



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

Distr.: General
1 December 2022

Original: English

First regular session 2023

30 January to 3 February 2023, New York

Item 10 of the provisional agenda

UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Nepal

Proposed indicative UNFPA assistance:	\$40 million: \$12 million from regular resources and \$28 million through co-financing modalities or other resources
Programme period:	Five years (2023-2027)
Cycle of assistance:	Ninth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2023–2027

Note: The present document was processed in its entirety by UNFPA.

23-01055X (E) 230123



Please recycle A small recycling symbol consisting of three chasing arrows forming a triangle.



I. Programme rationale

1. The Government of Nepal is committed to inclusive human development and protecting fundamental human rights as guaranteed by the 2015 Constitution, which also introduced a system of federalism and a process of devolving important responsibilities and services to the provincial and local levels. This has resulted in a complex set of reforms in public administration and service delivery, as key policy areas are transferred from the central to provincial and local government levels. It has also left critical gaps in financing and provision of services for a population of 29.2 million (2021). Progress towards achievement of the Sustainable Development Goals (SDGs) was mixed, however; around one-fifth of the population lived below the poverty line in 2018, while 29 per cent faced multidimensional poverty (which varies by gender, age, social group and location). There are poorer development outcomes among marginalized and excluded groups. Nepal expects to graduate to lower-middle-income country status by 2026, which will coincide with a conducive demographic structure for economic growth, with the number of older people (aged 65 and over) projected to double between 2020 and 2040.

2. The constitutional and legal framework of Nepal provides an enabling environment for the human rights of women, girls, and young people, including their sexual and reproductive health and reproductive rights. Significant challenges in fully realizing these rights, remain. Nepal ranked 110 on the 2019 gender inequality index, reflecting the pervasiveness of gender-based inequalities in education, sexual and reproductive health and reproductive rights, empowerment and economic activities. This leads to the denial of opportunities for women and girls and limits access to their rights, including sexual and reproductive health and reproductive rights.

3. Although basic health services and emergency care are provided free of cost, the out-of-pocket expenditure for health has remained high, at 51 per cent. Several programmes led by the public sector have been introduced to facilitate an increased access to essential health services. However public health expenditure is 1.5 per cent of gross domestic product (GDP) and the proportion of budget allocation to sexual and reproductive health was estimated to be only 0.4 per cent of the total federal government health budget in the fiscal year 2019/2020.

4. The impact of the COVID-19 pandemic has exacerbated these inequalities. In addition to loss of employment and increased food insecurity the Common Country Analysis identified challenges faced by women and children in accessing essential health services and education as well as increased exposure to violence during extended lockdowns. Key indicators, including primary school enrolment, dropped in 2020, and the pandemic negatively affected critical reproductive health services, with 17 per cent more maternal deaths recorded in 2020 than in 2019.

5. The maternal mortality ratio was 186 per 100,000 live births in 2017. There were significant improvements in the use of maternal health services, including antenatal and postnatal care, over the past programming cycle. Despite this progress, wide disparities in the use of these services, notably by geography and the socio-economic conditions of women, are evident. Although there are significant increases in the number of skilled birth attendants and institutional deliveries, the quality of care is a significant issue. Only one per cent of health facilities meet the minimum quality standards of care at the point of delivery.

6. The total fertility rate was 2.3 children per woman (DHS 2016); however, it is as high as 3.0 in the mountainous areas and in Madhesh Province in the Terai; 3.3 for women with no education; and 3.2 for women in the lowest wealth quintile. The unmet need for family planning was 24 per cent in 2016 but masked a significantly higher rate among adolescents (35 per cent). For over a decade, the modern contraceptive prevalence rate was stagnant, at 44 per cent (2019), with 44 per cent of women discontinuing contraceptive use within 12 months because of limited, poor-quality counselling and the weak supply-chain management. An estimated 539,000 unintended pregnancies occur annually, the majority of which are among women not using contraception. Two-thirds of these pregnancies end in an induced abortion.

7. Adolescent girls and young women are exposed to a wide range of gender-based violence and harmful practices. Long-standing structural inequalities and discriminatory gender norms are reflected in the high levels of gender-based violence against women and girls. One in five women

in Nepal aged 15-49 years have experienced physical violence since the age of 15, and at least one in four (26 per cent) ever married women have experienced physical, sexual or emotional violence by their spouses. Despite several years of investment in improving gender-based violence response services, a substantial proportion of the 66 per cent of women that experience violence does not seek assistance due to patriarchal norms.

