

UNFPA Management Response to [UNFPA Country Programme Evaluation: Nepal 2013-16]

Evaluation Report Issue Date	<u>Evaluation report tag</u>	<u>Additional attributes</u>	UNFPA Business Unit managing or coordinating the response and implementation	<u>Region Head of Responsible Office Final approver</u>	Managing/Coordinating Unit Focal Point	Date of submission
06/02/2017	Country Programme Evaluation (CPE)	Institutional	Country Office Nepal	<u>Ms. Giulia Vallese Asia</u>	Ms. Kristine Blokhuis, blokhuis@unfpa.org	28/02/2017

EVALUATION RECOMMENDATION(S) AND PROPOSED ACTION POINT(S)

[List all recommendations below as they appear in the Evaluation Report]

Recommendation No. 1		State Restructuring			Priority: [high, medium or low]				
		<p>UNFPA will need to anticipate and flexibly respond to the political transition to ensure continued relevance and effectiveness. In view of uncertainties around state restructuring, <u>UNFPA CO senior management</u> should initiate an internal scenario planning process, with the participation of UNFPA Regional Development Coordinators, to think about the future, how the future might unfold, and how this might affect UNFPA's organizational structure and influence its programme priorities, modes of engagement and partnerships.</p>							
Management Response to Recommendation acceptance status		Accepted							
1.1 Action point title	Action point text	Due date DD/MM/YY	Lead implementing unit	Lead implementing staff [name & email address]	Additional units involved in implementation (if any)	Implementation status updates			
						Implementation status classification (not started/ ongoing/ completed/ cancelled)	Implementation rate in %	Summary of progress made	Evidence of implementation [provide google link]
Scenario Planning for UNFPA's Presence at Decentralized level	Review of ICPD/SDG indicator status of the various districts where UNFPA is currently working to validate/confirm CP8 geographical coverage within broad areas identified (Far and Mid-West and	June 30, 2017	Assistant representative	Bijay Thapabthapa@unfpa.org	Kristine Blokhuis, blokhuis@unfpa.org Bijay Thapa, bthapa@unfpa	Started			

	Central Terai). There is also a need to identify thematic areas of focus and prioritize areas of interventions. This is also contingent on local elections in May/June and in a final decision on the number of local bodies as well as their authority in a decentralized structure.				.org Giri Panthi, Panthi, panthi@unfpa.org Ram Thapa, rthapa@unfpa.org Narendra Mishra, nmishra@unfpa.org Tirtha Man Tamang, tamang@unfpa.org Bobby Rawal, basnet@unfpa.org ;including operation team				
Align with GON Administrative transition plan of federalisms in CP 8	Review of GON Transition Plan (functional analysis) in terms of decentralized authority in the new federal context, e.g. role of different line agencies at national, provincial and local level (it also depends on whether there will be three tiers of elections by Jan 2018 as per the current Constitution	Sept. 30 2017	P&D (Outcome 4)	Bijay Thapa, bthapa@unfpa.org	Outcome 1-2 Manger, Regional Development Coordinators (RDC)s	Started			
Partnership Plan	Identify/confirm IP and strategic partners to implement CP 8	Sept 30 2017	Deputy Representative	Kristine Blokhuis, blokhuis@unfpa.org	Deputy Rep, PMs and RDCs	Started			
Partnership Plan	Identify strategic partners (GoN central, provincial and local plus NGOs from each of the provincial states) to implement CP 8	Dec. 31	Deputy Representative	Kristine Blokhuis, blokhuis@unfpa.org	Deputy Rep, PMs and RDCs	Started			

