



GOVERNMENT OF NEPAL
MINISTRY OF FINANCE

unicef 
for every child

COUNTRY PROGRAMME ACTION PLAN 2018-2022



**The Government
of Nepal**

and

**The United Nations
Children's Fund
(UNICEF)**



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February 2018

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ABBREVIATIONS



AIDS	acquired immunodeficiency syndrome
BCA	Basic Cooperation Agreement
C4D	Communication for Development
CCA	climate change adaptation
CCDRR	child-centred disaster risk reduction
CFS	child friendly schools
CPAP	Country Programme Action Plan
CRC	Convention on the Rights of the Child
DRR	disaster risk reduction
ECD	early childhood development
ECE	early childhood education
ELDS	Early Learning and Development Standards
EMIS	Education Management Information System
FACE	Fund Authorization and Certificate of Expenditure
FCHV	female community health volunteer
GBV	gender-based violence
GBVIMS	Gender Based Violence Information Management System
HACT	Harmonized Approach to Cash Transfers
HIV	human immunodeficiency virus
ICSC	International Civil Service Commission
IFA	iron-folic acid
IMEP	Integrated Monitoring and Evaluation Plan
IYCF	infant and young child feeding
LAPA	local adaptation plans for action
LDCRMP	local disaster and climate risk management plan
MDG	Millennium Development Goal
MNP	multiple micronutrient powder
MPDSR	Maternal Perinatal Death Surveillance and Response
MSNP	Multi-Sector Nutrition Plan
NDHS	Nepal Demographic and Health Survey
NGO	non-governmental organization
NPC	National Planning Commission
OAG	Office of the Auditor General
OR	other resources
PHC/ORC	primary health care outreach clinics
PME	planning, monitoring and evaluation
RR	regular resources
RWP	rolling work plan
SAI	Supreme Audit Institution
SAM	severe acute malnutrition
SDG	Sustainable Development Goal
SES	social and environmental sustainability
SSDP	School Sector Development Plan
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	water, sanitation and hygiene





THE FRAMEWORK

The Government of Nepal, hereinafter referred to as 'the Government', and the United Nations Children's Fund, hereinafter referred to as 'UNICEF', being in mutual agreement to the content of the Country Programme Action Plan (CPAP) and to the outlined responsibilities in the implementation of the country programme; and

- furthering their mutual agreement and cooperation for the fulfilment of the Convention on the Rights of the Child;
- building upon the experience gained and progress made during the implementation of the previous Programme of Cooperation;
- entering into a new period of cooperation from 1 January 2018 to 31 December 2022; and
- declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation; have agreed as follows.



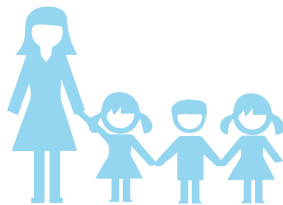


PART I

BASIS OF RELATIONSHIP

1.1. The Basic Cooperation Agreement (BCA) concluded between the Government and UNICEF on 21 February 1996 provides the basis of the relationship between the Government and UNICEF. This CPAP for the period of 2018 to 2022 is to be interpreted and implemented in conformity with the BCA. The results and programmes described herein have been agreed jointly by the Government and UNICEF.





THE SITUATION PART II THE SITUATION OF CHILDREN AND WOMEN IN NEPAL

2.1 Nepal is a nation of ongoing political transition, decreasing levels of poverty and improving levels of human development. Over the last two decades, the country has made rapid progress for children's development as can be seen by the achievement of many of its Millennium Development Goals (MDG) targets. The extension of primary health care has lowered both the infant and under-five mortality rates. Improvements in maternal health care have significantly reduced the maternal mortality ratio for which Nepal received an MDG award in 2010. The country is also on track for its targets on nutrition and is likely to achieve all three micronutrient goals of 'A World Fit for Children'. Legislation, policies and programmes promoting better access to education have raised net enrolment rates. To address child poverty and malnutrition, the Government introduced child cash grants in 2010 and is gradually scaling up their provision. At the same time, there is substantial room for improvement across the spectrum of children's rights including by addressing disparities in levels of achievement and access to resources.

2.2 Nepal is making a political transition from a unitary to a federal state. This will result in three main tiers of government, i.e. federal, provincial and local. Through this process, many government functions related to children are to be devolved to local and provincial levels of government including health, nutrition, water, sanitation and hygiene, education, and child and social protection. This presents opportunities for public actions to improve the situation of children in response to local conditions. At the same time, for the potential of devolved government to be fully realised, substantial efforts are needed to strengthen the concerned policies, legislation, systems and capacities at different levels.

2.3 Nepal aspires to graduate from being a least developed country by 2022 and to a middle-income country by 2030. At present, Nepal is the third poorest among 58 countries in Asia with the sixth lowest human development ranking.¹ In addition, there are significant disparities within the country by wealth, region, language, education, caste, ethnicity, gender and age. The Child Deprivation Index developed for Nepal shows that the worst socioeconomic deprivations related to children are found in the Central Tarai and the Mid- and Far-Western areas roughly corresponding to Provinces 2, 6 and 7.²

2.4 Twenty-five per cent of the population lived below the poverty line in 2010.³ Children are over-represented among the poor with 31 per cent of children under 18 years of age living in poverty; rising to 36 per cent of children under 5 years of age.⁴ Currently, only 20 per cent of children under 5 years of age benefit from the Government's child grant cash transfer programme.

2.5 Nepal is highly prone to a range of natural hazards, principally floods, landslides and earthquakes. It sits on the point where the Indian Subcontinent and Eurasian tectonic plates collide, resulting in recurring large-scale earthquakes. The 2015 Nepal earthquakes killed more than 8,900 people of whom approximately 33 per cent were children. The country is also vulnerable to the impacts of climate change and is experiencing rising

temperatures and erratic precipitation. The effects of climate change include rapid onset disasters (glacial lake flooding, landslides and flash floods among others), the spread of diseases, droughts, and impacts on livelihoods and agricultural production. This jeopardises the physical safety of children and the ability of families and communities to provide for children's needs.

2.6 The country's demographic structure is currently young with 40 per cent of the population under the age of 18 years in 2016. However, this situation will change drastically in the coming decades. The trend of Nepal's demographic changes shows that Nepali society is going to age very rapidly compared with the historical trends of today's developed countries. This gives Nepal a much shorter demographic window of opportunity where a high proportion of working age people is generally conducive for economic development. Nepal is going to transition from being an 'ageing society' (the percentage of population aged 65 years and above accounting for 7 per cent or more of the total population) to an 'aged society' (the same age range accounting for 14 per cent or more of the total population) within 26 years between 2028 and 2054. This is much faster than today's developed countries experienced (e.g. 115 years for France; 85 years for Sweden; 47 years for UK; and 40 years for Germany), and almost the



¹ United Nations Development Programme, Human Development Report: Human development for everyone, UNDP, New York 2016.

² United Nations Children's Fund Nepal, Child Deprivation Index, internal document, UNICEF Nepal, Kathmandu, Nepal, 2015.

³ National Planning Commission, Central Bureau of Statistics, Nepal Living Standards Survey I, 2010–11, Government of Nepal, Kathmandu, Nepal, 2011.

⁴ Mathers, N., Reaching National Coverage: An expansion strategy for Nepal's Child Grant, Policy Brief, UNICEF Nepal, Kathmandu, 2016

same as Japan (24 years), which is the fastest ageing society among member countries of the Organisation for Economic Co-operation and Development. Accordingly, the senior dependency ratio (number of working age people aged between 15 and 64 years who support one old-age dependent [65 years and above] in a society) is going to double from 11.1 working-age people supporting one old-age person in 2015 to 5.6 in 2050 (in another 33 years) and triple to 3.8 in 2060 (in another 43 years). Adequate support for dependants is only possible if the productivity of children today and in the future doubles and then triples respectively by the time they become adults compared with their parents' and grandparents' generations. In view of this, prioritized and timely investment in children is essential for Nepal's sustained development.⁵

2.7 Nepal's under-five mortality rate reduced by 67 per cent between 1996 and 2016. At the same time, the neonatal mortality rate (rate of death during first 28 days after birth) remains high. Nationally, 54 per cent of under-five deaths occur during the neonatal period.⁶ The primary causes of neonatal mortality in Nepal are birth asphyxia and trauma (21 per cent), lower respiratory infections including pneumonia (20 per cent), other neonatal disorders (14 per cent), preterm birth complications (7 per cent), diarrhoea (3.8 per cent) and sepsis/infections (3.8 per cent).⁷ The neonatal mortality rate is twice as high among the poorest wealth quintile compared with the richest one, and higher among younger mothers.⁸

2.8 Child malnutrition rates have substantially declined over the past two decades. The prevalence of stunting (short height for age) among children under five years of age decreased from 57 per cent in 1996 to 36 per

cent in 2016.⁹ However, the current stunting rate is unacceptably high. Nationally, 10 per cent of children under five years of age are wasted (low weight for height). Only 66 per cent of children aged 0 to 5 months are exclusively breastfed and only 35 per cent of children aged 6 to 23 months receive a minimum acceptable diet. Vitamin A prophylaxis coverage for children aged 6 to 59 months stands at 86 per cent. Ninety-five per cent of children live in households that consume iodized salt.

2.9 There have been huge increases in access to primary education over the last 20 years, with a 97 per cent net enrolment rate for academic year 2015/2016.¹⁰ However, attendance in early childhood education (ECE) is low at 51 per cent among 3 to 5 year olds. Only 12 per cent of children of the poorest quintile are developmentally on track in literacy and numeracy compared with 65 per cent from the richest quintile. Attendance in basic education (Grades 1-8) is still low with 770,000 children aged 5 to 12 years being out of school, and there are high drop-out rates among adolescents.¹¹ The quality of education leaves much to be desired with only a half of students in Grades 3, 5 and 8 meeting the academic achievement criteria for Nepali and mathematics. Only a few schools meet the child-friendly school standards¹² and only 11 per cent of school buildings are earthquake-resistant.¹³ Issues that persist in education include poor quality and inequity in access, participation and learning outcomes related to geographical remoteness, gender, socioeconomic (wealth quintile) and ethnic differences. Key barriers to enrolment and attendance include poverty, social exclusion, disability, migration, child labour, social norms and gender bias.¹⁴

⁵ National Planning Commission, Demographic Changes of Nepal: Trends and policy implications, Kathmandu, Nepal, Government of Nepal, 2017.

⁶ Ministry of Health, Nepal; New ERA; and ICF, 2017. Nepal Demographic and Health Survey 2016. Kathmandu, Nepal: Ministry of Health, Nepal..

⁷ Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Seattle, WA: IHME, University of Washington, 2016, <<http://vizhub.healthdata.org/gbd-compare>>, accessed 10 November 2017.

⁸ Statistics in subsequent sections are from 2014 Nepal Multiple Indicator Cluster Survey, unless indicated otherwise.

⁹ Ministry of Health, Nepal; New Era; and ICF, Nepal Demographic and Health Survey (NDHS): Key indicators, Government of Nepal, Kathmandu, Nepal, 2017.

¹⁰ Ministry of Education, Flash Report I for 2015/16, Bhaktapur, Nepal, 2016.

¹¹ Ministry of Education, UNESCO and UNICEF, Global Initiative on Out-of-School Children: Nepal country study, Government of Nepal, Kathmandu, Nepal, 2016.

¹² Ministry of Education, School Sector Development Plan 2016–2023, Government of Nepal, Kathmandu, Nepal, 2015.

¹³ Paci-Green R, Pandey B, Friedman R., Post-earthquake Comparative Assessment of School Reconstruction and Social Impacts in Nepal. Risk RED, 2015.

¹⁴ Scheuermann, A.-K., Barriers to Equity in Education: An exploratory case study on Nepal, Student Paper Series No. 6. Hertie School of Governance, Berlin, 2013.



2.10 Eighty-two per cent of children aged 1 to 14 years have been subjected to at least one form of psychological or physical punishment by a household member.¹⁵ The incidence of child marriage is very high with more than one-third of women aged 20 to 24 years having married before the age of 18 years. And early marriage and child bearing are major issues with 16 per cent of women aged 20 to 24 years having had a child before the age of 18 years, resulting in 'children giving birth to children'. Among children aged 5 to 17 years, 37 per cent are involved in child labour. Nepal is also a major source, transit hub and destination country for people trafficking. Children in conflict with the law do not have access to mechanisms for alternatives to custodial sentences such as diversion and restorative justice. There is a scarcity of child-sensitive procedures in judicial processes.

2.11 Ninety-five per cent of households were using improved water sources in 2016¹⁶ – up from 46 per cent

in 1990.¹⁷ At the same time, the functional status of water schemes and the quality of water remains poor with 71 per cent of all water sources and 91 per cent of those used by the poorest quintile contaminated with *Escherichia coli* bacteria, beyond the World Health Organization standard. Only 25 per cent of the water supply is reported to be fully functioning and almost 40 per cent requires major repairs.¹⁸ Sixty-two per cent of households were using an improved sanitation facility as of 2016 – up from 6 per cent in 1990. Open defecation is still practiced by 16 per cent of the population.¹⁹ Twenty per cent of government schools lack improved water and sanitation facilities, with an additional 19 per cent lacking separate toilets for girls and boys and menstrual hygiene management facilities.²⁰

2.12 Good progress was made on many of Nepal's MDG targets including on reducing poverty, reducing maternal and child deaths, increasing access to primary education, and increasing the coverage of safe water

¹⁵ Unless indicated otherwise statistics in section 2.10 are from Central Bureau of Statistics, Multiple Indicator Cluster Survey 2014: Final report, Government of Nepal, Kathmandu, Nepal, 2015.