8. Although child marriage has declined in the past two decades, Nepal still has one of the highest rates in South Asia. In 2019, among women aged 20-24 years, 32.8 per cent were married or in union before age 18 and 7.9 per cent before age 15. This harmful practice also affects boys, with 1 in 10 men aged 20-24 years reporting having been married before the age of 18. Other harmful practices affecting women and adolescent girls include *chhaupadi* (isolating menstruating women and girls), dowry, gender-biased sex selection and discriminatory practices related to religious rituals. Excluded, marginalized and poor communities are disproportionately impacted by these harmful practices.

9. The Common Country Analysis identifies an increasing need to collect disaggregated data in Nepal, including on harmful practices. National statistical capacity, including administrative data systems, especially at the provincial and municipality levels, is underdeveloped for effective use in inclusive planning and tracking of SDG and International Conference on Population and Development (ICPD) targets at all three tiers of the federal state.

10. Nepal is highly vulnerable to climate change and natural disasters. It is ranked the world's 20th most multi-hazard prone country, and in 2017 it was ranked 4th, 11th and 30th, respectively, for vulnerability to climate change, earthquakes and flood risks. Women and adolescent girls, as well as other vulnerable groups, are disproportionately impacted by these disasters, which negatively affect development indicators and exacerbate inequality.

11. Several evaluations and thematic reviews have identified lessons learned and effective approaches to build upon for the new country programme: (a) continue scaling up the focus on policy formulation and implementation support and advocacy for sustained financing for sexual and reproductive health and reproductive rights, at provincial and local levels; (b) increase the focus on quality of care, including in relation to midwifery, family planning and adolescent sexual and reproductive health services; (c) build on comprehensive sexuality education, including for addressing discriminatory social and gender norms; (d) promote disability inclusion and engagement with organizations of persons with disabilities; (e) support efforts to disaggregate data and improve data accessibility through digitalization to ensure that the needs of vulnerable and marginalized communities are met; (f) strengthen human rights-based approaches to policy and programme implementation to ensure inclusion; (g) integrate sexual and reproductive health and reproductive rights and gender-based violence responses into humanitarian preparedness and response at subnational levels, building on lessons learned from the COVID-19 pandemic response in ensuring continuity of services.

12. The country programme outputs contribute to the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2023-2027, as well as the humanitarian response structures for Nepal. UNFPA is committed to applying multisectoral approaches and promoting synergies, including through active engagement in the United Nations' inter-agency working groups and UNSDCF coordination mechanisms. UNFPA will continue to ensure complementarity with the United Nations and development partners in support of government efforts to implement and monitor the SDGs, with a focus on those most left behind.

II. Programme priorities and partnerships

13. The new country programme is aligned to national priorities, the 2030 Agenda for Sustainable Development, the ICPD Programme of Action, the Convention on the Elimination of All Forms of Discrimination against Women, the UNFPA strategic plan, 2022–2025, and the UNSDCF, 2023–2027. The programme aims to contribute to and accelerate achievement of the 2030 Agenda, in particular SDGs 3 and 5 and the three UNFPA transformative results, in line with the Decade of Action.

14. The vision of the programme is to accelerate the achievement of universal access to sexual and reproductive health and reproductive rights, with a focus on reducing preventable maternal deaths, unmet need for family planning, gender-based violence, child marriage and other harmful practices. The programme will take forward the voluntary ICPD+25 and Family Planning 2030 commitments, with an emphasis on strengthening the implementation of laws, policies and financing, improving the quality of service delivery; and transforming discriminatory and harmful social and gender norms that impede gender equality, reproductive rights and bodily autonomy.

15. The programme was developed in consultation with the Government, civil society and representatives of 'left behind' groups including persons with disabilities, gender minorities, women and girls from remote locations and older persons, at national and provincial levels. Applying human rights-based and gender-transformative approaches, the programme will address social exclusion and inequalities, with a focus on women and young people, especially those most left behind, including unmarried women and persons with disabilities. This will include ensuring that laws, policies, standards and protocols aligned to the ICPD agenda across the three tiers of government are inclusive, prioritize the needs of vulnerable and marginalized groups and are implemented. Emphasis will be placed on supporting the Government to deliver on its commitment to financing the full achievement of the ICPD Programme of Action.