Revenue generation and mobilization of local resources	Donor mapping exercises; consultations on CP8 with donors to ensure buy-in; maintain dialogue around existing programmes to promote possibility of scale up; continuously develop ideas and concept notes for possible funding.	During CP8	Deputy Representative	Kristine Blokhuis, blokhuis@unfpa.org	Deputy Rep, PMs and RDCs	Not started			
Recommendation No. 2		Data Gap			Priority: [high, medium or low]				
		In view of UNFPA's recognized role as a key player in population and housing censuses and SP 2013-17 Outcome 4 Indicator 1, <u>the PD component of CP8 should prioritize support for GoN planning, implementation, monitoring, dissemination and use of the next Population and Housing Census in 2021. Interventions should take into account findings and recommendations of the recent evaluation of UNFPA Support to Population and Census Data to Inform Decision-making and Policy Formulation 2005-2014.</u>							
Management Response to Recommendation acceptance status		Accepted - The Population and Housing Census is a continuous process and UNFPA has been engaged and will continue to provide regular support throughout the preparation and implementation process for the next census							
<i>If recommendation is accepted or partially accepted, list, below, action(s) that will logically lead to its implementation, ideally within a year of the date recommendation was issued</i>									
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A multi-year census project developed with focus on multi-model data capturing methodology in compliance with international standards	Provide technical and financial support to CBS to develop the census project with a resource mobilization plan.	March 2018	P&D (Outcome 4)	Bijay Thapa, bthapa@unfpa.org	N/A	Not started			
Develop linkage between central and provincial level to capture field level	Backstopping support and orientation, onsite visit and other technical and financial support for effective data collection	2021	P&D (Outcome 4)	Bijay Thapa, bthapa@unfpa.org	3 RSOs	Not started			

data									
Recommendation No. 3	Data Gap			Priority: [high, medium or low]					
	<p>As member of the Global Civil Registration and Vital Statistics Group and in the context of the Global Civil Registration and Vital Statistics Scaling Up Investment Plan 2015-2024¹, the <u>UNFPA CO (PD Team)</u> should explore opportunities with HQ, the GoN and international partners such as the World Bank for UNFPA technical assistance for strengthening the CRVS system, particularly for facilitating the analysis and use of CRVS-generated vital statistics for local planning and decision-making.</p>								
Management Response to Recommendation acceptance status	<p>Partially accepted CRVS is a very important agenda and a priority for the government of the Nepal given the current major gaps that exist at present. It is also a priority in the SDGs. Given reduced available resources for UNFPA, the significant financial and technical needs and the role already played by major actors like the World Bank, it will be important for UNFPA to clearly define its role and the type of support it can provide. This can only work if there is global consensus within UNFPA on the priority of CRVS as part of the new Strategic Plan.</p>								
<i>If recommendation is partially accepted or rejected, provide reasons:</i>	<p>CO recognizes that being a population/data agency, CRVS could provide a strategic opportunity for UNFPA to promote the use of robust CRVS-generated statistics for decision making, which is critical for evidence-based local planning and decision making especially in the new federal context. However, the country office can only partially accept this recommendation, for two main reasons:</p> <p>First, given the current level of resources in the country office, we may not be able to support the analysis of CRVS and dissemination – a process which is very resource intensive. It is also not possible with the present level of Human resources in the office.</p> <p>Second, and most importantly, a scan of the development partner environment in Nepal shows that this may not be the most strategic niche for UNFPA at this moment. Other partners and donors are already heavily involved in this area. In particular, The Government of Nepal has recently received a significant WB loan for a Civil registration and social protection project focusing mainly on expanding civil registration coverage and operationalizing management information system (MIS) to inform grant distribution.</p> <p>This being said, the country office’s assessment of these currently ongoing efforts, and is of the view that the Vital Registration is yet to be integrated in on-going efforts and it could therefore be involved in a few key ways: first, through advocacy for a stronger technical role of the Central Bureau of Statistics in producing vital statistics from CR and building local capacity. And second, at a later stage, when the MIS of the CR is functional with a satisfactory coverage in UNFPA-supported districts, and with resources permitting, the CO may be in a position to support local capacity building for analysis and use of vital statistics generated from the MIS for producing/updating population statistics at national and sub-national levels, through CBS and Tribhuvan University.</p> <p>The country office recognizes its own current limitations in terms of human resource capacity in the area of CRVS. It therefore</p>								

¹ <http://unstats.un.org/unsd/demographic/CRVS/GlobalCRVS.html>; <http://www.worldbank.org/en/topic/health/publication/global-civil-registration-vital-statistics-scaling-up-investment>.

		looks to HQ/APRO for a clear strategy/guidance and technical support.							
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Strengthen CBS's role to produce vital statistics from CRVS	Advocate with national authorities for the need to establish vital statistics system required for evidence-based local planning and SDG monitoring	Dec 2017	P&D (Outcome 4)	Tirtha M. Tamang, tamang@unfpa.org	N/A	Not started			