¹⁶ Ministry of Health, Nepal; New Era; and ICF, Nepal Demographic and Health Survey (NDHS): Key indicators, Government of Nepal, Kathmandu, Nepal, 2017.

¹⁷ National Planning Commission, Eighth Development Plan (1992-1997), Kathmandu, Nepal, 1992.

¹⁸ Department of Water Supply and Sewerage, Nationwide Coverage and Functionality Status of Water Supply and Sanitation in Nepal, National Management Information Project (NMIP), Government of Nepal, Kathmandu, Nepal, 2014.

¹⁹ Ministry of Health, Nepal; New Era; and ICF, Nepal Demographic and Health Survey (NDHS): Key indicators, Government of Nepal, Kathmandu, Nepal, 2017.

²⁰ Ministry of Education, School Sector Development Plan 2016–2023, Government of Nepal, Kathmandu, Nepal, 2015.



supplies and sanitation. Nepal was close to meeting the targets for reducing the maternal mortality ratio and increasing the proportion of births attended by skilled birth attendants.²¹ Building on these solid achievements gives Nepal many opportunities to further progress towards achieving the Sustainable Development Goals (SDGs) by 2030.

2.13 Since the Comprehensive Peace Agreement (2006), Nepal has established several oversight bodies including the National Human Rights Commission (with a Child Rights Desk), the National Commission on Women, and the National Dalit Commission to monitor and respond to human rights violations. There is also a Child Rights Sub-committee under the Legislative Committee for Women, Children, Senior Citizens and Social Welfare.²²

2.14 Nepal is a signatory to the Convention on the Rights of the Child (CRC) and the Convention on the Elimination

of All Forms of Discrimination Against Women. The full incorporation of these and other international legal instruments into national law are yet to be achieved. Nepal is also a signatory to and has ratified the Convention of the Rights of Persons with Disabilities. This provides a legal framework for children and women with disabilities. However, the concerned issues have yet to be consistently addressed. The most immediate and basic issue here is the legal definition of a child, as it differs between different laws. The Children's Act 1992, Child Labour Act 2000 and Citizenship Act 2006 define 'children' as minors under the age of 16 years, while other legislation recognizes children as minors under the age of 18 years. Furthermore, the minimum age of criminal responsibility is 10 years, which is too young. The legal age of marriage is 20 years.

²¹ National Planning Commission, Nepal and the MDGs: Final status report 2000–2015. Government of Nepal, Kathmandu, Nepal, 2016.

²² UNICEF, Constitution-Making Process in Nepal: A look back of the achievements in 2014–2015. Kathmandu, 2015.





PART III

PROGRAMME OF COOPERATION

a. Programme Rationale

3.1 The Government of Nepal–UNICEF country programme of cooperation (2018–2022) builds on the achievements and the good progress made on achieving the MDGs and will help realise the commitment of Nepal to achieving the SDGs. The Constitution of Nepal, 2015 envisions a federal democratic republic with the substantial devolution of government functions to provincial and local levels. The Fourteenth National Plan (2016-2019) set the goal of the country to graduate to middle-income status by 2030 and become a welfare state with social justice based on socioeconomic transformation and rapid poverty reduction. This country programme aims to support Nepal to progress towards these national priorities.

3.2 The country programme is fully aligned with the new United Nations Development Assistance Framework (UNDAF) 2018–2022 (Figure 1). UNICEF is contributing directly to three of the UNDAF's four outcomes: (1) social development; (2) disaster risk reduction, disaster preparedness and resilience; and (3) human rights, rule of law and governance.²³

²³ UNICEF is not directly contributing towards the UNDAF's fourth outcome of inclusive economic growth.

3.3. Nepal was the first country to produce a national SDG report,²⁴ and has confirmed its commitment to achieve the 2030 Agenda and to an inclusive and multi-stakeholder partnership approach. The Government aims to localize the SDGs into the Nepal context and integrate them into national, sub-national and local development plans.

3.4 This country programme was also prepared based on the following documents:

- Evaluation of the Country Programme Action Plan, 2013-2017.
- Updated Situation Analysis of Children and Women (2017).
- UNICEF's Child Deprivation Index (2015/2016), which shows the level and scale of child deprivation in different districts of Nepal.
- Theories of change on major issues related to survival, development, protection and the participation of children.

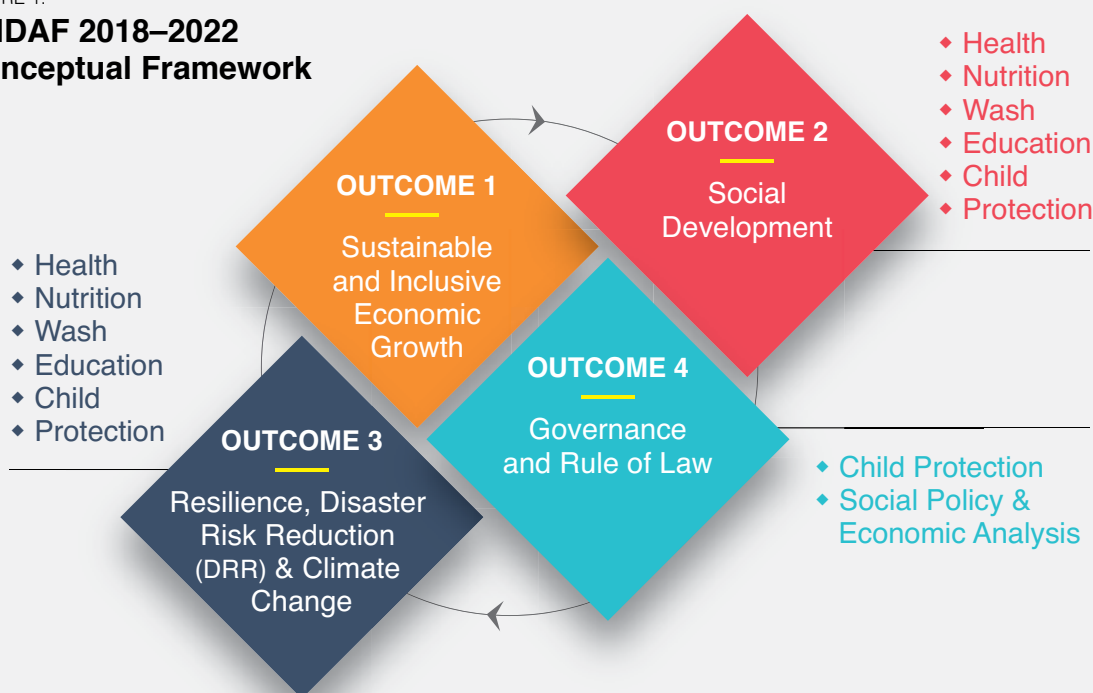
- Lessons learned from responses to the 2015 earthquakes and actions for disaster risk reduction undertaken between 2013 and 2017.
- UNICEF's global priorities as defined in its Strategic Plan (2018-2021) and Gender Action Plan (2018-2021).

b. Programme Priorities

3.5. The overall expected outcome of the country programme is that children benefit from improved and equitable access to and the use of high-quality child-friendly services, improved care practices, protective and safe environments and better policies and resource allocation for children. The programme will address inequities related to supply-side challenges, human resources and the coverage and quality of social services alongside demand-side efforts to change harmful social norms and practices that lead to the under-use of relevant social services and to deprivations and inequities. The country programme has six major programme outcomes, which will be measured through clear targets and qualitative and quantitative indicators.

FIGURE 1:

UNDAF 2018–2022 Conceptual Framework



²⁴ National Planning Commission, Sustainable Development Goals 2016-2030 National (Preliminary) Report, Government of Nepal, Kathmandu, Nepal, 2015, <<http://www.np.undp.org/content/dam/nepal/docs/reports/SDG%20final%20report-nepal.pdf>>, accessed 25 October 2017.

3.6. In addition to support at the national level and the scaling up of interventions, the country programme aims to provide intensive assistance to a number of priority rural and urban municipalities (palikas). These priority palikas include convergence palikas and programme-specific priority palikas

a. Convergence palikas – The palikas in the districts identified as most deprived according to the Child Deprivation Index (2015) will receive multi-sectoral assistance provided in a coordinated way. In these palikas, UNICEF will provide intensive support to local government planning processes and help implement multi-sectoral integrated programmes covering entire palikas. Depending on the number of such palikas, interventions may be supported in a phased way over the plan's five-year period.

b. Programme-specific priority palikas – In addition, a number of palikas will be selected for intensive support

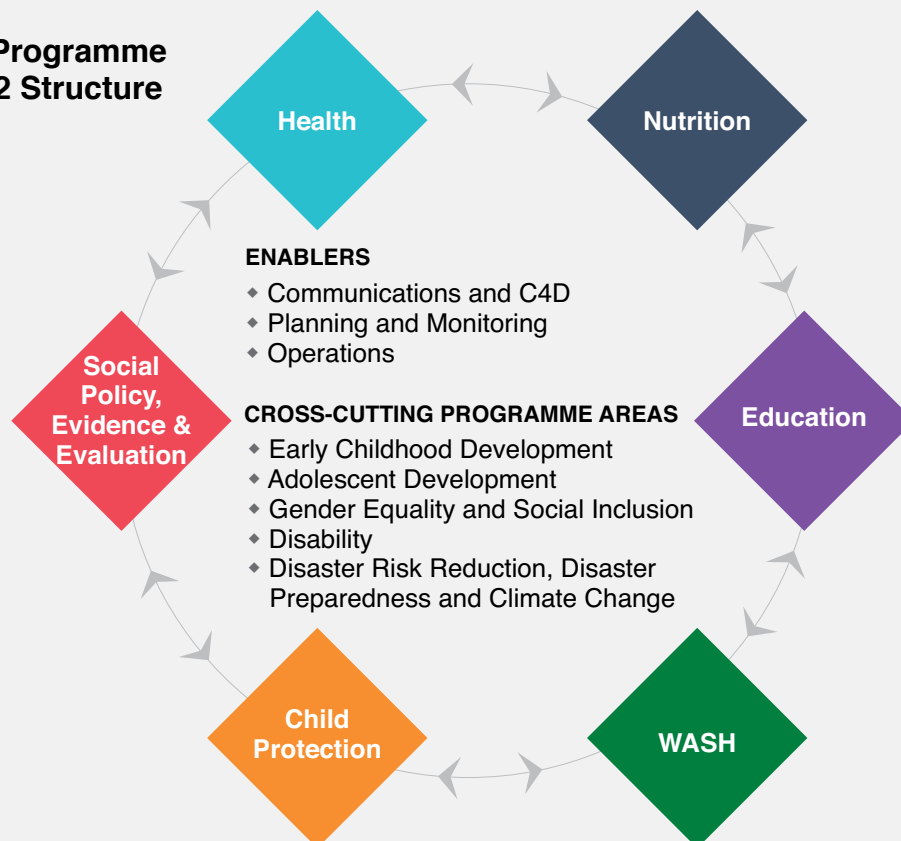
under specific programmes based on (1) geographical patterns of the incidence of specific issues to be addressed, (2) donor commitments, (3) the strength of government systems in place, and (4) other relevant factors. Such palikas could be selected under more than one programme, in which case meaningful and functional convergence will be pursued between the different programmes.

The country programme's six components and its enabling factors and cross-cutting areas are illustrated in Figure 2.

The following paragraphs describe the results to be achieved and the main actions to be taken under each of the six component programmes. The plan's intended outcome for each component is give in the first paragraph of the following writeups.

FIGURE 2:

Country Programme 2018-2022 Structure



3.7. Health – By 2022, children, including newborns and adolescents, and women of reproductive age have improved and equitable access to and use of high-impact quality health interventions and improved healthy behaviours.

3.7.1. The health component of the country programme will be guided by the National Health Policy 2014 and the Nepal Health Sector Strategy (2016 to 2021), which is being implemented through a sector-wide approach of the Ministry of Health and its development partners.

3.7.2. Neonatal and maternal mortality will be addressed through the approval and implementation of the Reproductive Health Bill and support for the establishment of a quality improvement system for maternal and newborn care by implementing the maternal and perinatal death surveillance and response (MPDSR) approach. Special attention will be given to increasing access to quality services for mothers and newborns by establishing intensive care units for newborns and relevant referral systems for mothers and newborn babies. The early detection of developmental

delays, impairments and disabilities among high-risk newborn babies will be strengthened through the health service network and through collaboration with other sectors for care and rehabilitation. Practices that harms the care of mothers and newborns will be addressed by promoting positive care seeking behaviour.

3.7.3. Childhood illnesses will be addressed through the implementation of the National Immunization Act (2016). The strengthening of the immunization supply chain system will help sustain the high-level of immunization coverage. The Integrated Management of Neonatal and Childhood Illness Programme will be further scaled up. A strategy will be developed to prevent pneumonia through multi-sectoral collaboration to reduce indoor and outdoor pollution and to improve care for pneumonia through improved diagnostic aids and treatment methods. Diarrhoea will be addressed through preventive and curative measures.

3.7.4. Adolescent health issues, including teenage pregnancy, will be addressed through the implementation of the National Adolescent Health



and Development Strategy (2017). The capacity strengthening of FCHVs and health workers will be supported to improve access to gender and adolescent-sensitive health services at health facilities and outreach services ('preconception care') as well as through the school health programme. C4D (Communication for Development) strategies using direct outreach, mass and social media, and e-health platforms will promote healthy behaviour by adolescents.