16. To bring about transformative change, the programme will prioritize interventions that support the development and revision of policies and laws, address bottlenecks and scale up implementation of policies, planning, budgeting and progress monitoring for enforcement of laws, with an emphasis on provincial and local levels. The programme will be implemented at national, provincial and local levels, with a focus on Madhesh, Sudurpaschim and Lumbini, as these provinces have the poorest socio-demographic and health indicators related to gender equality, maternal health and family planning. Lessons learned from policy and programme development and implementation will be shared with other provinces for replication and scale up. In some cases, UNFPA will pilot initiatives at provincial and local levels, with a focus on reaching those furthest behind first, applying approaches tailored to the local contexts. These initiatives, which will include health innovations in partnership with the private sector, will generate evidence and knowledge to facilitate the scale-up of best practices. As a part of the acceleration to achieve the transformative results, innovation will be applied where relevant.

17. Designed using a risk-informed approach, the programme is aligned with the Government's commitment to the Sendai Framework for Disaster Risk Reduction and will be implemented along the humanitarian-development continuum. Drawing on lessons learned from the COVID-19 pandemic and response, the programme will strengthen institutional and community resilience to prepare for, mitigate, and respond to natural disasters and the impacts of climate change and other shocks, including by strengthening inter-agency partnerships.

18. Partnerships will be further strengthened with the Government, civil society, women's and youth networks, persons with disabilities networks, academia, the private sector, the media, parliamentarians and development partners to address legal and policy implementation gaps, expand the reach of services, promote positive social and gender norms and strengthen synergies for accelerated achievement of the 2030 Agenda, in particular SDGs 3 and 5. UNFPA will play a convening role to facilitate multisectoral coordination of sexual and reproductive health and reproductive rights, gender-based violence prevention and response, and youth empowerment and development issues. UNFPA will also support mutually beneficial South-South and triangular cooperation to facilitate technical and knowledge exchange and capacity-building.

19. Collaboration with United Nations organizations will be strengthened to ensure complementarity and efficiency in implementing the UNSDCF. This will include joint programming and partnerships: with the International Labour Organization (ILO), UN-Women and UNICEF to advance gender equality and women's empowerment; with UNICEF to address child marriage; and with a range of United Nations partners in building resilience at all levels against any types of shocks and reinforcing systems to respond to sexual and reproductive health and gender-based violence during emergencies.

20. Drawing on its comparative advantage in population data, UNFPA will support the use of data and evidence for decision-making, including through digitalization, to ensure that the needs

of vulnerable and marginalized groups, including persons with disabilities, are addressed in policies, programmes and budgets and that population megatrends are factored into and inform development plans, including across the humanitarian development continuum.

21. The country programme outputs will contribute to all four outcomes in the UNSDCF and will contribute to the UNFPA strategic plan outputs by addressing the systemic structural and socio-cultural barriers and discrimination faced by women and adolescent girls in realizing their rights, including their sexual and reproductive health and reproductive rights, with a focus on the most vulnerable in communities in Nepal. The outputs aim to enhance and leverage interlinkages across programme components. Noting that adolescents and youth make up a substantial portion of the population, issues related to adolescents and youth cut across all output areas.

A. Output 1. Strengthened health systems for delivery of high-quality, human rights-based sexual and reproductive health services for women and girls, particularly adolescents and youth, persons with disabilities and the most vulnerable, at national and subnational levels, across the humanitarian and development continuum

22. This output will contribute to the UNSDCF outcomes on inclusive and transformative human development and governance, federalism, participation and inclusion. A priority will be ensuring that the health system is able to deliver resilient, high-quality, accessible, available, acceptable comprehensive sexual and reproductive health services, with a focus on women and adolescents and youth, and persons with disabilities at the national level and in selected provinces, across the humanitarian development continuum. This will be achieved by: (a) strengthening the health system at all levels to deliver resilient, high-quality comprehensive, integrated, sexual and reproductive health services, inclusive of health-sector response to gender-based violence; (b) continuing evidence-based advocacy for policies and financing that prioritize sexual and reproductive health and reproductive rights information and services and providing technical assistance for the implementation of policies, strategies and action plans, focusing on supporting the rights of women and girls, adolescent and youth, persons with disabilities and the most vulnerable and marginalized; (c) supporting the development of costed plans and investment cases to leverage domestic financing at national, provincial and local levels, to ensure that the needs of the vulnerable and marginalized are met; (d) widening the reach of high-quality services, especially basic and comprehensive emergency obstetric care, family planning counselling and commodities, in particular for those from 'left behind' groups; (e) strengthening the midwifery cadre through training and mentoring and ensuring a favourable policy environment for recruitment, deployment and retention across the country; (f) scaling up sexual and reproductive health services and fostering innovations and partnerships, to ensure these are responsive to the needs of young people; (g) partnering with civil society organizations and networks of women's groups, young people and persons with disabilities to raise awareness of reproductive rights, to promote accountability at local, provincial and national levels; (h) strengthening partnerships between the Government, NGOs and the private sector at the national level and in selected provinces and municipalities to develop and test innovative solutions for providing high-quality sexual and reproductive health information, services and financial protection mechanisms for those left furthest behind.