Recommendation No. 4	Data Gap	Priority: [high, medium or low]							
	GoN and UNFPA planning, monitoring and decision-taking regarding ASRH has been rendered difficult by the recently-overhauled HMIS that only offers data along indicators for the broad age cohort 15-49. The <u>UNFPA CO (SRH Team)</u> should advocate with the MoH and provide technical support, including training at all government levels, for incorporating disaggregated ASRH indicators and data in the government reporting system. Revised reporting should capture the status and essential health services provided to very young adolescents (10-14) and older adolescents (15-19), male and female.								
Management Response to Recommendation acceptance status	Partially Accepted								
<i>If recommendation is partially accepted or rejected, provide reasons:</i>	The Ministry of Health has launched a web- based DHIS 2 software for HMIS regular reporting in November 2016. This is being launched nationwide, and local officers are also being trained with TA from various agencies including GIZ. This system will enable analysis of information by age disaggregation for ASRH. Hence, we may not need to provide trainings, however, we can continue advocacy efforts and ensuring the availability and analysis of disaggregated ASRH indicator data by age. In addition, the government is already discussing the possible extent of disaggregation within its NHSS Results Framework, and also to mitigate data gap for the SDG, hence, MOH and External Development Partners agreed to come up with a 10-year survey plan to harmonize efforts. UNFPA is part of this exercise and will continue advocating and providing technical support where required.								
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1.2 Action point title	Action point text	Due date (DD/MM/YY)	Lead implementing unit	Lead implementing staff [name & email address]	Additional units involved in	Implementation status updates			
						Implement	Impleme	Summary	Evidenc

					implementation (if any)	implementation status classification	implementation rate in %	of progress made	of implementation
UNFPA will advocate and ensure for disaggregated ASRH data by age, category of services in regular reporting system including national surveys	Participate in MOH led HMIS/DHIS meetings, and contribute in the 10 year survey plan.	Sep 2017	Reproductive Health team (Outcome 1)	Latika Maskey Pradhan, maskeypradhan@unfpa.org	Tirtha M. Tamang, tamang@unfpa.org , Bobby Rawal. Basnet, basnet@unfpa.org	Not started			
Recommendation No. 5		Very young adolescents aged 10-14			Priority: [high, medium or low]				
		As part of CP8 preparations, and in consultation with selected partners such as UNICEF, UNFPA Nepal should commission/use analyses and explore opportunities to strengthen the participation and targeting of very young adolescents.							
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UNFPA Nepal will continue working with young people 10-24 with targeted interventions for young adolescents including 10-14 years) in new CP 8	The new CP includes a specific output on adolescents The new CP8 will continue focusing on CSE and adolescent information corners in school which target both the 10-14 and 15-19. Other interventions will take into account the different needs and attempt to target the different age groups as appropriate including through the Child marriage joint project with	2018	Adolescent and Youth team (Outcome 2)	Manju Karmacharya, karmacharya@unfpa.org	Sami Pande Gender and Population Technical Officer (GPTOs & Sexual and Reproductive Health Technical Officer	Started	20%	Included in Draft CPD	Draft CPD R&R framework

	UNICEF				(SRHTOs)				
Recommendation No. 6		Emergency Preparedness			Priority: [high, medium or low]				
		The clustered country programme evaluation of UNFPA's engagement in highly-vulnerable situations (CCPE), led by the <u>UNFPA Evaluation Office</u> , should review IRF indicators to better reflect the different types of UNFPA contributions to emergency preparedness in its programme countries.							
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Review of UNFPA Nepal contribution to emergency preparedness by the UNFPA evaluation office	Nepal CO contribution to emergency preparedness to be reviewed in reference to IRF indicators.	NA	UNFPA Evaluation office						
Recommendation No. 7		Emergency Preparedness			Priority: [high, medium or low]				
		<u>UNFPA Nepal senior management</u> should ensure that the CPD and CPAP 2018-22 speak more to Nepal's vulnerability, first and foremost to earthquakes and floods, but also to the consequences of frequent civil disturbances that disrupt services and distribution of supplies. The RRF should better reflect outputs in A/SRH, GE and PD that are expected to contribute to improved emergency preparedness.							
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Ensure incorporation of risk due to natural and	Analysis of possible risks and priority action to be reflected in	March 2017	Representative	Giulia Vallese, vallese@unfpa.org	Outcome 1	On-going	100%	CPD submitted	