3.7.5. The operationalisation of the federal structure for health will be supported by strengthening local capacity for planning, budgeting and tracking health system performance and expenditure to ensure the delivery of quality maternal, newborn and child health services. The Health Management Information System (HMIS) and the implementation of the National e-Health Strategy (2017) will be supported through new information technologies (e.g. SMS-based RapidPro applications). Disaster preparedness, DRR and CCA will be supported (1) by strengthening the capacity for developing related policies, (2) through technical assistance for the real-time reporting of service delivery including the status of stocks, service providers and physical infrastructure during and after emergencies, and (3) raising awareness on disaster and climate-related health risks. Harmful health practices will be addressed through gender-responsive C4D strategies.

3.8. Nutrition – By 2022, children, including adolescent girls, and women of reproductive age have improved and equitable access to and use of adequate nutritious diets and improved nutritional care behaviour and care practices.

3.8.1. The first Multi-Sector Nutrition Plan (MSNP, 2013–2017), comprised a range of activities carried out by the ministries whose work involves improving the nutritional status of the population. This first plan and the recently approved follow-on MSNP II (2018 to 2022) are implemented under the leadership of the National Planning Commission (NPC). MSNP II will guide the implementation of the nutrition component of the country programme. Efforts will be made to improve infant and young child feeding (IYCF) alongside expansion of the multiple micronutrient powder (MNP) programme to address protein-energy malnutrition and micronutrient deficiencies in existing programme areas, with the scaling-up of interventions in areas with high anaemia prevalence and food insecurity.

3.8.2. Once finalized, the adolescent, maternal, infant and young child nutrition and care programme will be supported through implementation of the Maternal Infant and Young Child Feeding Action Plan. This programme also includes social and behaviour change communication focused on the Golden 1,000 Days, maternity protection, and mother and baby-friendly hospital initiatives. It will focus on low-performing areas and strengthen the links between IYCF and the child grant programme in the course of programme expansion. Support will be provided to strengthen the capacity of health workers and female community health volunteers (FCHVs) for them to provide improved counselling on maternal and child feeding. C4D approaches will be used to realize positive behavioural change at scale.

3.8.3. Support will continue for efforts to scale up the existing integrated management of severe acute malnutrition (SAM). This consists of (1) supply-side support for SAM treatment centres and developing the capacity of FCHVs and health workers to carry out the screening, referral and quality case management of SAM cases; and (2) demand-side support for social mobilisation targeting caregivers and community and religious leaders.

3.8.4. Micronutrient deficiencies will be addressed through the forthcoming national micronutrient control strategy focusing on anaemia, vitamin A deficiency, worm infestation and iodine deficiency. The Government's anaemia control programme will be strengthened based on findings from the Nepal National Micronutrient Status Survey, 2016 and iron and folic acid supplementation will be promoted among adolescent girls, pregnant women and post-partum women. Advocacy and private sector engagement are expected to strengthen the local production of micronutrient powder and fortified foods.

3.8.5. The design, implementation, coordination, monitoring and evaluation of the nutrition programme will be guided by MSNP II. Support will be provided to develop policy guidelines and to strengthen the capacity of the Government and other stakeholders on resilience, DRR and CCA in relation to nutrition including ensuring uninterrupted supply chains and the rapid scaling-up of comprehensive nutrition services during both rapid and slow onset disasters.

3.9. Education – By 2022, all children, especially the most disadvantaged, benefit from improved access to, participation in and learning outcomes in pre-primary and basic education in inclusive, safe and protective environments.

3.9.1. The education component of the country programme will be guided by the School Sector Development Plan (SSDP, 2016–2022) and the consolidated equity strategy for the school education sector (2014), which is being implemented through a sector-wide approach led by the Ministry of Education. UNICEF will continue to support the SSDP as a joint financing partner, the focal point for the local education development partners group and as a coordination agency for the Global Partnership for Education.

3.9.2. The need to increase access to early learning in underserved areas will be addressed through community-based early childhood education (ECE) and parenting education based on the experiences and lessons learned during the previous country programme (2013–2017). These lessons will be fed into evidence-based policy advocacy for improving the quality of ECE throughout the country. Strengthening the capacity of local governments will support the equitable delivery of school-based quality ECE. Supply-side bottlenecks will be addressed by improving teaching skills and developing quality teaching and learning materials.

3.9.3. The improved quality of basic education will be supported through policy development and planning focused on the improvement of classroom teaching and learning, the promotion of early grade literacy and numeracy and the use of appropriate mediums of instruction. Innovations and research on teaching in multilingual classrooms will be supported.

3.9.4. Adolescents entering schools late and those who have never been enrolled will be supported to enter the formal education system through non-formal classes using lessons learned from the Girls Access to Education initiative, which was implemented in Nepal in 2013–2017. C4D strategies targeting parents will be used to increase demand for formal education for working children. Life skills of adolescents in formal school settings and non-formal settings will be improved through the life skills-based curriculum called Rupantaran, and the participation of adolescents in school management committees will be supported.

3.9.5. The operationalisation of the federal set-up for the education system will be supported within the context of the SSDP. The implementation of the under-preparation Comprehensive School Safety Master Plan will be supported by strengthening the technical and institutional capacity of the education sector for DRR and CCA, education in emergencies and the Schools as Zones of Peace initiative. UNICEF will continue to co-lead the Education Cluster for improved DRR and CCA. It will also continue to help strengthen the capacity of concerned government personnel and systems to monitor out-of-school children, including children with disabilities, through the Education Management Information System (EMIS), and support local governments to carry out planning and programme implementation under the new federal structure.

3.10. Child protection – By 2022, children and adolescents have improved protection from all forms of violence, abuse and exploitation.

3.10.1. The child protection component of the country programme will be guided by the prevailing policies related to children, Children's Act and other legislations regarding child trafficking, child labour, concerned strategies and action plans among others.

3.10.2. Support will go to strengthen child protection systems in the new federal structure by scaling up comprehensive case management procedures and advocating for the recruitment of a professional child protection workforce. A new software for the Child Protection Sector Information Management System (CPMIS) will provide disaggregated data on child protection issues. UNICEF will support the strengthening of capacity for DRR and preparedness and CCA at all levels as a co-lead of the Protection Cluster covering child protection and gender-based violence (GBV).

3.10.3. Violence and exploitation of children will be addressed through the development, revision and implementation of necessary legislation and policies concerning violent means of discipline, child labour, child trafficking, GBV, child marriage and violence/abuse in online environment. In addition, C4D strategies will be used to change societal acceptance of these issues. Support will also be provided to help strengthen the capacity of concerned government personnel and systems to provide appropriate services to victims.



3.10.4. Support will be provided to review legislation and policies on children's access to justice; develop the necessary regulations, protocols and guidelines; and strengthen the information management system on justice for children. UNICEF will support the capacity strengthening of justice and security professionals, psychosocial counsellors and social workers on gender-sensitive and child-friendly justice procedures. It will also support the piloting of new concepts and practices, such as diversion, restorative justice and protection measures for victims and witnesses.

3.11. Water, sanitation and hygiene (WASH) – By 2022, children and their families have improved and equitable access to and use of safe and sustainable drinking water and sanitation services and improved hygiene practices.

3.11.1. The WASH component of the country programme will be guided by the WASH Sector Development Plan (2016–2030), which is being implemented by the Ministry of Water Supply and Sanitation.

3.11.2. Support will go to improve water quality by strengthening the water regulatory body, implementing water safety plans, analysing the fiscal space, and enhancing community awareness on household-level water treatments. A strategy to ensure the access of unreached populations to safe water will be developed and implemented by strengthening the functionality, coverage, sustainability and resilience of water supply

systems. Access to safe water at education and health care facilities will be improved through inter-sectoral collaboration.

3.11.3. The 'open defecation free' social movement and the total sanitation concept will be scaled up. The private sector will be engaged to promote improved hygiene practices and create markets for sanitation. Gender and disability-friendly sanitation facilities in health facilities, ECD centres and schools will be advocated for through the child-friendly school initiative. The ranking of schools in terms of their provision of WASH facilities will be scaled up nationally.²⁵ Campaigns will use mass media and social media to raise awareness on hygiene behaviours including menstrual hygiene management practices.

3.11.4. The operationalisation of the federal structure for WASH services will be supported within the context of the WASH Sector Development Plan (2016–2030). Assistance will be provided to the Government to formulate a new WASH Act and revise policies to promote gender equality and social inclusion in access to WASH facilities. The implementation of new guidelines for WASH in schools and health facilities will also be supported. DRR and CCA will be mainstreamed into existing WASH policies, strategies, plans and budgets, and multi-hazard disaster and climate pattern analyses, risk-informed programming and management capacities will be strengthened. As WASH cluster co-lead, UNICEF will provide support to enhanced DRR and preparedness, and CCA.

²⁵ This approach gives a full score (three stars) when criteria is comprehensively met in line with the SSDP.

3.12. Social policy, evidence and evaluation – By 2022, children benefit from strengthened policies and programmes which address child poverty, vulnerability and exclusion.

3.12.1. The social policy and evidence programme will be guided by the Fourteenth Three-Year National Plan (2016-2019) and the draft National Framework on Social Protection under the leadership of the Ministry of Finance and the NPC.

3.12.2. Support will be provided to the NPC, relevant ministries and the Central Bureau of Statistics to strengthen their capacity for generating evidence. Potential issues to address include (1) the measurement and analysis of child poverty, vulnerability and exclusion at national and sub-national levels, and (2) the analysis of emerging development issues such as federalism, fiscal space, investment cases for key social interventions, urbanisation, migration and shock-responsive social protection for disaster preparedness and community resilience.

3.12.3. Technical assistance will be provided to scale up the child grant programme in the federal set-up until it reaches all children under five years of age as committed to by the Government. The improvement of the child grant programme will be supported through an impact assessment, the use of information technology, and strengthening inter-sectoral linkages with birth registration, health and nutrition services and ECD.

3.12.4. UNICEF will facilitate dialogue between a range of stakeholders to co-create, share and use knowledge to support more effective policies concerning children. Regular dialogues will be held with parliamentarians on legislation, policies and budgetary matters that impact children's well-being.

3.14 Programming for cross-sectoral issues – The key cross-sectoral issues of early childhood development (ECD), adolescent development, gender equality and social inclusion, disability, disaster risk reduction, disaster preparedness and climate change adaptation will be addressed systematically and effectively to support the holistic development of children.

3.14.1. **Early childhood development** – UNICEF will support:

- strengthening of ECD programming with overall advocacy, policy dialogue and coordination for early childhood education (Education);
- promotion of postnatal and essential newborn care and early screening, detection, referral and the rehabilitation of children with disabilities (Health);
- promotion of responsive feeding (Nutrition);
- promotion of the use of safe and sustainable drinking water and sanitation services and improved hygiene practices (WASH);
- prevention of violence against young children (Child Protection and Education); and
- the use of C4D to facilitate required behavioural changes (C4D).

3.14.2. **Adolescent development** – UNICEF will support Government efforts to:

- improve data collection and analysis, evidence generation, policy dialogue and advocacy (Social Policy and Evidence);
- end child marriage (Child Protection);
- improve opportunities for education, learning and skill development (Education);
- improve adolescent health, nutrition and WASH for adolescents (Health, Nutrition, WASH and Education);
- prevent violence, abuse and exploitation (Child Protection and Education); and
- use communication and C4D for facilitating required changes both at societal and individual levels including by promoting adolescent empowerment opportunities and establishment of platforms for civic engagement (Communication and C4D).

3.14.3 **Gender equality and social inclusion** – UNICEF will support the Government to:

- carry out gender-and equity-responsive programming that emphasises ending child marriage (Child Protection, Education and Health)
- promoting gender-responsive adolescent health (Health, Nutrition and WASH); and
- pay special attention to mainstream gender in every aspect of sectoral programming with Communication and C4D facilitating required changes at societal and individual levels (Communication and C4D).

3.14.4. **Disability** – UNICEF will support the Government and other actors to strengthen actions for children with disabilities by:

- improving evidence generation, policy dialogue and advocacy (Social Policy, Evaluation and Evidence; Planning and Monitoring; Education; WASH; and Health);
- strengthening health systems to screen, detect, refer and rehabilitate concerned children (Health and Education);
- promoting early childhood education and inclusive education (Education);
- improving WASH in schools (WASH and Education); and
- preventing violence, abuse and exploitation (Child Protection).

3.14.5. **Disaster risk reduction, disaster preparedness and climate change adaptation** –

- UNICEF will support the Government in updating its Disaster Preparedness and Response Plan; ensuring implementation of the Disaster Risk Reduction and Management (DRRM) Act, Local Governance Act and formulating the National DRR Policy and Strategic Action Plan. These documents will serve as Nepal's roadmap for the country-level implementation of the 2015-2030

Sendai Framework for DRR.

- UNICEF will also support local governments to develop and implement the Local Disaster and Climate Resilience Plan (LDCRP), National Adaptation Programme of Action (NAPA) and local adaptation plans for action (LAPAs).
- Child-centred DRR and CCA will be promoted that emphasizes the importance of disaster and climate risk assessments and takes into account children's vulnerabilities and special needs.
- In order to support the mainstreaming of disaster risk reduction; disaster preparedness, response and recovery and climate change adaptation, stronger coordination and collaboration will be promoted to inform risk programming between federal and provincial authorities and local governments.

3.15. UNICEF will continue to screen the social and environmental sustainability (SES) of planned activities and all programmes. According to the results of this screening, projects identified as having moderate to high risks of negative environmental effects will be further assessed through social and environmental impact assessments and managed through the development of social and environmental management plans.

c. Summary Budget Table*

An estimated \$150 million, comprising \$36 million of regular resources and \$114 million of other resources, will be needed to implement this country plan.

