CPAP forms the basis for implementing, monitoring and evaluating the country programme, together with the total of all annual work plans (AWPs). The CPAP is in standard United Nations Development Group (UNDG) agreed format. All UNFPA-supported country programmes must develop a CPAP. Specific UNDG guidance is available in section 7.2 below for those countries where the United Nations Country Team (UNCT) decides to prepare an United Nations Development Assistance Framework (UNDAF) Action Plan to replace the United Nations system agency-specific CPAPs.

II. CPAP Development and Approval

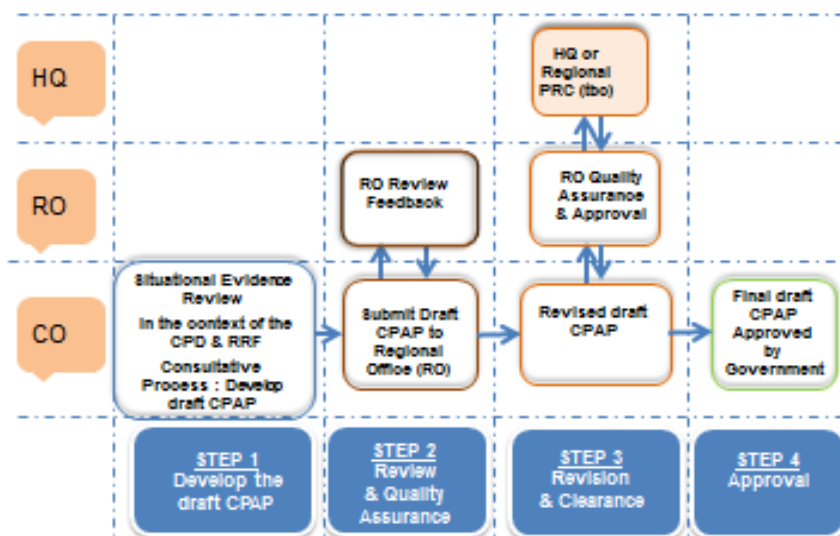
Essential content and procedures for the development and approval of the CPAP are outlined below. The CPAP must:

- Ensure the linkages established in the country programme document (CPD) to the UNFPA strategic plan and the UNDAF;
- Be fully aligned to the Executive Board approved CPD and its results and resources framework;
- Be developed as per the UNDG common format and provide clear details on the strategy, contribution to capacity development, implementation arrangements, partnerships and budget for achieving the planned results (outputs);
- Be developed through a consultative process with key national stakeholders and partners and must be signed by the Government Coordinating Authority (GCA) (*exceptions only apply where there is no national government in the country*);
- Identify programme implementation arrangements, including a capacity assessment of partners;
- Be formalized/signed after quality assurance and review processes at regional and country level have been satisfactorily completed; and
- Be uploaded and made available in UNFPA's global document repository.

III. Key Steps

There are four key steps for CPAP development and approval, as shown in **Figure 1**: 1) Develop the draft CPAP; 2) Review and Quality Assurance; 3) Revision and Clearance; 4) Approval. This policy builds on the UNFPA PPM Policy on Development and Approval of the Country Programme Document, which must be familiar to staff developing the CPAP.

Figure 1. Key Steps in CPAP Development & Approval



CO – Country Office
HQ – Headquarters
RO – Regional Office

A. Essential Linkages

1. Linkages with the CPD

The CPD approved by the UNFPA Executive Board forms the basis for development of the CPAP. The Results and Resources Framework of the CPAP is elaborated from the CPD. The process of preparing the CPAP must be initiated during the development of the CPD and finalized once the Executive Board approves the CPD. The CPAP must be signed by the Government and the UNFPA representative/country director/chief of operations within one month after the approval of the country programme document.

2. Linkages with the UNDAF

The CPAP must be explicitly linked to the common, longer-term United Nations development results embodied in the UNDAF Results Matrix. The CPAP results and resources framework and the monitoring and evaluation framework must be based on the UNDAF Results Matrix and the UNDAF Monitoring and Evaluation Plan.

Key documents on UNDAF

- [UNDAF Guidance and Support Package, Jan 2010](#)

3. Linkages with the UNFPA Strategic Plan

The CPAP plays a critical role in elaborating and strengthening the link between the country programme and the Fund's global results framework contained in the strategic plan. During the formulation of both the CPD and the CPAP, country offices should make the necessary adaptations to ensure contribution to selected strategic plan outcomes to address national needs and priorities in an effective manner.