civil disturbances in the new CPD and CPAP 2018-2022	the CPD document								and approved. Emergency and political analysis included in the situation analysis in the document.	
The new UNDAF includes a specific outcome on DRR/resilience.	Nepal new CPD has a stronger focus on DRR/preparedness and this is reflected at different levels in the new CPD	NA	M&E and SRH teams	Bobby Rawal,basnet@unfpa.org	Hari Karki, hkarki@unfpa.org	Completed	100%			
Recommendation No. 8		Decentralized Programming			Priority: [high, medium or low]					
		<p>UNFPA's decentralized programme component should be maintained. But in view of positive development outcomes and limited resources it should be scaled down. CP8 should be implemented with special emphasis on a reduced number of priority districts within its current geographical clusters. <u>UNFPA CO senior management</u> should review UNFPA's priority districts against ICPD and relevant SDG goals and plan its complete or partial exit from individual districts. To the extent possible, the CO should continue to direct Other Resources to its priority districts. However, depending on donors' own strategies and priorities, UNFPA should be more open than in the past to selective programming in other disadvantaged areas, without contracting further DDCs as Implementing Partners.</p>								
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UNFPA program District selection for CP8	Compile District data analysis to identify priority focus for CP8 and Stakeholders mapping exercise.	31/5/2017	Deputy Representative	Kristine Blokhuis; blokhuis@unfpa.org	Giri Panthi, Panthi, panthi@unfpa.org .	Ongoing		District profile preparation	District Profile	

	Geographical areas already identified but need to go identify where to go 'deeper' and what to drop from specific areas (no more 'mini-CPs' at the local level).				org Ram Thapa, rthapa@unfpa.org org Narendra Mishra, nmishra@unfpa.org a.org Bobby Rawal, basnet@unfpa.org ; Tirtha Man Tamang, tamang@unfpa.org a.org			is ongoing	
Identify district wise priority themes and need of District Officer presence	Programmatic theme prioritization for districts soon to be changed into local units and provinces (with federalism approved as part of the 2015 Constitution and a new round of elections). Thematic focus can be determined by May but UNFPA presence will be determined as federalism progresses and based on clarity around local units new functions and authority	31/12/2017	Deputy Representative	Kristine Blokhuis; blokhuis@unfpa.org	Giri Panthi, panthi@unfpa.org org Ram Thapa, rthapa@unfpa.org org Narendra Mishra, nmishra@unfpa.org a.org	Ongoing		First round of exercise completed	Outcome Document of District coverage
Recommendation No. 9		Adolescents and youth participation			Priority: [high, medium or low]				
		It is not clear what UNFPA's support for youth participation has resulted in. CP8 should be more clearly targeted towards and track the contribution of its support for youth participation to advancing UNFPA's mandate and ICPD priorities within the SDG context.							
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1.1 Action point title	Action point text	Due date	Lead	Lead implementing staff	Additional	Implementation status updates			

		(DD/MM/YY)	implementing unit	[name & email address]	units involved in implementation (if any)	Implementation status classification	Implementation rate in %	Summary of progress made	Evidence of implementation
Inclusion of relevant indicators in the CP8 RRF to effectively monitor and track the result of UNFPA's contribution on youth participation	Formulate clear indicators and theory of change for CP8 RRF and CPAP as per UNFPA's mandate and SDG context.	Sept 2017	P&D Unit (Outcome 2)	Shriya Pant, spant@unfpa.org	Outcome 1, 3 and 4	Completed		Since youth officer is being managed by P&D Assistant Representative, the lead unit to monitor the progress remains P&D. The indicator on youth participation is included in the RRF and metadata is being developed.	Approval of 8CPD and CPAP
Youth empowerment	Include specific references to Youth empowerment as part of dedicated youth and adolescents outcome in the new CPD. Actual implementation will also depend on funds raised given the current resource constraints being faced	31/3/2017	P&D (Outcome 4)	Bijay Thapa, bthapa@unfpa.org	RDCs , PMs, M&E officer				
Recommendation No. 10		Monitoring			Priority: [high, medium or low]				
		CP8 RRF outcome indicators should be located at the national or district-level depending on the importance and scale of UNFPA's assistance and the availability/ collectability of data. While the contribution of a wider group of partners is usually essential, outcomes need to be seen as having a significant and credible relationship with UNFPA outputs,							