TABLE 1: COUNTRY PROGRAMME ACTION PLAN (2018-2022) SUMMARY BUDGET TABLE

PROGRAMME COMPONENTS	(IN THOUSANDS OF UNITED STATES DOLLARS)		
	REGULAR RESOURCES	OTHER RESOURCES	TOTALS
Health	3,200	15,700	18,900
Nutrition	3,000	33,000	36,000
Education	3,200	30,100	33,300
Child Protection	3,000	14,060	17,060
WASH	2,600	15,400	18,000
Social Policy, Evidence and Evaluation	2,500	3,000	5,500
Programme Effectiveness**	18,510	3,000	21,610
TOTAL	36,010	114,260	150,270

*These are estimated amounts, which will depend on the actual availability of UNICEF global resources and specific-purpose contributions from funding partners. The budget is exclusive of emergency funding that may be mobilized in the event of emergencies. Regular resources represent funding from UNICEF given by donors without conditions or restrictions. Other resources represent funding from UNICEF using contributions earmarked for specific purposes agreed upon between UNICEF and its donors. These funds complement Government resources.

** Programme Effectiveness includes Planning and Monitoring; Communications; C4D; Disaster Risk Reduction, Disaster Preparedness and Climate Change Adaptation; and Operations.





PART IV

PARTNERSHIP STRATEGY

4.1. Recognising the importance of strategic partnerships to achieve results that have a wide-ranging impact, the Government and UNICEF will work in close collaboration with other organizations in the United Nations system, multi- and bilateral donor partners, non-governmental organizations (NGOs) and civil society organizations.

4.2. Partnerships with other development partners can take the following two forms for the implementation of the Country Programme Action Plan (2018–2022): (1) those that involve coordinated actions for the achievement of common goals, but no financial transactions; and (2) those that involve financial contributions from other development partners for programming for children.

4.3. The above first form of partnership includes sector-wide approaches (SWAp) and other forms of donor coordination. Nepal has well-developed SWAp or SWAp-like approaches in the health, education, WASH, nutrition, social protection and governance sectors. UNICEF is a member of the concerned forums. UNICEF will continue to be an active member of these forums with a view to mainstreaming major child-related issues in the sectors and contributing to the strengthening of sectoral systems. Furthermore, UNICEF will engage with private sector entities to encourage them to contribute their resources and expertise to child-related issues.

4.4. The second form of partnership includes contributions from other development partners for the implementation of the Country Programme Action Plan (2018–2022). Nepal has a large number of bilateral and multilateral partners. Their contributions are essential for the full implementation of the Country Programme, with 76 per cent of the planned budget of the country programme coming from 'Other Resources' (Table 1). UNICEF has played, and will continue to play, a facilitating role in translating these contributions from donors into effective results for children in close coordination with the Government. UNICEF will also continue to work with NGOs and civil society organizations to try innovative approaches to address major child-related issues which, if successful, can be scaled up to the national level.





PART V

PROGRAMME MANAGEMENT

5.1. This Country Programme Action Plan (2018–2022), commits all participating counterpart ministries, government agencies and local governance institutions to implement the results and programmes described above. While working according to the Government's Foreign Aid Policy (2014), where appropriate, the Government and UNICEF will continue to use innovative implementation modalities, such as implementation in collaboration with NGOs and public-private partnerships. These and other relevant modalities and mechanisms will serve to strengthen national systems and provide evidence to improve the quality of implementation of this programme.

5.2. The NPC (in collaboration with the Ministry of Finance), in the context of its responsibility for preparing and coordinating national plans, will be responsible for policy coordination and reviewing the overall country programme. Implementing ministries, agencies, local governance institutions and civil society organizations will periodically review the progress and effectiveness of the programme in achieving its expected results as defined in the results and resources matrix (see Annexes 1 and 2). These reviews will provide an opportunity to take into account lessons learned to identify opportunities and constraints and to make corrections to accelerate progress towards the expected results. The situation analysis will be updated at the Mid-Term Review of progress on implementing the CPAP and in the final year of the programme cycle.

5.3. The responsibility for administering the results and programme components at the national level will rest with the relevant Government ministries or departments and at local and provincial levels with the relevant bodies in close coordination with the line ministries, the Ministry of Finance, and the Ministry of Federal Affairs and Local Development as well as NGOs (as relevant and appropriate). For each output, counterparts will designate a focal point person who, working in collaboration with the relevant UNICEF official, will have overall responsibility for planning, managing and monitoring the implementation of the relevant output(s).

5.4. In terms of UNICEF's roles and contributions: UNICEF will prepare 30-month rolling work plans (RWPs) in 2018 and 2020, which will be reviewed each year in alignment with the planning and preparation for the Government's fiscal year (mid-July to mid-July). This will be done with the federal Government, the provincial governments and other partners who support the implementation of this CPAP. The RWPs will be adjusted according to implementation experience and the identification of opportunities and constraints. The RWPs are the basis for the Government to request disbursement, supplies and services from UNICEF.

5.5. A comprehensive Mid-Term Review will be carried out in 2020 by the Government and UNICEF. Other United Nations agencies, representatives of multilateral and bilateral donors and collaborating NGOs will be invited to participate, as appropriate.

5.6. The UNICEF Regional Office for South Asia, which is based in Kathmandu, will support the implementation of the country programme on technical and managerial issues.

5.7. The country programme will contribute to the achievement of relevant outcomes of the UNDAF through its coordination mechanism. Security-related support will be provided by the UN Department of Safety and Security. For improved efficiency and risk mitigation, several United Nations agencies will share common premises and common services. The Harmonized Approach to Cash Transfers (HACT) will be used for the further efficiency, effectiveness, quality and value for money of transactions. Capacity assessments (micro assessments) will be conducted of all implementing partners with annual turnovers of US\$ 100,000 or more. Similarly, assurance activities (programmatic visits, spot checks and scheduled audits), will be undertaken periodically as per the HACT framework.

5.8. The country programme will support early warning systems, including nutrition sentinel surveillance, and improve children's safety through the forthcoming Comprehensive School Safety Masterplan. Emergency operations will be coordinated by the humanitarian country team under the National Disaster Response Framework of Nepal (2012). UNICEF will co-lead four clusters (the WASH, nutrition, education and child

protection sub-clusters) and build on the innovative good practices for communicating-with-communities that emerged from the responses to the 2015 earthquakes and the August 2017 floods.

5.9. Based on lessons learned from the implementation of the previous Country Programme Action Plan (2013-2017), preparedness-related measures for emergencies will be emphasised including the pre-positioning of priority emergency supplies and the smooth functioning of cluster coordination mechanisms during emergencies based on prior planning and training.²⁶

5.10. The risk of reduced levels of resources will be mitigated through evidence-based advocacy for necessary investments in children and partnering for results. As explained in Part II above, Nepal has a rapidly ageing society, an increasing dependency ratio and a finite window of opportunity for its ongoing demographic dividend, which will be used for promoting the time-bound investments for children required for the country's sustainable development.

Risk Management

5.11. The following three areas have been identified as potentially posing risks to the achievement of the planned country programme results: (a) inadequate funding, (b) gaps in technical capacity particularly for sub-national and local level planning in the context of federalisation, and (c) natural disasters and emergencies. To mitigate (a), strategies for mobilising required resources are summarised in the following section. For (b), relevant training and learning initiatives will be undertaken for UNICEF staff and concerned counterparts. Mitigation measures have already been described for (c) in previous sections.



²⁶ DARA, Evaluation of UNICEF's Response and Recovery Efforts to the Gorkha Earthquake in Nepal, Kathmandu, Nepal, 2016.

Resource Mobilisation Strategy

5.12. UNICEF will use its available regular resources to fund core programmes. The wider implementation of the country programme will be supported by other resources, which will be raised through (a) continued dialogue with international donor governments and organizations, (b) continued engagement with the UNICEF national committees and (c) continued interaction with international foundations and other entities such as GAVI, Global Funds and Global Partnership for Education. In agreement with the Government, UNICEF will continue its fundraising efforts to support the implementation of this plan.

Management Responsibility and Cash Transfers

5.13. All cash transfers to an implementing partner will be based on the RWPs agreed between implementing partner and UNICEF. An implementing partner is an entity that signs a work plan with UNICEF and assumes full responsibility and accountability for the effective use of UNICEF's resources. These partners will include government counterparts at all levels, United Nations organizations, non-governmental, civil society, private sector and inter-governmental organizations.

5.14. Cash transfers for activities detailed in RWPs can be made by UNICEF via the following three modalities: (a) cash transferred directly to implementing partners prior to the start of activities (direct cash transfer), or after activities have been completed (reimbursement); (b) direct payment to vendors or third parties for obligations incurred by implementing partners on the basis of requests signed by the implementing partner's designated official; (c) direct payments to vendors or third parties for obligations incurred by United Nations agencies in support of activities agreed with implementing partners.

5.15. Cash transfers may be made to the national treasury for forwarding to an implementing partner depending upon the nature of activities and in mutual agreement between the partner and UNICEF. Cash transfers to the national treasury can be made by using any one of the modalities mentioned above. Where cash transfers are made through the treasury, the modalities

of such transfers and a tracking mechanism will be agreed on with the Government.

5.16. Cash transfers may be made to government entities or NGOs other than implementing partners where such entities directly implement key activities of a RWP. However, such an arrangement needs to be agreed with the implementing partner prior to the concerned cash transfer.

5.17. In case of direct budget support to the Government of Nepal for the implementation of SWAPs, the modalities of such support will be established on a case-by-case basis through the signature of a memorandum of understanding (MoU) with the Ministry of Finance or concerned ministries.

5.18. Direct cash transfers will be requested and released for programme implementation periods of not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly (3 monthly) or after the completion of activities. UNICEF shall not be obligated to reimburse expenditure made by the implementing partner over and above authorized amounts.

5.19. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between implementing partners and UNICEF or refunded.

5.20. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity of government implementing partners, and of an assessment of the financial management capacity of non-United Nations²⁷ implementing partners. A qualified consultant, such as a public accounting firm, selected by UNICEF in consultation with the Government may conduct such assessments, in which the implementing partner shall participate.

5.21. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring, reporting and audits.

²⁷ For the purposes of these clauses, 'the United Nations' includes the International Financial Institutions (IFIs).





PART VI

MONITORING AND EVALUATION

6.1. Monitoring and evaluation are essential for providing information on progress, results achieved and shortcomings, identifying lessons learned and as a basis for adjusting the country programme. The monitoring of the situation of children and women will form the basis for policy and programme advocacy. The country programme will allocate a minimum of 5 per cent of its budget to programme-related research, studies and surveys or other data collection exercises for monitoring and evaluation. UNICEF will continue to support the Government of Nepal to conduct Multiple Indicator Cluster Surveys (MICSs) to generate sound and comparable data to monitor the situation of children and women in the new federal set up. Country programme evaluations, in line with UNICEF's evaluation framework, annual reviews and the Mid-Term Review, will be the primary means for monitoring and evaluating the country programme as a whole.

6.2. The indicators needed to assess programme progress and results are given in the Results and Resources Framework (Annex 1), which, in combination with the Integrated Monitoring and Evaluation Plan (IMEP) and Costed Evaluation Plan (CEP) (Annexes 3 and 4) provide the overall monitoring and evaluation framework for the country programme. A key purpose of the IMEP is to ensure the advance planning of and coordination among various monitoring and evaluation activities for greater effectiveness and efficiency. The multi-year IMEP provides information on programme-level studies, surveys and evaluations across programme components. The five-year IMEP, accompanied by the costed evaluation plan lay out and highlight priority monitoring, evaluation and research activities.

6.3. An annual IMEP will be prepared each year. Various outcome-level indicators will be measured through population-based surveys to be conducted before 2022. The outputs will be reviewed every four months (in April, August, and December each year) to assist the Government's and UNICEF's monitoring and annual reporting. This process is linked to the UNDAF Monitoring and Evaluation Plan and provides key inputs to annual reviews of the UNDAF.

6.4. The UNDAF monitoring and evaluation matrix will be used by UNDAF theme groups to monitor UNDAF results. This will also cover UNICEF contributions to the UNDAF and will be the main basis for preparing UNICEF's inputs towards the UNDAF annual report by the resident coordinator.

6.5. Programme monitoring will include mid-year and annual reviews undertaken with concerned partners. UNICEF officers together with government and development partners (as required) will regularly carry out field visits to facilitate programme implementation and monitoring. During these visits, they will monitor progress on the implementation of work plans and the

use of provided cash and supplies. Indicators tracked through web-enabled platforms (e.g. DevInfo and NepalInfo) will be used for monitoring the situation of children and women and progress towards realizing their rights. Results of the monitoring, evaluation and analysis of bottlenecks will provide feedback to planning processes with partners to adjust plans and accelerate progress towards the SDGs and other national priority goals with a focus on equity considerations. Gaps in data, evidence and knowledge will be identified and systematically addressed. Innovative approaches and methodologies will be tested and applied by building on existing monitoring systems such as SMS and real-time monitoring methods in collaboration with partners.

6.6. Guided by the IMEP and RWPs, the results and resources framework will form the basis for monitoring progress on the delivery of outputs and contributions to outcomes for each programme component. Research, evaluations and studies will feed into the annual reviews and the Mid-Term Review with the Ministry of Finance and relevant line ministries in 2020. The reviews will capture key lessons learned and guide necessary adjustments to the country programme.