B. Output 2. Strengthened national and subnational capacities to provide survivor-centred, multisectoral responses to gender-based violence and harmful practices, including child marriage, and to address discriminatory social and gender norms that limit bodily autonomy and reproductive rights, across the humanitarian and development continuum, with a focus on vulnerable and marginalized populations, including people with disabilities

23. This output will contribute to the UNSDCF outcomes on inclusive and transformative human development and governance, federalism, participation and inclusion by addressing discrimination and harmful social and gender norms, and empowering women and girls to exercise their rights to bodily integrity, promoting zero tolerance of any form of gender-based violence, child marriage and other harmful practices, with a focus on addressing intersecting

forms of discrimination and gender-based inequalities. Work to change harmful norms will link to and support efforts under output 1 to advance access to sexual and reproductive health services. This will be done by: (a) strengthening the capacities of communities to actively engage in gender-transformative dialogue to challenge discriminatory gender and social norms, to reduce acceptance of gender-based violence, child marriage and other harmful practices, promote gender equality and the rights of women and girls and increase demand for sexual and reproductive health and gender-based violence services; (b) strengthening delivery of comprehensive sexuality education and life skills programmes in schools and out-of-school settings to address discriminatory social norms and child marriage and promote education, advocate for positive masculinities, raise young people's awareness of their reproductive rights and strengthen their capacities to demand access to information and services; (c) strengthening capacities to provide coordinated, survivor-centred and inclusive multisectoral services to prevent and respond to gender-based violence, child marriage and other harmful practices, in line with international standards; (d) providing technical assistance to strengthen coordination mechanisms among multisectoral gender-based violence service providers (health, psychosocial support, shelter, police and justice) and establishing well-functioning referral pathways across development and humanitarian contexts; (e) advocating for and supporting implementation of inclusive, evidence-based policies, laws, strategies and plans to promote gender equality, advance reproductive rights and address gender-based violence and harmful practices; (f) strengthening the capacity of women's and youth-led organizations to build inclusive and participatory coalitions and coordinate efforts to monitor laws, policies and programmes that uphold the rights of women and girls and address gender-based violence and harmful practices; (g) supporting accountability mechanisms and providing technical support to monitoring and implementation of the Universal Periodic Review, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities.

C. Output 3: Strengthened national and subnational capacities for data collection, analysis, dissemination and utilization to integrate population dynamics, inequalities and other megatrends into national and subnational policies and plans, across the development and humanitarian continuum

24. This output will contribute to the UNSDCF outcome on governance, federalism, participation, and inclusion by strengthening collection, analysis, dissemination, and use of disaggregated evidence for sustainable and resilient development for all, including those most left behind. This will be achieved through technical assistance, capacity building, and advocacy to: (a) strengthen government capacity at all administrative levels to collect, analyse and disseminate disaggregated population data, including civil registration and vital statistics, as well as big data, geospatial data and other new data sources within interactive digital databases, with a focus on addressing inequalities, including in humanitarian settings, using standardized Common Operational Datasets-Population Statistics to guide preparedness, response and monitoring, including of the SDGs and ICPD Programme of Action; (b) strengthen capacity and investment in use of demographic intelligence and high-quality disaggregated population data to inform inclusive policies, budgets and programmes and to support their monitoring, prioritizing those most left behind, including in relation to child marriage; (c) advocate for civil registration and vital statistics to ensure that all births are registered and girls have birth certificates; (d) strengthen maternal and perinatal death surveillance response systems, health management information systems and gender-based violence administrative data systems at service delivery points, ensuring application of international guidelines and key principles for ethical and safe data collection from gender-based violence survivors; (e) equip policymakers with knowledge and skills on population and development and its interlinkages with sustainable development; (f) support analysis of population megatrends, including on the demographic dividend, population ageing and internal migration, to promote gender equality and social inclusion; (g) build capacities of youth, civil society organizations, the private sector and media using data networks to meaningfully engage and participate in developing, implementing and monitoring policies that affect national development, including in relation to access to sexual and reproductive health.