Key documents on the UNFPA Strategic Plan/Strategic Frameworks

- [Report of the Executive Director on the MTR of the UNFPA Strategic Plan 2008-2013 \(includes the Development Results Framework for 2012-2013\)](#) DP/FPA/2011/11
- [Indicators Metadata for the Development Results Framework 2012-2013](#)
- [Aligning country programmes to UNFPA strategic plan Mid-term review, strategic direction and revised results frameworks - FAQs](#) (Nov 2011)

4. Linkages of programme results with programme resources

In the Enterprise Resources Planning System (ERP), also known as Atlas, the programme tree is consistent with the structure of the CPAP and suited to capture the results defined in the CPAP and to link these results to the resources invested.

Key UNFPA documents on ATLAS

- [Policy and Procedures for Preparation and Management of Annual Work Plans \(AWPs\)](#)
- [Policy and Procedures for Programme and Financial Monitoring and Reporting](#)
- [Interim Guidance on the alignment of programmes with ATLAS \(Dec 2011\)](#)
- [ATLAS User Guide on Programme Management \(2008\)](#)

IV. CPAP Structure and Content

A. Outline of the Structure of the CPAP

The CPAP consists of a narrative text and two annexes: the Results and Resources Framework (RRF); and the Monitoring and Evaluation (M&E) Framework. The narrative text should not exceed 20 pages (excluding the annexes), and is structured in ten sections, as follows:

Cover Page	
<u>Framework</u>	
Part I.	Basis of Relationship
Part II.	Situation Analysis
Part III.	Past Cooperation and Lessons Learned
Part IV.	Proposed Programme
Part V.	Partnership Strategy
Part VI.	Programme Management
Part VII.	Monitoring and Evaluation
Part VIII.	Commitments of UNFPA
Part IX.	Commitments of the Government
Part X.	Other Provisions

Format for CPAP including Annexes:

See [Annotated Template for the CPAP including annexes to the CPAP](#) (required annexes for the CPAP are the Results and Resources Framework [previously developed at the CPD stage] and the M&E Framework, including the Planning Matrix for Monitoring and Evaluation).

V. Programme Coordination and Management

The CPAP formulation process determines and indicates various responsibilities including: managerial; monitoring; supervisory; reporting; financial.

A. Role and Responsibility of the Government Coordinating Agency

Under the harmonized United Nations programming process, the overall ownership of the UNFPA-funded country programme is assumed by the national government. The government agency that coordinates UNFPA assistance in the country is referred to as the Government Coordinating Authority (GCA), and is usually the aid coordination or external resources division or branch of the Ministry of Finance and Planning. However, this may vary in different country contexts.

The GCA assumes responsibility for the overall success of the country programme, and signs the CPAP, together with the UNFPA representative. This signature indicates that the Government and UNFPA have agreed on the development results to be supported through the country programme. The roles and responsibilities of the GCA do not include programme implementation or the management of budgets or the delivery of inputs¹.

B. Implementation Modalities

The development of the CPAP requires careful consideration of the implementation modality to be used. The term implementation means the management and delivery of programme activities and funds to achieve specified results as set forth in the work plans.

The following implementation modalities are available:

1. National implementation (NEX): when UNFPA provides funds to a government, NGO, or academic institution to implement one or more of the outputs in the programme. Under NEX there are three cash transfer modalities:
 - a) Direct Cash Transfer or Advance to the implementing partner prior to the start of activities (using the Operating Fund Account [OFA]);
 - b) Reimbursement to the implementing partner after activities have been completed;
 - c) Direct payment to vendors or third parties for obligations incurred by the implementing partners on the basis of requests signed by the designated official of the implementing partner;

¹ Exceptions include when a country has no aid coordination branch of the Ministry of Planning, and where the Ministry coordinates UNFPA development assistance and also implements an intervention related to improving statistical data. In such situations, the Ministry of Planning would carry out the dual but distinct roles of Government Coordinating Authority and implementing partner.

2. UNFPA (direct implementation, known as DEX): when UNFPA self-implements. Under this modality UNFPA may directly implement activities or
 - a) provide funds to an entity to procure goods or services,
 - b) issue a grant to an NGO to strengthen its capacity, or
 - c) provide funds to a United Nations Agency to undertake ad-hoc, one-time inter-agency activities;
3. United Nations agencies, either by using them as an implementing partner, establishing a joint programme or having them undertake activities in a UNFPA-implemented AWP.

It is the responsibility of the UNFPA Country Office to select the most appropriate implementation and cash transfer modalities and partners required to achieve the country programme outputs. This selection must be based on a risk assessment and the capacity of both the implementing partner and the country office. Implementation modalities must be discussed and agreed upon with the GCA.