6.7. Implementing partners agree to cooperate with UNICEF for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNICEF. To this effect, implementing partners agree to the following:

6.7.1. Periodic on-site reviews and spot checks of their financial records by UNICEF staff or its representatives (third party service providers).

6.7.2. Programmatic monitoring of activities following UNICEF standards and guidance for site visits and field monitoring.

6.7.3. Special or scheduled audits. UNICEF, in collaboration with other United Nations agencies (in particular UNDP and UNFPA as per the UN's Harmonised Approach to Cash Transfer [HACT]), and in consultation with concerned ministries, will establish an annual audit plan, prioritising the auditing of implementing partners who have received large amounts of cash assistance from UNICEF, and those whose financial management capacity needs strengthening.

To facilitate the above assurance activities, implementing partners and the concerned United Nations agencies, including UNICEF, will agree to use a programme monitoring and financial control tool allowing data sharing and analysis.

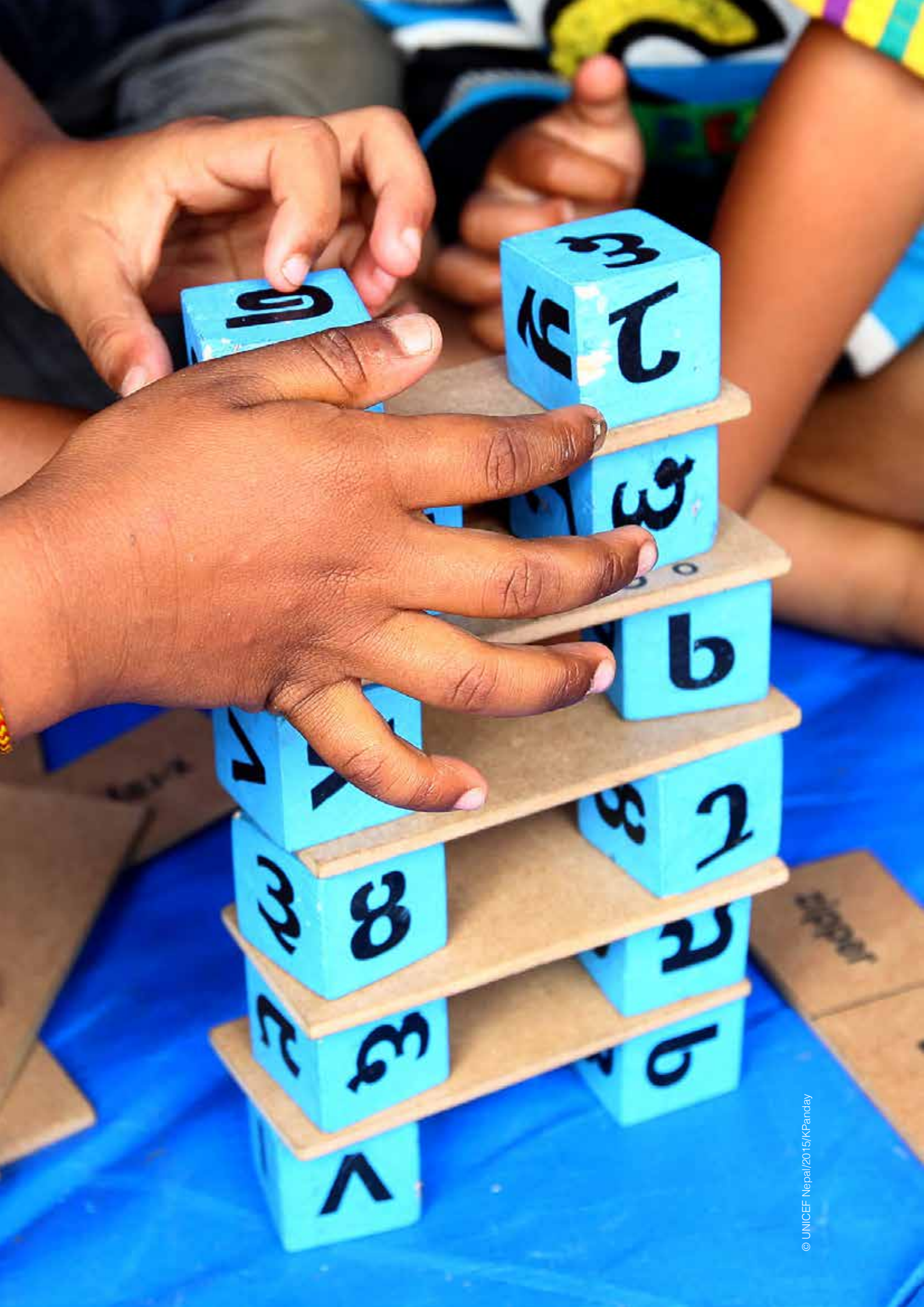
6.8. The scheduled and special audits of implementing partners at central and provincial levels will be

undertaken by the Office of the Auditor General of Nepal (OAG), which is the Supreme Audit Institution (SAI) of Nepal as per the INTOSAI standards on auditing and international best practices. The provisions of HACT and a prescribed audit format under it will be used for reporting purposes. Support will be provided jointly with UNDP and UNFPA to help further strengthen the capacity of the OAG.

6.9. The scheduled and special audits of local governments (rural and urban municipalities — gaupalikas and nagarpalikas), will be carried out by third party service providers (chartered accountant firms) in consultation with the OAG.

6.10. An assessment of the capacity of the public financial management system of the OAG as the SAI of Nepal is planned for June 2018. Once the capacity of the OAG is certified, and if the OAG is willing and able to conduct scheduled and special audits, the OAG may undertake the auditing of government implementing partners. If the OAG chooses not to undertake the audits of specific implementing partners according to the frequency and scope required by UNICEF, UNICEF will commission such audits to private sector audit service providers.

6.11. The assessments and audits of civil society organizations and non-government implementing partners will be undertaken by third party service providers (chartered accountant firms) as per the United Nation's HACT policy and procedures.





PART VII

COMMITMENTS OF UNICEF

7.1. UNICEF's Executive Board has approved a total commitment for regular resources (RR), subject to availability of funds, not exceeding the equivalent of US\$ 36,010,000 to support the programme activities described in this CPAP for the period beginning 1 January 2018 to 31 December 2022 (Table 1).

7.2. UNICEF's Executive Board has also authorised the executive director to seek additional funding to support the implementation of programmes specified in this CPAP to an amount equivalent to US\$ 114,260,000. These funds, which are referred to as 'other resources' (OR), will have to be raised through UNICEF procedures for the raising of other resources and is not money secured at this time. The availability of these funds will be subject to donor awareness of and interest in proposed programme activities. To this end, UNICEF will advocate for their support within the local and international donor community.

7.3. The above funding commitments and proposals are exclusive of funding in response to emergency appeals, which may be launched by the Government of Nepal and by the United Nations in response to a request from the Government.

7.4. In accordance with United Nations General Assembly Resolution 46/182, and consistent with the Executive Board resolution on Core Corporate Commitments in Emergencies, UNICEF, together with other United Nations agencies, will assist in preparing emergency preparedness plans, relief measures and rehabilitation services for women and children, as well as for accelerating specific programme components during local emergencies that result from natural hazards and conflicts.

7.5. UNICEF support to the development and implementation of activities within the CPAP may include technical support, cash assistance, supplies and equipment, procurement services, transport, funds for advocacy, research and studies, consultancies, programme development, monitoring and evaluation, capacity building activities and staff support. Part of UNICEF support may be provided to non-governmental and civil society organisations as agreed within the framework of individual programmes.

7.6. UNICEF shall appoint programme staff and consultants for programme development, programme support, technical assistance, as well as for carrying out monitoring and evaluation activities.

7.7. Subject to annual reviews and progress on the implementation of the programme, UNICEF funds will be distributed by calendar year and in accordance with this CPAP. These budgets will be reviewed and further detailed in the RWPs. By mutual consent between the Government and UNICEF, if the rate of implementation in any result is substantially below the annual estimates, funds not earmarked by donors to UNICEF for specific results may be re-allocated to other programmatically equally-worthy results that are expected to be executed more rapidly.

7.8. UNICEF will consult with concerned ministries and agencies on the timely requisition of cash assistance, supplies, equipment and services. UNICEF will keep concerned officials informed of the procurement of commodities in order to facilitate efficient and timely clearing, warehousing and distribution.

7.9. In consultation with the Government's focal cooperation department, UNICEF maintains the right to request a joint review of the use of commodities supplied but not used for the purposes specified in this CPAP and RWPs. The aim here is to reprogramme such commodities within the CPAP framework.

7.10. In case of direct cash transfers or reimbursement, UNICEF will notify implementing partners of the amount approved by UNICEF and shall disburse funds to implementing partner within 15 days of notification.

7.11. UNICEF will proceed with payment within 30 day in the case of direct payments to vendors or third parties for (1) obligations incurred by implementing partners on the basis of requests signed by the designated official of the implementing partner; or (2) to vendors or third parties for obligations incurred by UNICEF in support of activities agreed with implementing partners.

7.12. UNICEF shall not have any direct liability under contractual arrangements concluded between implementing partners and third-party vendors.

7.13. Where more than one United Nations agency provides cash to the same implementing partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated by those United Nations agencies.

7.14. Under its new constitution (September 2015), Nepal established a federal structure of governance under which government functions are to be performed at federal, provincial and local government levels. The country is divided into 7 provinces and 753 local elected governments (metropolitan cities, sub-metropolitan cities, gaupalikas and nagarpalikas). To support the operationalisation of federalism and help provincial

and local governments address the child deprivation issues described in Part II of this CPAP, UNICEF will maintain its field presence at three field offices as during the previous country programme. The locations will be adjusted in line with the analysis of the situation of children based on the child deprivation index and the provincial demarcation. The field office currently in Nepalgunj will be maintained to cover Provinces 6 and 7 with a possible review of the need to shift it to the capital of Province 6 at the time of the Mid-Term Review in 2020. The field office currently in Bharatpur (Chitwan District) will be shifted to the capital of Province 2 as soon as is feasible. The field office in Biratnagar will be shifted to

Siddharthnagar (Rupandehi District) to cover Provinces 4 and 5. Provinces 1 and 3 will be supported by the UNICEF country office in Kathmandu. The field offices will work closely with local governments and civil society in the provinces to support the development of provincial policies, legislation, planning, implementation and the monitoring of programmes and related capacity building and advocacy efforts.

7.15. UNICEF will appoint project staff and consultants for programme development, programme support, technical assistance and monitoring and evaluation activities.







PART VIII

COMMITMENTS OF THE GOVERNMENT

8.1. The Government shall encourage and facilitate the participation of all concerned ministries, departments, provinces and local bodies in periodic programme review and planning meetings including annual review meetings, annual planning meetings and the Mid-Term Review.

8.2. The Government will provide all personnel, premises, supplies, technical assistance, funds and other resources, and recurring and non-recurring support, necessary for programme implementation and monitoring except as provided by UNICEF and other United Nations agencies, international organizations, bilateral agencies and NGOs.

8.3. The Government will facilitate the provision of assistance by UNICEF to the decentralised levels of government to help concerned provinces and local governments address issues of child deprivation as stated in this CPAP.

8.4. The Government will support UNICEF's efforts to raise the funds needed to meet the financial needs of the CPAP by (1) cooperating with UNICEF to encourage potential donor governments to make available to UNICEF the funds needed to implement the unfunded components of the country programme; (2) endorsing UNICEF's effort to raise funds for the programme from the private sector internationally and in Nepal; and (3) permitting contributions from individuals, corporations and foundations in Nepal to support this programme, with such contributions being tax-exempt.

8.5. A standard fund authorization and certificate of expenditures (FACE) form, reflecting the activity lines of the RWPs, will be used by implementing partners to request the release of funds or to secure the agreement that UNICEF will reimburse or directly pay for planned expenditure. Implementing partners will use the FACE form to report on the use of cash received and will identify the designated official(s) authorised to provide the account details, and to request and certify the use of cash. FACE forms will be certified by the designated official(s) of implementing partners.

8.6. Cash transferred to implementing partners should be spent only for the purpose of activities as agreed in the concerned RWP(s).

8.7. Cash received by the government and national civil society and non-governmental implementing partners will be used in accordance with established Nepal's national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the RWPs and that reports on the full use of all received cash are submitted to UNICEF within six months of the receipt of such funds. Where any of the concerned national regulations, policies and procedures are inconsistent with international standards, United Nations agency regulations, policies and procedures will apply.

8.8. In the case of international non-governmental implementing partners, cash received will be used in accordance with international standards, in particular ensuring that cash is spent on concerned activities as agreed in the RWPs, and partners will report on the full use of all received cash to UNICEF within six months of receipt.

8.9. To facilitate scheduled and special audits, each implementing partner receiving cash from UNICEF will provide UNICEF or its representative with timely access to:

- all financial records that establish the transactional record of the cash transfers provided by UNICEF; and
- all relevant documentation and personnel associated with the functioning of the implementing partner's internal control structure through which the cash transfers have passed.

8.10. The findings of each audit will be reported to the implementing partner and UNICEF. Each implementing partner will subsequently:

- receive and review the audit report issued by the auditors;
- provide a timely statement of the acceptance or rejection of any audit recommendations to UNICEF and to the OAG of Nepal as the Supreme Audit Institute;
- undertake timely actions to address accepted audit recommendations; and

- report on actions taken to implement accepted recommendations to UNICEF and to the OAG every quarter.