D. Output 4: Strengthened national, subnational and community capacities to build resilience and ensure continuation of inclusive, life-saving high-quality sexual and reproductive health and gender-based violence services in humanitarian settings

25. This output will contribute to the UNSDCF outcome on environmental sustainability, climate and disaster resilience, with a focus on ensuring that the specific needs and rights of women and girls, particularly those from vulnerable and marginalized groups, are addressed in humanitarian preparedness, adaptation, response, and recovery efforts. This will be done by: (a) conducting evidence-based advocacy for the inclusion of sexual and reproductive health and reproductive rights into national and subnational disaster risk reduction and climate policies, strategies, and plans, ensuring they are inclusive, rights-based, and gender-transformative; (b) capacity building of relevant institutions and actors, with a focus on those engaged in delivery of other outputs, in integrating sexual and reproductive health and gender-based violence into preparedness, anticipatory action, response and resilience building; (c) expanding advocacy for and technical support and capacity building to institutionalize the Minimum Initial Services Package for sexual and reproductive health and gender-based violence response services at the onset of a humanitarian crisis, with a focus on provincial and local levels; (d) expanding partnerships with organizations and networks representing women, youth and persons with disabilities in disaster management, climate action, humanitarian response and resilience programming, to ensure that the needs of women, young people and other marginalized groups are fully addressed; (e) strengthening coordination, partnerships and accountability for sexual and reproductive health and gender-based violence in humanitarian response.

III. Programme and risk management

26. To ensure national ownership and sustainability of results, UNFPA will partner with State institutions at federal, provincial and local levels, as well as civil society organizations. Implementing partners will be selected based on their strategic relevance and ability to deliver high-quality results. UNFPA will continue to actively engage in the United Nations country team, to ensure that opportunities for cooperation are maximized. UNFPA will continue to implement the harmonized approach to cash transfers jointly with other United Nations organizations.

27. Staffing of the country office has undergone recent strengthening through realignment to meet the requirements of the programme. It will draw on United Nations Volunteers for additional expertise, and the office will continue to source technical assistance from the Asia Pacific Regional Office and UNFPA headquarters, as well as the multidisciplinary expertise of the United Nations development system at country and regional levels.

28. Through strengthened multi-stakeholder partnerships, including with civil society organizations and networks of women, youth and persons with disabilities, UNFPA will support catalytic change, including through an increased focus on financing for sustainability and scale-up, with an emphasis on leveraging domestic resources. To ensure that the those furthest behind are reached first, UNFPA will mobilize resources to demonstrate innovative and cost-effective models for scale up.

29. Several risks could impact programme implementation: (a) Nepal's graduation to 'lower middle-income country' status may reduce bilateral development assistance; (b) continued socio-economic impacts of the COVID-19 pandemic and global economic slowdown could affect policy and programme priorities; (c) a lack of sufficient coordination across the three levels of government; (d) humanitarian crises, including natural disasters, pandemics, and health emergencies. The country office will develop contingency plans to mitigate the potential impact of these risks, working in coordination with relevant government institutions. UNFPA will continue to strengthen resource mobilization, strategic communications and advocate for financing for the ICPD agenda and promote sustainable results within the context of a broader United Nations strategy, inclusive of marginalized groups, to support a governance structure to mobilize domestic resources through progressive taxation for financing the nationally determined SDG targets. Working across the humanitarian-development continuum, UNFPA will contribute to resilience building to reduce the impact of humanitarian crises. In consultation with the

Government, UNFPA may explore the reprogramming of funds to respond to humanitarian crises. The programme will align with UNFPA social and environmental standards.

30. To address operational risks associated with programme delivery in a complex country context, UNFPA will regularly assess programme and operational risks, including risks related to sexual exploitation and abuse, in close coordination with other United Nations agencies. UNFPA will ensure that the country office has the required capacities to ensure accountability and will strengthen the programme and financial management capacities of implementing partners.