Key UNFPA guidance/tools on implementation modalities:

- [Modalities for Financial Partnerships](#)
- [Guidance Note on Implementation Modalities](#)
- [Guidance Note for Contracting Legal Entities to Provide Services: When to use Programme and when to use Procurement](#)

C. Programme Management

During the CPAP formulation, country offices determine with the GCA how to establish appropriate mechanisms to manage the implementation of the country programme. The country office should agree with GCA and partners on the most appropriate and efficient management structure for implementation and coordination of the programme. At the implementation level, the country programme should be aligned to national structures and organized for programme management in the local context. The programme management structure will depend on the implementation modalities as well as the implementing partner's capacities.

As appropriate to the context, an *option* for the structure could include the designation of a selected government ministry or department as the programme result manager (PRM). The PRM would be responsible for coordinating with partners results under a particular thematic area/CPAP output. The coordinating role would include preparing the annual standard progress report, organizing meetings with partners, discussing any constraints encountered in the implementation, facilitating information-sharing of lessons learned and effective practices. This modality may be appropriate in the context of a coordinated national sector plan where UNFPA is one of the contributors.

Usually, the PRM would be the lead government ministry/department with overall programmatic, coordinative and legislative responsibilities. It is likely that the PRM would play the dual roles of PRM and implementing partner. For example, the Ministry of Health is likely to be the lead ministry for the UNFPA programme, have an implementing role, and be designated the PRM. An official of the ministry would carry out the functions of the

PRM. Prior to the selection of the PRM, a capacity assessment should be carried out to ensure the lead government agency would be able to carry out the functions and responsibilities of the PRM, as outlined in the CPAP.

Based on the above, the Programme Management section of the CPAP must include a brief statement of the agreed arrangements for managing the country programme with clear roles and responsibilities, followed by the proposed management strategy for implementation, including joint programmes, where applicable. The section must also discuss the strategy for resource mobilization (financial and in-kind), with a clear reference to the human resource needs, including recruitment of national programme staff and national project personnel as discussed and agreed during the CPD development process.

The CPAP reflects the Harmonized Approach to Cash Transfers to Implementing Partners (HACT) issued as policy by the heads of UNFPA, UNDP, UNICEF and WFP.

The approach uses macro assessment of the Public Financial Management System and micro assessments of implementing partners' financial management capacity. This is conducted with implementing partners during the CPD/CPAP preparation to address risk levels and capacity gaps. The HACT micro assessments are to be conducted by the United Nations agencies – jointly if the implementing partner is shared – with implementing partners selected according to the threshold. The micro-assessment is part of the required capacity assessments. Please refer to [Part D of the Policy and Procedures for Selection and Assessment of Implementing Partners](#).

Dependent upon how HACT implementation is progressing nationally, each country office must choose to apply either the National Execution (NEX) audit or the HACT audit and assurance model. The choice of audit depends on the UNCT; to apply the HACT audit and assurance model, a set of compliance criteria must be met. Any country office requesting to switch from NEX audit to HACT audit must submit to the NEX Unit the documentation for each criterion and obtain approval from headquarters. For details please refer to the NEX Audit Guide for UNFPA Offices below.

Key UNDG guidance/tools:

- [Framework for Cash Transfers to Implementing Partners](#)
- [Understanding Micro Assessment](#)
- [NEX Audit Guide for UNFPA Offices](#)
- [Implementation Guide to Cost Classification](#)

VI. CPAP Review and Approval

Country offices are advised to initiate the process of developing the CPAP simultaneously with the formulation of the country programme document. The finalization of the CPAP follows the submission of the country programme document to the Executive Board. When finalizing the CPAP, the country office must pay due attention to comments made by the Executive Board during the review of the country programme document to ensure the CPAP reflects any revisions

of the country programme document. (See [Policy and Procedures for Development and Approval of the Country Programme Document \(CPD\)](#) for the timeline on the preparation and submission of country programme documentation).

The CPAP must be approved within one month following the approval of the country programme document².

A. Review and Quality Assurance of the CPAP

A draft version of the CPAP must be forwarded to the relevant regional office for review and quality assurance. Regional offices are expected to provide the required quality assurance through written comments to the country office as soon as possible after receipt of the CPAP document³. The country office and the Government are expected to review the comments and integrate them into the CPAP as appropriate, prior to its approval.