8.11. In accordance with the BCA, the Government will be responsible for the clearance, receipt, warehousing, distribution and accounting of supplies and equipment made available by UNICEF. No taxes, fees, tolls or duties shall be levied on supplies, equipment or services furnished by UNICEF including for the regular country programme (whose budget is described in this CPAP) and emergency programmes for which additional budgets may be provided. UNICEF will be exempt from value added tax on locally procured supplies and services procured in support of UNICEF-assisted programmes including regular country and emergency programmes.

8.12. Cash assistance for travel, stipends, honoraria and other costs will be set at rates commensurate with those applied in the country, but not higher than those applicable to the United Nations System (as stated in ICSC circulars).

8.13. The Government will authorise the publication through national and international media of the results of the CPAP and experiences derived from it.

8.14. As per the provision of the Basic Cooperation Agreement (BCA), the Government will be responsible for dealing with any claims that may be brought by third parties against UNICEF and its officials, advisors, agents or employees. UNICEF and its officials, advisors, agents or employees will not be held responsible for any claims and liabilities resulting from operations under this agreement, except where it is mutually agreed by the Government and UNICEF that such claims and liabilities arise from the gross negligence or misconduct of such officials, advisors, agents or employees.

8.15. Without prejudice to the generality of the foregoing, the Government shall insure or indemnify UNICEF from civil liability under the law of the country in respect of project vehicles under the control of or use by the Government.



PART IX

OTHER PROVISIONS

This CPAP becomes effective upon signature, but will be understood to cover programme activities to be implemented during the period from 1 January 2018 through to 31 December 2022.

The CPAP may be modified by mutual consent of the Government and UNICEF based on the outcome of the annual reviews, the Mid-Term Review or compelling circumstances.

Nothing in this CPAP shall in any way be construed to waive the protection of UNICEF accorded by the contents and substance of the Convention on Privileges and Immunities of the United Nations adopted by the General Assembly of the United Nations on 13 February 1946, to which the Government of Nepal is a signatory.

IN WITNESS THEREOF the undersigned, being duly authorised, have signed this CPAP on this 18th day of February 2018 in Kathmandu, Nepal.

For the Government of Nepal

Mr Kewal Prasad Bhandari
Joint Secretary
Ministry of Finance

For the United Nations Children's Fund

Mr Tomoo Hozumi
Representative
UNICEF



ANNEXES

SUMMARY RESULTS FRAMEWORK FOR NEPAL COUNTRY PROGRAMME, 2018-2022

PROGRAMME COMPONENTS AND OUTCOMES (2018-2022)	KEY PERFORMANCE INDICATORS	BASELINE VALUE	TARGET VALUE	MEANS OF VERIFICATION
Programme component 1: Health				
Outcome 1: By 2022, children, including newborns and adolescents, and women of reproductive age have improved and equitable access to and use of high-impact quality health interventions and improved healthy behaviours.				
1. Skilled attendant at delivery of women (aged 15-49 years): Baseline: 58%; Target: 69%				
2. Percentage of fully immunized children (aged 12-23 months): Baseline: 78%; Target: 90%				
3. Percentage of newborns receiving newborn care services within two days of birth: Baseline: 57%; Target: 75%				
Output 1.1: National and subnational governments, communities and the private sector have increased capacity to provide equitable access to quality maternal and newborn services and to improve healthy behaviours	% of newborns with suspected pneumonia, sepsis or acute respiratory infection treated with injectable antibiotics in health facilities	65%	80%	HMIS
	% of designated basic emergency obstetric and newborn care (BEmONC) facilities that are operational on a 24/7 basis	8.30%	15%	HMIS
	% of health facilities offering delivery services with functional newborn resuscitation equipment (functional bag and mask in neonatal size)	24.80%	45%	HMIS
Output 1.2: National and subnational governments, communities and the private sector have increased capacity to provide equitable access to quality child health services and to improve healthy behaviours	% of cold chain equipment having electronic temperature monitoring system	25%	80%	Online IMS system
	% of health facilities with no stock outs of any essential integrated management of neonatal and childhood illness commodities (amoxicillin/cotrimoxazole, gentamicin, oral rehydration solution [ORS], zinc, chlorhexidine [CHX]) in the last quarter	27%	50%	LMIS
	% of drop-outs between DPT1 and DPT3 coverage	7%	3%	HMIS

to be continued: Summary results framework for Nepal country programme, 2018-2022

to be continued: Summary results framework for Nepal country programme, 2018-2022

PROGRAMME COMPONENTS AND OUTCOMES (2018-2022)	KEY PERFORMANCE INDICATORS	BASELINE VALUE	TARGET VALUE	MEANS OF VERIFICATION
Output 1.3: National and subnational governments, communities and the private sector have increased capacity to provide health services that are sensitive and responsive to adolescents' needs and improve healthy behaviours	Number of adolescent-responsive health facilities	1,200 nationally, UNICEF 195	2,000 nationally, UNICEF 445	FHD
	Number of pregnant adolescents who have received four focused ANC consultations	73.50%	90%	NDHS
	% of adolescents aged 15–19 who have comprehensive knowledge about HIV/AIDS in UNICEF targeted areas	18.3% (boys) 24.3% (girls)	50% (both boys and girls)	NDHS/MICS
Output 1.4: National and subnational governments have increased capacity to legislate, plan and budget to improve health systems, including mainstreaming DRR and CCA to plan for, respond to and mitigate the effects of disasters and climate change	Proportion of health facilities having real-time electronic-based systems for reporting cases, stocks of medical supplies and medicines (e-logistics management information system)	0%	100%	HMIS
	Health care facilities with an improved water source and a functioning sanitation facility	81.0%	85%	Health Facility Survey
	Available national health strategies and plans with mainstreamed risk reduction and resilience, inclusive of climate change	0	1	NHSS-IP

to be continued: Summary results framework for Nepal country programme, 2018-2022

PROGRAMME COMPONENTS AND OUTCOMES (2018-2022)	KEY PERFORMANCE INDICATORS	BASELINE VALUE	TARGET VALUE	MEANS OF VERIFICATION
Programme component 2: Nutrition				
Outcome 2: By 2022, children, including adolescent girls, and women of reproductive age have improved and equitable access to and use of adequate nutritious diets and improved nutritional behaviour and care practices.				
<p>1. Percentage of children (6-23 months) provided with minimum dietary diversity: Baseline: 37% (350,000) (national); 34% (rural); 57% (urban) Target: 52% (470,000) (national); 48% (rural); 80% (urban)</p> <p>2. Total number of children (6-59 months) affected by severe acute malnutrition (SAM) who are discharged as recovered: Baseline: 5,998; 3,541 (girls); 2,457 (boys) Target: 50,000; 30,000 (girls); 20,000 (boys)</p> <p>3. Proportion of children under five years of age who are stunted (moderate and severe): Baseline: 36% (1,069,752) Target: 28% (882,779)</p>				
Output 2.1: By 2022, caregivers and communities have increased knowledge and skills to provide improved adolescent, maternal, infant and young child nutrition and care practices.	Number of community health workers and FCHVs trained to provide maternal, infant and young child feeding counselling services	Health workers: 7,900 FCHVs: 21,200	Health workers: 15,000 FCHVs: 35,200	Programme monitoring data
	Number of caretakers of 0-23 months children who have received maternal, infant and young child feeding counselling services	257,606	770,200	Programme monitoring data
Output 2.2: By 2022, health workers at sub-national levels have increased capacity to provide quality care and treatment for and services to SAM children using standard protocols	Number of service delivery points (health facilities and primary health care outreach clinics [PHC/ORC]) that provided IYCF counselling, support and communication services	Health facilities: 0 PHC/ORC: 0	Health facilities: 2,479 PHC/ORC: 29,500	Programme report
	Number of districts that provide SAM care and treatment services	32 (2016)	42	CMAM register, Health Management Information System (HMIS)
	Number of districts reaching SPHERE standards for SAM treatment (>75% cured, <15% defaulted, <5% died)	32 (2016)	42	CMAM register, HMIS
	Number of community health workers and FCHVs trained to provide treatment services for SAM children including IYCF and care counselling in 28 MSNP districts	Health workers: 8,800 (2016) FCHVs: 18,500 (2016)	Health workers: 12,000 FCHVs: 30,200	Programme report, annual report

to be continued: Summary results framework for Nepal country programme, 2018-2022

PROGRAMME COMPONENTS AND OUTCOMES (2018-2022)	KEY PERFORMANCE INDICATORS	BASELINE VALUE	TARGET VALUE	MEANS OF VERIFICATION
Output 2.3: By 2022, health workers, female community health volunteers and communities have increased capacity to stimulate demand and provide supplementation of micro-nutrients (Vitamin A, IFA, MNP), and stimulate demand for fortified foods (iodised salt, wheat flour) and diversified diets	Number of children who received multiple micronutrient powders	28,396 (3%) (NDHS 2011)	189,308 (20%)	NDHS
	Number of children aged 6-59 months who received two annual doses of Vitamin A supplements	2,383,181 (2016)	2,515,580	HMIS/NDHS/MICS
	Number of adolescent girls (10-19 years) receiving weekly iron folic acid tablets	272,000 (4%)	1,385,800 (21%)	HMIS, DoHS
	Number of pregnant women (15-49 years) who received 180+ iron folic acid tablets	315,626 (National DHS 2016)	638,767 (National DHS 2022)	NDHS
Output 2.4: By 2022, MSNP sectoral ministries and partners have increased capacity to legislate, plan and budget to improve nutrition interventions, including mainstreaming DRR to plan for, respond to and mitigate the effects of disasters	Disaster risk management and climate change adaptation plan is available	Draft version	1	DRM and CCA Plan
	National Nutrition and Food Security Steering Committee and Coordination Committee are functional	1 (2016)	1 (regular meeting with relevant partner participation)	National Nutrition and Food Security Steering Committee and Coordination Committee
	% allocation of sectoral budgets for nutrition (by nutrition specific and sensitive activities)	Total: 1.8% • Nutrition sensitive: 1.5% • Nutrition specific: 0.31%	Total: 5% • Nutrition sensitive: 3.5% • Nutrition specific: 1.5%	Annual budget allocation from government (Red book)

to be continued: Summary results framework for Nepal country programme, 2018-2022

PROGRAMME COMPONENTS AND OUTCOMES (2018-2022)	KEY PERFORMANCE INDICATORS	BASELINE VALUE	TARGET VALUE	MEANS OF VERIFICATION
Programme component 3: Education				
Outcome 3: By 2022, all children, especially the most disadvantaged, benefit from improved access to, participation in and learning outcomes in pre-primary and basic education within inclusive, safe and protective environments.				
1. Baseline: (total; girls; boys) Grade 3: Reading fluency and comprehension: 12.8%; 14%; 12% Grade 5: Nepali: 47%; 48%; 46%; Maths: 49%; 48%; 50% Grade 8: Nepali: 48%; 48%; 48%; Maths: 35%; 33%; 38% Target: Grade 3: Reading fluency and comprehension: 16%; 17%; 14% Grade 5: Nepali: 59%; 59%; 59%; Maths: 56%; 56%; 56% Grade 8: Nepali: 56%; 56%; 56%; Maths: 54%; 52%; 55%	2. Number of out-of-school children enrolled in basic education (Grades 1-8): Baseline: 0; Target: 500,000 (total); 300,000 (girls) 3. Survival rate to Grade 8: Baseline: (total; girls; boys): 76.6%; 77.4%; 75.9%; Target: (total; girls; boys): 92.0%; 93.0%; 91.2%	0 plans (2016: 25 districts under previous structure)	50 plans	Registered plans
Output 3.1: The Government and communities have increased capacity to improve access to and quality of early learning opportunities (among children up to 5 years).	Number of local governments with integrated early childhood development (ECD) plans Number of children benefiting from early childhood education through non-school based programmes with support from UNICEF (e.g., parenting education and home-based schooling, among others) Early Learning and Development Standards (ELDSs) are used and monitored by the Government	13, 353 children whose parents received parental education: ■ girls: 6,643, ■ boys: 6710 ■ disabled: 30	45,000 children benefiting from parental education and other alternatives: ■ boys: 50% ■ girls: 50% ■ disabled: 1,000	Internal monitoring reports
	Holistic ECD strategy (2018–2030) developed by the Government	None	1 approved document	Publication of ECD strategy by NPC

to be continued: Summary results framework for Nepal country programme, 2018-2022

PROGRAMME COMPONENTS AND OUTCOMES (2018-2022)	KEY PERFORMANCE INDICATORS	BASELINE VALUE	TARGET VALUE	MEANS OF VERIFICATION
Output 3.2: The Ministry of Education has increased capacity to provide quality basic education (Grades 1–8), especially for the most disadvantaged children including those with disabilities, those who do not speak Nepali language at home, and in remote areas.	Number of schools providing instruction in mother tongue in Grades 1–3 with UNICEF support	0	500	Internal monitoring reports
	Number of small schools (<100 students) that receive support from UNICEF through child-friendly school model	0	300	Internal monitoring reports
	Number of schools with UNICEF support using materials that support the inclusion of children with disabilities	0	800	Internal monitoring reports
	Child Friendly Schools Framework (including child-centred teaching methods) is adapted by local governments, implemented and monitored.	National CFS Framework developed	50% of local governments in target provinces adapt, implement and monitor CFS Framework	Monitoring reports
Output 3.3: The Ministry of Education has increased capacity to provide adolescents (aged 10-19) with life-skills education and ensure school enrolment at an age appropriate level through non-formal and formal classes	Equivalency framework is adopted and implemented	Equivalency framework is drafted	Equivalency framework is adopted and implemented in 2 priority provinces	Availability of framework at province level
	Net enrolment rate (NER) in secondary education (9-12)	Total: 37.7 Boys: 37.8 Girls: 37.6	Total: 53.0 Boys: 53.1 Girls: 52.9	Education Management Information System (EMIS)
	Integration of life skills curriculum into adolescent education	Rupantaran modules are approved	Rupantaran modules are integrated into the secondary curriculum	Curriculum document
	Number of adolescents participating in school management committees	0	800 (400 girls, 400 boys)	Internal monitoring reports

to be continued: Summary results framework for Nepal country programme, 2018-2022