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

IV. Monitoring and evaluation

32. UNFPA will apply the principles of results-based management, which will be guided by a comprehensive monitoring and evaluation plan that will include results monitoring, analysis and adapting approaches. UNFPA and the National Planning Commission will oversee implementation of the programme and will hold periodic programme reviews to assess progress towards programme milestones and annual targets and determine whether any adjustment to programme strategies is required.

33. Monitoring and evaluation of the country programme will be aligned to the monitoring of the UNSDCF results and resources framework. UNInfo will be used as the primary monitoring platform and will inform discussions on UNSDCF progress. UNFPA will continue to be engaged in the United Nations Monitoring and Evaluation Group and inter-agency working groups in the coordination mechanisms of the United Nations country team for the UNSDCF annual planning and reporting of progress. UNFPA will actively contribute to efforts to strengthen national, provincial and local capacities for results-based planning, monitoring, reporting and evaluation, particularly for monitoring of SDG indicators.

34. A costed evaluation plan will be implemented, with regular tracking of management responses to all evaluation recommendations. UNFPA will conduct a country programme evaluation in the penultimate year of the programme to assess lessons and identify priorities for the next programme cycle. Working in close collaboration with the United Nations country team and other partners, UNFPA will contribute to an evaluation of the UNSDCF, 2023-2027.

35. Programme results will be monitored at national and provincial levels, and the monitoring plan will include field monitoring visits and periodic reviews with government counterparts and other partners. Quality assurance, including capacity-building of implementing partners, will be undertaken to promote a culture of results-based management, to identify lessons learned and to adjust approaches, as required.

36. UNFPA will work with United Nations agencies, the Government and civil society on monitoring and follow-up actions of the Universal Periodic Review, the Convention on the Elimination of all Forms of Discrimination against Women, the Convention on the Rights of Persons with Disabilities, the SDG Voluntary National Reviews, and the ICPD Programme of Action.

RESULTS AND RESOURCES FRAMEWORK FOR NEPAL (2023-2027)

<p>NATIONAL PRIORITY: Human Rights: To create an environment for unconstrained enjoyment of rights by creating a justice-friendly governance system and effective service delivery. Health and Nutrition: To ensure access to quality health services at the people's level by developing and expanding a strong health system at all levels.</p>				
<p>UNSDCF OUTCOME(S): 2. By 2027, more people, especially women, youth, children and the most marginalized increasingly participate in and benefit from equitably improved quality social services. 4. By 2027, more people, especially women, youth and the most marginalized increasingly participate in and benefit from coordinated, inclusive, participatory, transparent, and gender-responsive governance, access to justice and human rights at federal, provincial and local levels.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction of gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> • Universal health coverage sub-index for reproductive, maternal, newborn and child health <i>Baseline: 77.5 (2019); Target: 87.5 (2027)</i> • Adolescent birth rate (per 1,000 women aged 15-19 years). <i>Baseline: 63 (2019); Target: 38 (2026)</i> • Maternal mortality ratio (per 100,000 live births). <i>Baseline: 239 (2016); Target: 150 (2025)</i> <p><u>UNFPA Strategic Plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 56.3% (2016 DHS); Target: 75% (2027)</i> • Proportion of births occurring in a health facility <i>Baseline: 77.5% (2019 MICS); Target: 90% (2027)</i> 	<p><u>Output 1:</u> Strengthened health systems for delivery of high-quality, human rights-based sexual and reproductive health services for women and girls, particularly adolescents and youth, persons with disabilities and the most vulnerable, at national and subnational levels, across the humanitarian and development continuum.</p>	<ul style="list-style-type: none"> • Number of laws, policies, costed strategies and action plans implemented and monitored in UNFPA priority provinces that address: (a) ending preventable maternal deaths and (b) ending unmet need for family planning <i>Baseline: 4 (2022); Target: 18 (2027)</i> • Percentage increase in domestic resources on sexual and reproductive health and reproductive rights, including family planning, at the national level and in priority provinces, by 2027 <i>Baseline: National: 260.8 NPR million (2019/20); Lumbini: 21.04 NPR million (2020); Madhesh: 27.66 NPR million (2020); Sudurpaschim: 17.02 NPR million (2020) Target: 15% increase (inflation adjusted) (2027)</i> • Number of institutions providing midwifery education as per International Confederation of Midwives standards <i>Baseline: 5 (2022); Target: 12 (2027)</i> • Percentage of family planning clients provided with quality services at primary level of care as per national standards <i>Baseline: National: 20.5% (2021); Target: 45% (2027) Lumbini: 32.6% (2021); Target: 67.8% (2027) Madhesh: 17.3% (2021); Target: 36% (2027) Sudurpaschim: 22.9% (2021); Target: 47.6% (2027)</i> • Percentage of health facilities in UNFPA priority provinces that meet quality standards for provision of integrated adolescent-friendly sexual and reproductive health services <i>Baseline: 50.1% (2021); Target: 70% (2027)</i> 	<p>Ministries of Health and Population; Federal Affairs and Local Development; Lumbini, Madhesh and Sudurpaschim provincial governments; municipal governments; National Human Rights Commission; National Women's Commission; National Youth Council; UNICEF; WHO; UNAIDS; UN-Women; World Bank; professional associations; civil society organizations</p>	<p>\$15.5 million (\$4.5 million from regular resources and \$11 million from other resources)</p>