	otherwise their degree of ambition needs to be lowered.								
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Increase degree of certainty of achievement of outcomes largely from attribution of UNFPA program intervention	Set realistic outcome indicators that are coherently linked with UNFPA investment and interventions	31/ 12/ 2017	Deputy Representative	Kristine Blokhuis, blokhuis@unfpa.org	PMs, RDCs and M&E officer	Completed	100%	Realistic outcome indicators are selected and are not located at district level. UNFPA Co will contribute to the achievement Outcome level targets through the achievement of planned output. The master RRF of the CPD will be extended to ensure the credible relationship	

									with output and outcomes while formulating the CPAP in Sept 2017.
Recommendation No. 11		Behavior Change Communication (BCC)			Priority: [high, medium or low]				
		<u>UNFPA Nepal CO staff</u> involved in knowledge generation and attitude/behaviour change (SRH Team, GE Team, and Communication & Advocacy Officer) should form an internal BCC working group to ensure optimal coordination and integration of different A/SRH, GBV and child marriage-related BCC activities and partners.							
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Advocacy and social mobilization	Address the knowledge, attitudes and practices of individuals, doing advocacy and social mobilization to contribute towards the creation of an enabling social and political environment that can support behavior change at the grassroots level.	31/ 12/ 2017	Advocacy & communication	Santosh Chhetri, schhetri@unfpa.org					
Media involvement	Agenda-setting by engaging the media. Media is a primary source of information through which people learn about the world around us.	31/ 12/ 2017	Advocacy & communication	Santosh Chhetri, schhetri@unfpa.org					
Culturally appropriate messages	Promoting positive behavior through culturally-appropriate	31/ 12/ 2017	Advocacy &	Santosh Chhetri, schhetri@unfpa.org					

	communication practices and engaging the individuals in districts who do things differently than others that can eventually lead to far-reaching changes.		communication						
Recommendation No. 12		Maternal Health			Priority: [high, medium or low]				
		Midwifery – i.e., developing and coaching a cadre of professional midwives who provide comprehensive maternity services and help prevent emergencies from occurring, even in remote areas, should continue to be a major UNFPA priority in line with the National Health Policy. In view of declining Regular Resources, <u>UNFPA Nepal (SRH Team)</u> should concentrate on convening and coordinating stakeholders and leveraging financial support.							
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UNFPA to continue its convening and coordinating role among government and development partners to advance and leverage funding for Midwifery Education.	Coordinate and convene regular meetings amongst relevant stakeholders	On going	SRH (Outcome 1)	Latika Maskey Pradhan, maskeypradhan@unfpa.org		On going		Regular meetings held with partners; programmatic arrangement document and TA matrix drafted; International Midwives/mentors mobilized	Meeting minutes Programmatic arrangement document and TA matrix
Recommendation No. 13		GBV Services			Priority: [high, medium or low]				

		<p>In view of scarce resources, the CO ought to concentrate its Regular Resources on its original mandate where it has an added value. As already envisaged in the CP7 RRF, this is the health response. Under CP8, the <u>UNFPA Nepal CO (GE Team)</u> should continue to focus on GBV, but with a stronger and more unique focus on the public health system's contribution to protecting and caring for GBV survivors, both in its regular programming, including emergency preparedness, and humanitarian response. UNFPA should mobilize others and increase the pool of actors to fill gaps in view of establishing a functioning referral system. Based on an assessment of psycho-social counselling and safe houses, it should mobilize and leverage Other Resources for strengthening the referral system.</p>							
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Health response to GBV for multi sectoral services to GBV	Sub national health institutions and community capacities increased to prevent and respond to GBV including effective referral to psychosocial counselling and shelter support in particular for multi sectoral services for GBV survivors including in humanitarian setting. It should be noted that this is an area where we have raised other resources and have the potential to continue doing so.	04/05/2017	Gender (Outcome 2)	Sudha Pant, pant@unfpa.org	Shyam Thapa, thapa@unfpa.org	Ongoing			
Recommendation No. 14		Child Marriage			Priority: [high, medium or low]				
		<p>The <u>UNFPA Nepal CO (GE Team)</u> should continue to emphasize the prevention of child marriage, now legally defined as a marriage entered into by an individual before reaching the age of 20 (as opposed to 18 at the outset of CP7). CP8 should be more explicit on the driving factors that override knowledge, positive attitudes and national legislation. Simultaneously, during CP8, the CO should strengthen the groundwork for UNFPA and other partners to tackle other harmful practices in an evidence-based and results-oriented manner, and from a human-rights point of view.</p>							