The review of the CPAP by the regional office should, at a minimum, focus on the following:

- Community and other important stakeholder (the Government, NGOs, donors, regional offices) participation in the planning and design of the programme and inclusion of strategies/mechanisms for national/community involvement in the implementation of the programme;
- The extent to which the proposed programme is integrated and consistent with national plans, processes and sectoral priorities, including PRSPs and SWaps;
- A clearly established link between the UNDAF outcomes and the strategic plan outcomes;
- The extent to which the proposed programme builds on lessons learned;
- Feasibility of the proposed programme strategies for achieving planned outputs;
- A review of the CPAP Results and Resources Framework and the extent to which outputs and outcomes are logically linked and address the priority needs of the country;
- A review of the CPAP M&E Framework, including narrative section and Planning Matrix and the extent to which these facilitate the tracking of results, including planning, coordination and monitoring of outputs;
- A review of the proposed partnership mechanism(s), as suggested in the strategic plan and UNFPA thematic policies and strategies to achieve outputs;
- Assessment of existing national capacity and incorporation of capacity-building strategies;
- A review of the programme management structure, particularly, human resource needs and proposed staff recruitment within established procedures and rules;
- Realistic costing of outputs and strategies;
- Realistic resource mobilization strategies.

² The CPAP can be approved prior to the approval of the country programme document in the final month of the previous country programme cycle, if the concerned regional office determines that not more than five (5) members of the Executive Board have requested a formal review of the country programme document prior to its approval. In such a case, it can be assumed that the country programme will be approved by the Executive Board during its first regular session on a no-objection basis.

³ Process of a formal PRC at the regional level is under discussion- TBC

Key UNFPA guidance/tools:

- [CPAP Quality Assurance Checklist](#)
- Guidance on country review process – PRC (*under development*)

B. Finalization and Approval

The Government Coordinating Authority – with overall responsibility for the country programme – and the UNFPA representative/ country director/ chief of operations sign the final version of the CPAP⁴ in duplicate, within one month of the Executive Board's approval of the CPD.

Once signed, the CPAP becomes both the strategic and operational document for implementing the country programme. The UNFPA country office and the Government Coordinating Authority each keep one signed original copy.

The UNFPA representative/ country director/ chief of operations must send a copy of the final and signed CPAP, including the annexes, to the relevant regional office for uploading to the UNFPA document repository for global information.

VII. Special Situations**A. Countries Without a Formal Country Programme Document**

For countries that do not have a country programme, a CPAP should be prepared to address the country's priority needs. The concept of the CPAP format can be applied when formulating UNFPA-funded interventions with logically linked activities, outputs and outcomes.

B. Countries Opting for a Common UNDAF Action Plan

Specific UNDG Guidance is available for those countries where the UNCT decides to prepare an UNDAF Action Plan for the coordinated implementation of the UNDAF. This would replace the United Nations system agency-specific CPAPs with a single document. The development of the UNDAF Action Plan (UNDAP) is voluntary. However, by replacing the operational documents of multiple United Nations Agencies, Funds and Programmes with a single operational document, the UNDAF Action Plan advances the harmonization and simplification of United Nations operations.

Key UNDG guidance/tools:

- [UNDAF Action Plan Guidance Note](#) (*October 2010 Update*)
- [How to Complete the UNDAF Action Plan Template and UNDAF Action Plan Results Matrix](#) (*October 2010 Update*)
- [UNDAF Action Plan Template](#) (*October 2010 Update*)
- [Common Budgetary Framework](#) (*October 2010*)

⁴ For multi-country or sub-regional programmes involving more than one country (e.g., the Pacific Island countries and the Caribbean), only the UNFPA signature is required.

VIII. Reviewing, Updating and Revising the approved CPAP

Programme planning is an iterative process, whereby expected results, strategies and the proposed course of action are adjusted in turn, until there is a reasonable expectation that the planned results can be achieved using the selected interventions and available resources as defined in the CPAP/UNDAF Action Plan.

Typically, the annual review exercises provide the opportunity to determine if the CPAP and its annexes should be revised. (The annexes are the CPAP Results and Resources Framework and CPAP M&E Framework). The Standard Progress Reports, one per country programme output, comprise the minimum level of annual review of the CPAP, although a CPAP Review and/or other review processes may also be carried out. The CPAP and its annexes may also be revised when there is availability of new information resulting from an update of a major situation analysis, evaluation or survey; sudden onset of a humanitarian crisis; restructuring of government priorities and other significant changes in the country programme context.

The government and UNFPA should formalize their agreements to the changes either through a report of the proceedings signed by the country representative and the GCA or via an exchange of letters between the UNFPA representative and the responsible government official. The proposed changes must also be shared with the regional office, for review and support. Please also see [Policy and Procedures for Programme and Financial Monitoring and Reporting](#).