PROGRAMME COMPONENTS AND OUTCOMES (2018-2022)	KEY PERFORMANCE INDICATORS	BASELINE VALUE	TARGET VALUE	MEANS OF VERIFICATION
Output 3.4: The Government has an increased capacity to legislate, plan, budget and monitor to improve education programmes, including mainstreaming DRR/CCA and schools as zones of peace (SZoP) with the focus on improving children's safety and resilience	Percentage of targets of the School Sector Development Plan Programme Results Framework reached on an annual basis	SSDP results framework approved	70% of yearly targets of SSDP results framework met	Joint review meeting
	Number of primary schools in UNICEF targeted provinces with at least 200 school days per academic year	70% of 175 project schools open for at least 200 school days	70% of all primary schools in Province 2 open for at least 200 school days per year by end 2022	Internal monitoring reports
	School profile cards from EMIS are used in social audits to improve school performance	0	300	Internal monitoring reports
	Number of local governments with implementation plans for the national equity strategy	0	200 local governments (15 districts under old structure)	Equity strategy implementation plans
	Number of local governments and schools supported by UNICEF to develop disaster risk management plans	Local govts: 0 Schools: 141	Local govts: 200 Schools: 1,000	Disaster management plans
Programme component 4: Child Protection				
Outcome 4: By 2022, children and adolescents have improved protection from all forms of violence, abuse and exploitation.				
1. Percentage of children (1–14 years) who experienced any physical punishment or psychological aggression from caregivers in the past month: Baseline: 82% (6.8 million); Target: 77% (6.2 million)				
2. Percentage of women (20-24 years) married or in union before the age of 18 years Baseline: 37% (520,000); Target: 32% (490,000)				
Output 4.1: State institutions and other partners have an increased capacity to legislate, plan and budget to prevent and respond to child protection concerns, including during humanitarian situations	Number of recommendations from the Child Protection Systems Mapping Report (CPSMR), 2015 (at least 33 out of 66 recommendations) and concluding recommendations of the child protection CRC, 2016 (32 specific recommendations) addressed by legislation, policies or plans	12 (12%); CPSMR: 8 CRC: 4	27 (27%)	Children's Act, National Plan of Action on Children, government annual plans, Status of Children in Nepal report

to be continued: Summary results framework for Nepal country programme, 2018-2022

PROGRAMME COMPONENTS AND OUTCOMES (2018-2022)	KEY PERFORMANCE INDICATORS	BASELINE VALUE	TARGET VALUE	MEANS OF VERIFICATION
Output 4.2: Children, families, caregivers, teachers, communities and state institutions have improved knowledge, skills and capacity to prevent and respond to violence against and the exploitation of children	National case management system established with six required elements (referral pathways, standardized criteria and procedures, qualified social work force, defined roles for relevant actors, formal best interest determination procedure, and information management system)	1 (standardized criteria and procedures) 2013/14	6 elements included	Inter-agency meeting minutes, Case Management Guidelines 2013/14 and subsequent guidelines
	Child protection sector information management system in place to regularly collect and analyse administrative data related to child protection	Not in place in any local level, province or federation (2017)	50 local levels; 4 provinces and federation level	Report generated from child protection sector information management system
	Protection cluster strategic work plan priority interventions included in Government's annual plans	Yes (2017)	Yes	Government's annual plan and progress report, Protection Cluster meeting minutes
	Number of children in residential care including faith-based institutions	23,572 (2016) (100%)	21,000 (2022) (11% decrease)	Status of Children in Nepal Report Case summary reports
	Number of children's and women's cases reported to women and children offices	2,565 per year (2016) in 35 target districts (GBVIMS)	3,000 per year (2022) in targeted local levels (17% increase)	Reports from Department of Women and Children, and women and children offices
	Number of community groups members (GBV women groups, women cooperatives, ward committees, village child protection committees [VPCs], child clubs, adolescent groups) trained on measures to prevent and respond to violence and exploitation (GBV, violent discipline, child labour, child trafficking and child marriage)	4,632 GBV watch group members trained (2016) among 24,969 members (19%) in 35 target districts	12,000 GBV watch group members trained (2022) out of total 24,969 members (48%) in target local levels.	DWC/WCO reports, municipality reports

to be continued: Summary results framework for Nepal country programme, 2018-2022

PROGRAMME COMPONENTS AND OUTCOMES (2018-2022)	KEY PERFORMANCE INDICATORS	BASELINE VALUE	TARGET VALUE	MEANS OF VERIFICATION
Output 4.3: Justice and security professionals and social workers have improved knowledge and capacity to provide child friendly and gender-sensitive services to protect children in contact with the justice system.	Number of cases of violence against children and women (rape, attempted rape, trafficking, child marriage, domestic violence) registered by the police	8,784 per year (as of 2014/15)	10,000 per year (in 2021/22) (14% increase)	Nepal Police/WCSC report
	Diversion mechanism in place for children in conflict with the law	No	Yes	Legislation/Policy, Records maintained by diversion authorities
	Number of justice and security personnel capacitated on child friendly and gender-sensitive justice for children including diversion and restorative justice.	1,500 out of 4,731 (32%)	3,000 out of 4,731 (63%)	Reports from JJCC, Office of the Attorney General, Nepal Police Women and Children Service Directorate and service centres, National Judicial Academy
Programme component 5: WASH				
Outcome 5: By 2022, children and their families have improved and equitable access to and use of safe and sustainable drinking water and sanitation services, and improved hygiene practices.				
1. Proportion of the population using a safely managed drinking water service at the community level: Baseline: 27% (7,700,000); Target: 40% (12,200,000)				
2. Proportion of the population practising open defecation Baseline: 10% (2,800,000); Target: 1% (300,000)				
Output 5.1: Increased capacity to improve water quality and functionality and to deliver and sustain safe water (especially in schools and health care facilities)	Number of water supply schemes with water safety plans operationalized	500	1,500	Partner reports and UNICEF M&E reports
	Number of local governments (gaupalika and nagarpalika) with water quality surveillance mechanism operationalized	0	50 local governments	MoWSS/DWSS reports
	Number of local governments (gaupalika and nagarpalika) with action plans developed, and operationalized for improving functionality of water supply systems	0	60 local governments	DWSS reports
	Existence of a national plan with target to provide access to drinking water to unserved populations	none	1 national level plan	MoWSS/DWSS reports

PROGRAMME COMPONENTS AND OUTCOMES (2018-2022)	KEY PERFORMANCE INDICATORS	BASELINE VALUE	TARGET VALUE	MEANS OF VERIFICATION
Output 5.2: Improved sanitation and hygiene behaviour, and sector stakeholders have enhanced capacity to provide access to safe and sustainable sanitation and hygiene facilities in homes and institutions	Number of additional people with access to basic toilets	0	500,000 people	UNICEF internal reports
	Proportion of mothers and caregivers with knowledge on safe disposal of child faeces	48 per cent	60 per cent	MICS
	Number of local governments (gaupalika and nagarpalika) with action plan developed, and implemented for achieving total sanitation status	0	60 local governments	DWSS and WSSDO reports
	Number of local bodies (gaupalika and nagarpalika) capacitated on the Three Star Approach to WASH in schools	0	60 local governments	MoE and DoE reports
Output 5.3: Increased capacity to legislate, plan and budget to improve WASH systems, including mainstreaming disaster risk management	Capacity development master plan developed and rolled out at provincial and local government levels	0	1 national, 2 provincial and 60 local govt plans	DWSS reports
	Sector performance monitoring system in place	0	1	Sector status reports
	WASH plans integrating climate resilient development and/or risk management strategies are available at national and sub-national levels	0	Integrated in national and 60 local govt WASH plans	DWSS and WSSDO reports
	WASH sector development plans operationalized at national and sub-national level.	0	Operationalised at national level and by 60 local govts	DWSS and WSSDO reports
	WASH in schools and WASH in health care facilities guidelines developed, endorsed and operationalized nationwide.	0	1 each WASH in schools and WASH in health facilities guidelines operationalized	Guidelines DoE and DoHS reports Sector reviews
	Existence of functioning cluster coordination mechanism for water, sanitation and hygiene in humanitarian situations at national and sub-national levels	Initiating a mechanism	Mechanism established (as per standard Results Assessment Module (RAM) indicators	WASH Cluster reports

PROGRAMME COMPONENTS AND OUTCOMES (2018-2022)	KEY PERFORMANCE INDICATORS	BASELINE VALUE	TARGET VALUE	MEANS OF VERIFICATION
Programme component 6: Social Policy and Evaluation				
Outcome 6: By 2022, children benefit from strengthened policies and programmes that address child poverty, vulnerability and exclusion.				
<p>1. Strategy for child poverty reduction articulated and included in national development plan or national policy document Baseline: None; Target: 1</p> <p>2. % and trend in resource allocation for key social sectors for children: Baseline (FY 2016/17): Social Policy: 3.6%; Health: 4.6%; Education: 11% Target: Social Policy: 4.2%; Health: TBC; Education: TBC</p> <p>3. Percentage of children covered by the child grant programme: Baseline: 20%; Target: 67%</p>				
Output 6.1: Relevant national institutions have improved capacity for robust measurement, analysis and evidence on reducing child poverty, vulnerability and exclusion, including a strong economic case for building cognitive capital	Agreed national definition of child poverty	None	Definition agreed	Official government report, plan or strategy
	Systematic measurement and reporting by the Government on child poverty is used in budget discussions at national and sub-national levels	Child poverty and disparities report (NPC and UNICEF 2010)	Findings from regular reports (following release of new data) used in budget discussions	Official NPC/CBS reports
Output 6.2: Relevant national and sub-national government agencies have strengthened capacity to deliver an expanded and improved child-sensitive social protection system	Investment cases on high impact interventions that build cognitive capital developed with NPC and the Ministry of Finance	None	1 publication	Published report
	Long-term financial commitment to child grant expansion by the National Planning Commission	None	Long-term financial resources committed to expand the policy	Budget statement, policy document or published strategy
	Findings from impact assessment and evaluation of the expanded child grant scheme used to improve programme design and delivery	None	1	Evaluation report and dissemination documentation

to be continued: Summary results framework for Nepal country programme, 2018-2022

PROGRAMME COMPONENTS AND OUTCOMES (2018-2022)	KEY PERFORMANCE INDICATORS	BASELINE VALUE	TARGET VALUE	MEANS OF VERIFICATION
Output 6.3: Improved partnerships with and between national institutions and civil society for strategic evidence-based policy advocacy	Birth registration rate for under-five children	58%	70%	MICS and administrative data
	Number of evidence-based reforms to improve effectiveness, child-sensitivity and readiness to respond to emergencies of social protection programmes, in particular the child grant scheme	None (although reforms have occurred in the past)	2 reforms	Project documents, Department of Civil Registration reports and evaluations
	Parliamentarian-led initiatives on Public Finance for Children (PF4C) and child marriage	None	2	Parliamentary reports; media coverage
	Joint policy advocacy programmes run around child poverty and investing in children with key development partners such as the World Bank, academia and civil society	None	1	Meeting documentation; media coverage
Programme component 7: Programme Effectiveness				
Outcome 7: The country programme is designed, implemented, coordinated and monitored effectively and efficiently to deliver sustainable results for children with quality, at scale and in a holistic manner.				
Output 7.1: Programme coordination	Number of participatory annual reviews conducted during programme cycle	5	5	UNICEF Results Assessment Module
	Percentage of management and programme priority indicators meeting the global scorecard benchmarks	TBC	100%	UNICEF Results Assessment Module
Output 7.2 External relations (Communication)	Reach and engagement of UNICEF messages and communication actions	5 million reached (impressions) through digital media platforms (2017: Twitter, Facebook, and Instagram)	30 million (impressions) through digital media platforms	UNICEF social media portal analysis and inSight
Output 7.3: DRR and Emergencies	Number of risk profiles developed and integrated into the local government's annual plan	0	75	UNICEF Results Assessment Module
	Number of individuals benefitting from emergency responses	0	50,000	UNICEF Results Assessment Module

to be continued: Summary results framework for Nepal country programme, 2018-2022

to be continued: Summary results framework for Nepal country programme, 2018-2022

PROGRAMME COMPONENTS AND OUTCOMES (2018-2022)	KEY PERFORMANCE INDICATORS	BASELINE VALUE	TARGET VALUE	MEANS OF VERIFICATION
Output 7.4: Communication for Development	Number of UNICEF sectors and partners provided with technical guidance to develop and implement C4D interventions	0 UNICEF sectors 0 UNICEF partners	5 UNICEF sectors 7 UNICEF partners	UNICEF Results Assessment Module

Note: C4D – Communication for Development; CBS – Central Bureau of Statistics; CCA – climate change adaptation; CMAM – Community Management of Acute Malnutrition; DoE – Department of Education; DoHS – Department of Health Services; DRM – disaster risk management; DWC – Department of Women and Children; DWSS – Department of Water Supply and Sewerage; ECD – early childhood development; EMIS – Education Management Information System; FHD – Family Health Division; HMIS – Health Management Information System; IMS – Information Management System; JICC – Juvenile Justice Coordination Committee; LMIS – Logistics Management Information System; MICS – Multi-Indicator Cluster Survey; MoWSS – Ministry of Water Supply and Sanitation; NDHS – Nepal Demographic and Health Survey; NHSS-IP – Nepal Health Sector Strategy Implementation Plan; NPC – National Planning Commission; WASH – water, sanitation and hygiene; WCO – women and children office; WCSC – Women and Children Service Centre; WSSDO – Water Supply and Sanitation Division Office.