NATIONAL PRIORITY: To ensure access to quality health services at the people's level by developing and expanding a strong health system at all levels. To achieve substantial gender equality by ensuring equal and meaningful participation of women. To develop children and adolescents as qualified and capable citizens of the country by protecting and promoting their rights and freeing them from all kinds of violence, abuse, and exploitation. To create a conducive environment for dignified living as well as economic and social empowerment of the people with disabilities by establishing their access to facilities, means, and resources. To create an environment for unconstrained enjoyment of rights by creating a justice-friendly governance system and effective service delivery				
UNSDCF OUTCOME(S): 2. By 2027, more people, especially women, youth, children and the most marginalized increasingly participate in and benefit from equitably improved quality social services. 4. By 2027, more people, especially women, youth and the most marginalized increasingly participate in and benefit from coordinated, inclusive, participatory, transparent, and gender-responsive governance, access to justice and human rights at federal, provincial and local levels				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> Percentage of women and men (aged 15-49 years) who agree that a husband is justified in hitting or beating his wife for at least one specified reason <i>Baseline: Men: 29.5% (2019); Women: 29.4% (2019)</i> <i>Target: Men: 14.5% (2026)</i> <i>Women: 14.4% (2026)</i> Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months <i>Baseline: 13.5% (2016);</i> <i>Target: 4.9% (2026)</i> Percentage of women and men (aged 20-24 years) who were first married or in union before age 18 <i>Baseline: Women: 32.8% (2019)</i> <i>Men: 9.0% (2019)</i> <i>Target: Women: 26.1% (2026)</i> <i>Men: 6.4% (2026)</i> Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care <i>Baseline: 47.7% (2016);</i> <i>Target: 59.9% (2027)</i> 	<p><u>Output 2:</u> Strengthened national and subnational capacities to provide survivor-centred, multisectoral responses to gender-based violence and harmful practices, including child marriage, and to address discriminatory social and gender norms that limit bodily autonomy and reproductive rights, across the humanitarian and development continuum, with a focus on vulnerable and marginalized populations, including people with disabilities.</p>	<ul style="list-style-type: none"> Percentage of women and men, adolescent girls and boys and other community members in targeted municipalities who demonstrate positive attitudes towards gender-equitable norms through participation in gender-transformative prevention programmes <i>Baseline: 65% (2022); Target: 75% (2027)</i> Proportion of gender-based violence survivors seen by multisectoral service providers referred to another service <i>Baseline: 60% (2022); Target: 79% (2027)</i> Number of laws, policies and strategies to advance gender equality, social inclusion and the rights of women and girls, including those with disabilities, which are aligned with international human rights standards adopted and implemented at federal, provincial and local levels <i>Baseline: 34 (2022); Target: 59 (2027)</i> 	<p>Ministry of Health and Population; Ministry of Women, Children and Senior Citizens, including Department of Women and Children; Ministry of Federal Affairs and General Administration; Nepal Police; Attorney General Office; Supreme Court; National Women's Commission; National Human Rights Commission; Nepal Health Training Centre; Federal Parliament; provincial health directorates; provincial ministries of social development or equivalent; provincial parliaments; local government units; academic institutions; civil society organizations; women's networks; UNICEF; UN-Women; UNDP; WHO; World Bank; Asian Development Bank</p>	<p>\$12.5 million (\$3.5 million from regular resources and \$9 million from other resources)</p>