Management Response to Recommendation acceptance		Partially Accepted							
<i>If recommendation is partially accepted or rejected, provide reasons:</i>		While we will continue focusing on Child marriage prevention and GBSS and accept that component of the recommendation, due to funding constraints and dwindling resources we have agreed not to cover other harmful practices as a key component of our programme but rather limit our interventions to advocacy events, media campaigns etc.							
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Accelerate action to end Child marriage	Generate new evidence on driving factors contributing to CM and advocate for national level appropriate legislation, policies and strategies. .	2017-2019	Gender (Outcome 3)	Apekchya Rana Khatri, khatri@unfpa.org	Sudha Pant, Giri Panthi, Panthi, panthi@unfpa.org Ram Thapa, rthapa@unfpa.org Narendra Mishra, nmishra@unfpa.org Jhonnie Auld, auld@unfpa.org	Ongoing – expected to be complete by end May 2017	75%	Legal review completed; Baselines study currently under final review	Legal review available on UNFPA Nepal website
Strategy for accelerating action to end child marriage in CP 8	Implement different local level activities including empowerment of adolescent girls, engagement of men and boys, parents and faith leaders and media.	2019	Gender (Outcome 3)	Apekchya Rana Khatri, khatri@unfpa.org	Bhav Nath Jha, bjha@unfpa.org Chitra Mahato,	Ongoing	25%	Community structures established; training and life skills packages and other	Life skills package is available (in Nepali

					<p>mahato@unfpa.org</p> <p>Dhan Bahadur lamsal, lamsal@unfpa.org</p> <p>Ganesh Shahi, gshahi@unfpa.org</p> <p>Khagendra Bhatta, khabhatta@unfpa.org</p>			<p>activities currently being rolled out. Around 2500 girls reached to date. Activities will continue until the finalization of the project in 2019.</p>	only) and widely disseminated among partners
Harmful cultural practices	Consolidate existing knowledge on son preference and GBSS for evidence-based programming	2019	Gender (Outcome 3)	Tirtha M. Tamang, tamang@unfpa.org	<p>Apekchya Rana Khatri, khatri@unfpa.org</p> <p>Sudha Pant, pant@unfpa.org</p> <p>Santosh Chhetri, schhetri@unfpa.org</p>	Ongoing			
Recommendation No. 15		Legislative support for Sexual and Reproductive Health (SRH)			Priority: [high, medium or low]				
		The <u>UNFPA Nepal CO</u> should strengthen collaboration with the NFPPD by facilitating increased participation of parliamentarians in national and international events and forums on interlinkages between population, SRH, gender and GBV issues; and building the capacities of parliamentarians to fulfil their legislative and oversight roles.							
Management Response to Recommendation acceptance status		Partially Accepted							

<i>If recommendation is partially accepted or rejected, provide reasons:</i>		While we fully agree that we should continue supporting NFPPD and other parliamentarians throughout CP8 on the interlinkages between population, SRH, gender and GBV, much of our work will depend on the availability of resources, the type of engagement (we have provided a grant but cannot continue due to restrictions in the grant use as a modality) and the new federal set-up which as we know now will devolve a lot of the authority to the local level							
<i>If recommendation is accepted or partially accepted, list, below, action(s) that will logically lead to its implementation, ideally within a year of the date recommendation was issued</i>									
1.1 Action point title	Action point text	Due date (DD/MM/YY)	Lead implementing unit	Lead implementing staff [name & email address]	Additional units involved in implementation (if any)	Implementation status updates			
						Implementation status classification	Implementation rate in %	Summary of progress made	Evidence of implementation
Advocate and build capacity on the interlinkages between population, SRH, gender and GBV	Depending on availability of resources and progress around federalism, work with different legislators on these interlinkages and their legislative and oversight role.	CP8	P&D (Outcome 4)	Bijay Thapa, bthapa@unfpa.org		Ongoing			