ANNEX 2 NEPAL CPAP RESULTS AND RESOURCES FRAMEWORK, 2018-2022

PROGRAMME COMPONENTS AND OUTCOMES (2018-2022)	RESOURCE REQUIREMENTS (US\$)											
	2018		2019		2020		2021		2022		TOTAL	
	RR	OR	RR	OR	RR	OR	RR	OR	RR	OR	RR	OR
Programme component: Health Outcome 1. By 2022, children, including newborns and adolescents, and women of reproductive age have improved and equitable access to and use of high-impact quality health interventions and improved healthy behaviours.	658,330	2,805,675	688,191	3,645,781	631,550	3,747,684	613,636	3,243,210	608,293	2,257,650	3,200,000	15,700,000
Programme component: Nutrition Outcome 2. By 2022, children, including adolescent girls, and women of reproductive age have improved and equitable access to and use of adequate nutritious diet and improved nutritional care behaviour and care practices.	574,102	6,607,382	543,210	6,628,775	553,455	6,642,621	641,960	6,622,440	687,273	6,498,782	3,000,000	33,000,000
Programme component: Education Outcome 3. By 2022, all children, especially the most disadvantaged, benefit from improved access, participation and learning outcomes in pre-primary and basic education within inclusive, safe and protective environments	616,184	6,121,275	795,609	5,792,595	661,777	5,832,334	563,215	6,071,529	563,215	6,282,267	3,200,000	30,100,000
Programme component: Child Protection Outcome 4. By 2022, children and adolescents have improved protection from all forms of violence, abuse and exploitation.	567,612	2,821,311	583,255	2,595,025	594,623	2,671,703	606,564	2,820,204	647,946	3,151,757	3,000,000	14,060,000
Programme component: WASH Outcome 5. By 2022, children and their families have improved and equitable access to and use of safe and sustainable drinking water and sanitation services, and improved hygiene practices.	483,122	3,367,675	556,463	3,029,459	512,815	2,739,138	533,219	2,866,414	514,381	3,397,314	2,600,000	15,400,000
Programme component: Social Policy and Evaluation Outcome 6. By 2022, children benefit from strengthened policies and programmes that address child poverty, vulnerability and exclusion.	437,930	576,712	466,827	588,807	498,876	622,325	530,216	605,331	566,151	606,825	2,500,000	3,000,000
Programme component: Programme Effectiveness Outcome 7. The country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.	3,864,720	551,970	3,568,445	571,558	3,748,904	596,195	3,713,190	622,872	3,614,741	657,405	18,510,000	3,000,000
Total:	7,202,000	22,852,000	7,202,000	22,852,000	7,202,000	22,852,000	7,202,000	22,852,000	7,202,000	22,852,000	36,010,000	114,260,000

Note: RR = regular resources, OR = other resources

ANNEX 3 NEPAL INTEGRATED MONITORING AND EVALUATION PLAN (IMEP), 2018-2022 Multi-year Integrated Monitoring and Evaluation Plan (IMEP)

EVIDENCE GENERATION TYPE	ACTIVITY	SECTION	YEAR 1 (2018)	YEAR 2 (2019)	YEAR 3 (2020)	YEAR 4 (2021)	YEAR 5 (2022)
Major events and processes using research and M&E data	National programme review of all nutrition interventions	Nutrition		X			
	Mid-Term Review of School Sector Development Plan (together with Local Education Group partners)	Education	X				
	Review of alternative education pilots for early childhood education	Education			X		
	Review of inclusive education pilot	Education				X	
Research	Operational research on pneumonia management through FCHVs and health workers using a new device called 'acute respiratory infection diagnostic aid'. Controlled accuracy trial in a hospital to test effectiveness, acceptability and cost-effectiveness	Health	X				
	Analysis of new home-based record (HBR) system to improve retention and coverage of immunization	Health		X			
	Operational study on the use of early infant diagnosis (EID) services by infants and children born from HIV positive mothers	Health	X				
	Study on how the quality improvement (QI) approach strengthens the quality of sick newborn care in Nepal's hospitals (stepped wedged cluster randomized controlled trial)	Health	X	X			
	Implementation research on decentralized health planning, budgeting and results and expenditure tracking	Health	X	X			
	Study of understanding of effects of delaying umbilical cord clamping on the neuro-developmental milestones of 2 to 4-year-olds	Health	X				

to be continued: Nepal Integrated Monitoring and Evaluation Plan (IMEP), 2018-2022

EVIDENCE GENERATION TYPE	ACTIVITY	SECTION	YEAR 1 (2018)	YEAR 2 (2019)	YEAR 3 (2020)	YEAR 4 (2021)	YEAR 5 (2022)
	Strengthening the MPDSR (*) system (a model for improving quality of care through strengthening civil registration and vital statistics and maternal, perinatal and neonatal death reviews in a fragile setting)	Health	X	X	X	X	X
	Shout out for Health (real-time reporting using Rapid-PRO tech)	Health	X				
	Benefit incidence analysis (equity in utilisation and expenditure) of maternal, newborn, child and adolescent health (MNCAH) services in decentralized Nepal (service use and expenditure survey on maternal, newborn and child health).	Health	X	X	X	X	X
	Study to evaluate the effect of SMS reminders to caregivers on the timeliness and completeness of vaccination in Nepal	Health	X	X			
	Analysis of the applicability of improved pedagogical, multi-grade teaching methods and materials in small schools in Nepal	Education		X			
Surveys and studies (including situation analysis related ones)	Fiscal space analysis and investment cases for key interventions or programmes that help build cognitive capital	Social Policy	X	X	X	X	X
	Child Poverty measurement and analysis	Social Policy	X				
	The understanding of emerging issues; e.g. federalism	Social Policy	X	X	X	X	X
	Study on child grants to understand present situation and set the baseline	Social Policy	X				
	Study of water quantity, quality and functionality (in context of climate change and disasters)	WASH	X				
	Study of urban WASH challenges and issues	WASH		X			
	Monitoring of changes in situation of beneficiaries as a result of interventions of the Accelerating Sanitation and Water for All (ASWA-II) programme	WASH	X		X		X

to be continued: Nepal Integrated Monitoring and Evaluation Plan (IMEP), 2018-2022

EVIDENCE GENERATION TYPE	ACTIVITY	SECTION	YEAR 1 (2018)	YEAR 2 (2019)	YEAR 3 (2020)	YEAR 4 (2021)	YEAR 5 (2022)
	Assessment of sub-national education office capacity for planning and implementation during federalization	Education	X				
	Cost benefit analysis of one year of pre-primary education	Education		X			
	Study of current good classroom practices on the language of instruction	Education	X				
	Analysis of best practice models on parenting education and community based ECD services in Nepal and globally to guide the implementation of ECD in Nepal.	Education		X			
	Study of the social norms enabling or preventing violence against children	Child Protection	X				
	End line survey on zero tolerance of GBV in schools by GBV-free schools project	Child Protection	X				
	Analysis of situation of trafficking in Nepal	Child Protection	X				
	Analysis of barriers and bottlenecks to children accessing justice	Child Protection		X			
	Study on maternal, infant and young child feeding (MIYCF) practices	Nutrition		X			
	Study on the factors affecting adolescent fertility rate	Health		X			
	Multiple Indicator Cluster Survey (MICS) 6	PME		X			
	Situation Analysis of Child and Women in Nepal	PME		X			
Evaluations (UNICEF led)	Impact evaluation of child grants	Social Policy				X	
	Summative evaluation of UNICEF's sanitation programme	WASH			X		
	Evaluation of education equity strategy	Education			X		
	Joint evaluation of School Sector Development Plan (SSDP) with the Local Education Group	Education					X
	Multi Sector Nutrition Plan (MSNP) impact evaluation	Nutrition		X			

to be continued: Nepal Integrated Monitoring and Evaluation Plan (IMEP), 2018-2022

to be continued: Nepal Integrated Monitoring and Evaluation Plan (IMEP), 2018-2022

EVIDENCE GENERATION TYPE	ACTIVITY	SECTION	YEAR 1 (2018)	YEAR 2 (2019)	YEAR 3 (2020)	YEAR 4 (2021)	YEAR 5 (2022)
	Formative evaluation of the pilot of SMS-based reminders to mothers on vaccination to improve immunization timeliness and coverage	Health		X			
	Summative evaluation of the country programme 2018–2022	PME					X
	Evaluation of the effectiveness of after-school clubs, menstrual hygiene management (MHM) and gender focal points interventions to increase enrolment and retention in school	Education			X		
	Evaluation of the effectiveness of non-formal education classes for urban working children	Education				X	
	Evaluation of the effectiveness of free newborn care services and incentive schemes to improve the utilization of other basic services and on out-of-pocket expenditure	Health		X			
Partner-led evaluations	Impact evaluation of child labour programme using randomized control trial by US Government (US Department of Labor)	Child Protection			X		
	Performance evaluation of zero tolerance of GBV in schools (GBV-free School Project) by USAID	Child Protection	X				
Monitoring systems	Child Protection Sector Management Information System (CPMIS)	Child Protection	X				
	Nepal Management Information Programme (NMIP)	WASH	X				
	Education Management Information System (EMIS)	Education	X				
Partners' major data collection activities	Child poverty measurement and analysis	Social Policy	X				

ANNEX 4 NEPAL COSTED EVALUATION PLAN (CEP), 2018-2022

EVALUATION TITLE	UNDAF (OR EQUIVALENT OUTCOME)	UNICEF STRATEGIC PLAN OUTCOME	CRITERIA USED FOR SELECTION	INTENDED USE OF EVALUATION FINDINGS	EXPECTED START DATE (MONTH/YEAR)	ANTICIPATED COSTS AND PROVISIONAL SOURCE OF FUNDING (RR, OR)	
						FUNDING SOURCE	BUDGET (USD)
1. Impact evaluation of child grants	By 2022, there is improved, equitable access, availability and utilization of quality basic social services for all people, particularly for vulnerable people	Goal Area 5 (Every child has an equitable chance in life)	Programme learning and scale-up	Programme impact, learning and advocacy	Sep-21	OR	500,000
2. Summative evaluation of UNICEF sanitation programme	By 2022, there is improved, equitable access, availability and utilization of quality basic social services for all people, particularly for vulnerable people	Goal Area 4 (Every child lives in safe and clean environment)	Long period without evaluation	Measure impact, adaptation and advocacy	Jun-20	OR	100,000
3. Evaluation of the Government of Nepal's Education Equity Strategy (2014)	By 2022, there is improved, equitable access, availability and utilization of quality basic social services for all people, particularly for vulnerable people	Goal Area 2 (every child learns)	Programme learning and advocacy	Refinement of implementation strategy	Sep-20	OR	100,000
4. A joint evaluation of School Sector Development Plan (SSDP) with the Local Education Group (LEG)	By 2022, there is improved, equitable access, availability and utilization of quality basic social services for all people, particularly for vulnerable people	Goal Area 2 (every child learns)	Evidence generation for programme learning and advocacy of joint sector wide approach to programming:	Recommendations will be used for future programme changes and adaptation	Sep-20	RR	100,000
5. Multi Sector Nutrition Plan (MSNP) impact evaluation	By 2022, there is improved, equitable access, availability and utilization of quality basic social services for all people, particularly for vulnerable people	Goal area 1 (Every child survives and thrives)	Programme learning and scale-up	Programme impact, scale-up and advocacy	Aug-19	OR	700,000

to be continued: Nepal Costed Evaluation Plan (CEP), 2018-2022

to be continued: Nepal Costed Evaluation Plan (CEP), 2018-2022

EVALUATION TITLE	UNDAF (OR EQUIVALENT OUTCOME)	UNICEF STRATEGIC PLAN OUTCOME	CRITERIA USED FOR SELECTION	INTENDED USE OF EVALUATION FINDINGS	EXPECTED START DATE (MONTH/YEAR)	ANTICIPATED COSTS AND PROVISIONAL SOURCE OF FUNDING (RR, OR)	
						FUNDING SOURCE	BUDGET (USD)
6. Formative evaluation of pilot of SMS based reminders to mothers for vaccination to improve timeliness and coverage of immunization	By 2022, there is improved, equitable access, availability and utilization of quality basic social services for all people, particularly for vulnerable people	Goal area 1 (Every child survives and thrives)	Programme learning and scale-up	Programme learning for immunization and child health programme as well as advocacy	Jul-19	OR	25,000
7. Evaluation of UNICEF Nepal Country Office's contribution to change at the sub-national level as part of federalism	By 2022, there is improved, equitable access, availability and utilization of quality basic social services for all people, particularly for vulnerable people	All	Programme above 10 million USD	Programme learning and accountability	Jan-22	RR	100,000
8. Impact assessment / evaluation of the effectiveness of child-centred disaster risk reduction (CCDRR)	By 2022, environmental management, sustainable recovery and reconstruction, and resilience to climate change and disaster are strengthened at all levels.	Goal area 4 (Every child lives in a safe and clean environment)	Programme learning and advocacy	To measure the impact of the programme and advocate for its replication	Aug-18	OR	50,000



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