NATIONAL PRIORITY: Development of a strong, functional, and coordinated national statistical system.				
UNSDCF OUTCOME: 4. By 2027, more people, especially women, youth and the most marginalized increasingly participate in and benefit from coordinated, inclusive, participatory, transparent, and gender-transformative governance, and access to justice and human rights at federal, provincial, and local levels				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicator(s):</u> <ul style="list-style-type: none"> The country has conducted at least one population and housing census during the last 10 years <i>Baseline: Yes (2022); Target: Yes (2027)</i> 	<u>Output 3:</u> Strengthened national and subnational capacities for data collection, analysis, dissemination and utilisation to integrate population dynamics, inequalities and other megatrends into national and subnational policies and plans, across the development and humanitarian continuum.	<ul style="list-style-type: none"> Number of national and provincial development plans and policies that explicitly integrate population dynamics <i>Baseline: 0; Target: 5</i> Statistics Act Regulation is developed (as per the ‘United Nations Fundamental Principles of Official Statistics: Implementation Guidelines’), adopted and implemented. <i>Baseline: No; Target: Yes</i> Number of analytical reports developed and disseminated, based on 2021 Population and Housing Census data and other new population-based survey and surveillance data <i>Baseline: 0; Target: 20</i> 	National Planning Commission, Central Bureau of Statistics; Ministry of Health and Population; Ministry of Federal Affairs and General Administration; Ministry of Finance; provincial policy and planning commissions (Madhesh, Lumbini and Sudurpaschim); European Union; UNDP; UN-Women; Central Department of Population Studies, Tribhuvan University, research institutions	\$6 million (\$2 million from regular resources and \$4.0 million from other resources)
NATIONAL PRIORITY: Disaster Risk Reduction and Management: To reduce human, material, economic, social, cultural, and environmental loss caused by all kinds of natural calamities and non-natural disasters.				
UNSDCF OUTCOME: 3. By 2027, more people, especially women, youth and the most marginalised, increasingly benefit from and contribute to building an inclusive, sustainable, climate-resilient and green society and reduced impacts of disasters.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicators:</u> <ul style="list-style-type: none"> Reduction in annual loss of human life (deaths and missing persons) and directly affected persons attributed to disasters per 100,000 people <i>Baseline: 1.6(2019); Target: 1(2027)</i> <u>UNFPA Strategic Plan outcome indicator(s):</u> <ul style="list-style-type: none"> Country has adopted and implemented a national disaster risk reduction strategy in line with the Sendai Framework for Disaster Risk 	<u>Output 4:</u> Strengthened national, subnational and community capacities to build resilience and ensure continuation of inclusive, life-saving high-quality sexual and reproductive health and gender-based violence services in humanitarian settings	<ul style="list-style-type: none"> Number of inclusive federal, provincial, local-level emergency preparedness and response plans, disaster risk reduction plans and climate change adaptation plans which integrate sexual and reproductive health (including the Minimum Initial Service Package) and gender-based violence prevention and response in place <i>Baseline: 27 (2021); Target: 59 (2027)</i> Number of disaster risk reduction management and humanitarian coordination mechanisms functioning at federal, provincial, and local levels that include women, young people, people with disabilities and other groups that are furthest left behind. <i>Baseline: 1 (2021); Target: 35 (2027)</i> 	Ministry of Home Affairs; National Disaster Risk Reduction and Management Authority; Ministry of Health and Population; Ministry of Women, Children and Senior Citizens; Ministry of Federal Affairs and General Administration; Ministry of Forests and Environment; provincial disaster management committees; provincial ministries of health and population; Ministry of Social Development; provincial health directorates;	\$5.5 million (\$1.5 million from regular resources and \$4 million from other resources) Programme coordination and assistance: \$0.5 million

<p>Reduction, 2015-2030 <i>Baseline: Yes; Target: Yes</i></p>		<ul style="list-style-type: none"> Number of municipalities integrating sexual and reproductive health and gender-based violence prevention and response concerns in their multi-hazard risk monitoring and communication mechanisms <i>Baseline: 0 (2021); Target: 14 (2027)</i> 	<p>district disaster management committees; local disaster management committees; academic institutions; disaster preparedness networks; civil society organizations; community-based organizations; Federation of Nepalese Chambers of Commerce and Industry; United Nations agencies</p>	<p>from regular resources</p>
---	--	--	--	-------------------------------
