

Activity Appraisal Document ODA

€ 1.000.000 or more

I REQUESTED DECISION CONCERNS

Explanation of the policy data can be found in the [ODA Policy Data Guide](#).

For the **highlighted** subjects in table below the de [ODA Policy Data Guide](#) gives further explanation .

Red --> Parts which should not be published in the open data.

Application number	4000004229
Short name application	Combatting harmful practices towards adolescent girls
Long name application	Towards an Adolescent Girls Comprehensive empowering Approach to Combat harmful practices in Egypt
Description application	<p>The project will be contributing to achieve the goal: <i>“Adolescent girls, in Egypt, fully enjoy their childhood free from the risk of child marriage and harmful practices, have access to social, life skills and health services, have knowledge around SRH and are able to develop to their full potential”</i>.</p> <p>The project proposes to focus on empowering adolescent girls with life skills, Sexual Reproductive Health (SRH) and Menstrual Health Management (MHM) information, and access to life skills and youth-friendly health service. Complementarily, the programme will seek communities’ and families’ social mobilisation on the importance of their girls’ access to SRH and raising awareness on the negative implications of harmful practices, with a special emphasis on men and boys, through family camps and sensitisation programmes that include generation dialogues around SRH and girl empowerment through a gender-transformative approaches. Efforts will also be made to provide adolescent girls with adapted health services.</p>
Budget holder	KAI/ SRGR decentraal (DSO)
Implementing organisation(s)	UNFPA- Egypt Office (Arrangement) Population Council – Egypt Office (Contribution)
Legal relationship	Arrangement/ contribution

<u>Commitment</u> in foreign currency (if applicable)			
Corporate rate	0.89		
<u>Commitment</u> in euros	EUR 3.127.324– UNFPA 900,000 – population Council		
Funds centre	1703U01040011		
Activity start date	UNFPA: 1 November 2020 Population Council: 1 January 2021		
Activity end date	UNFPA: 31 October 2023 Population Council: 31 December 2024 (for endline evaluation purposes)		
Contract start date	UNFPA: 1 November 2020 Population Council: 1 January 2021		
Contract end date	UNFPA: 31 October 2023 Population Council: 31 December 2024 (for endline evaluation purposes)		
Has an evaluation been planned?	Yes, mandatory (see decision tree in 5.3.6.)		
<u>Aid modality</u>	Other aid		
<u>Donor role</u>	Single donor		
<u>Technical assistance</u>	N.a. Not applicable		
<u>Beneficiary's country/region</u>	Egypt		
Countries within the region (if applicable)	N/A		
Allocation country information	N/A		
Location within the country (be as specific as possible)	Province	Name location(s)	Sohag/ Assiut
<u>CRS Code</u>	15180,13020, 13081		
<u>Policy marker weight is 'principal'</u> (no minimum or maximum amount)	<p>RMNCH1</p> <p>Yes, Gender Equality and addressing harmful practices is the main Objective of the program and is fundamental in its design and expected results.</p> <p>The program would not have been undertaken without the gender equality component</p> <p>The policy goal is inline with DSO's SRHR results framework and specifically objective "Prevent and halt all forms of harmful practices against children and adolescents, including child marriage and FGM/C</p>		

<u>Policy marker weight is ‘significant’.</u> (no minimum or maximum amount)	.
<u>Special pledges made by the Minister or State Secretary /</u> and/ or special marks regarding sensitive information	Not applicable

II. ACTIVITY APPRAISAL

2.1 Contribution made by the activity to BZ policy objectives (policy relevance)

2.1.1 Description policy relevance


This program falls under two of the four results of the results framework of DSO namely; Better information and greater freedom of choice for young people about their sexuality and the sexual and reproductive rights of all people, including those belonging to marginalized groups, are institutionally respected & protected. It also addresses policy markers related to violence against women as it seeks to empower adolescent girls to face female genital mutilation/cutting (FGM/C); child, early and forced marriage and expanding access to health care services, capacitating duty bearers and enhancing the overall environment surrounding those adolescent girls.

Moreover, EKN in Cairo has asked for a scoping study on SRHR issues and gaps. One of the main results of this study is that a comprehensive approach in tackling child marriage and working with adolescents in general is largely missing in the Egyptian landscape. Accordingly, this program seeks to fill an existing gap by creating agents of change and generating relevant data to be used on the policy level for policy dialogue.

2.1.2 Appraisal

Appraise the policy relevance of the project, using the appraisal table. If the maximum score is not achieved, explain why. If certain criteria do not apply, please indicate this.

No.	Criteria 2.1 Policy relevance	Indicators (score 0, 1, 2)	Score	EXPLANATION/ REFERENCES
2.1.1	The proposed intervention ties in with the operational objectives in the Explanatory Memorandum and the related policy memorandum (policy theory and intervention logic).	<input checked="" type="checkbox"/> The proposed intervention ties in with both the main objective and the secondary objectives .	<input type="text" value="2"/>	
2.1.2	The proposed intervention ties in with the ODA priorities	<input checked="" type="checkbox"/> The proposed intervention ties in with more than one of the result areas of the BH&OS priorities.	<input type="text" value="2"/>	Aligned with both Gender and SRHR results framework
2.1.3	The proposed intervention ties in with the annual plan and the result chain of the MIB/MASP	<input checked="" type="checkbox"/> The intervention is specifically mentioned in the result chain of the MIB/MASP.	<input type="text" value="2"/>	Yes its aligned with the Annual plan and specifically the objective on Better information and greater freedom

				of choice for young people about their sexuality
2.1.4	The relevance of the proposed intervention to the crosscutting themes of women's rights and gender equality / climate / PSD / coherence and strengthening of civil society organisations	 <p>The proposed intervention is relevant to more than one of the crosscutting themes.</p>	2	Women's rights and gender equality, coherence and strengthening of civil society organizations (represented by Y-Peer and other CSOs in the this project)
Total score (maximum 8 out of 8 points)			8	

2.2 Problem analysis and lessons learned

2.2.1 Description

Context of Problem

The structural and socio-cultural factors of poverty, lack of quality education and economic opportunities, discrimination against women and girls due to rigid social and gender norms and values, and more importantly poor access to health information and services, are all contributing factors for the disenfranchisement of adolescent girls, especially when they come to be married before 18. The girls who are the most left behind, often are uneducated, come from poor families, marginalized groups and rural communities, where health and education services are rarer. They are more likely to lack knowledge on their own rights and needs, especially when it comes to sexual health, and they are thus often robbed of the opportunity to thrive and fulfil their potential. Indeed, such contexts give a fertile ground for sexual health complications, going from poor menstrual health management (MHM) to child marriage (CM) that results in early childbearing. Girls' empowerment through education, skills acquisition, sexual and reproductive health (SRH) information and access constitute solutions to these issues as they, on the one hand, challenge the underlying social norms and, on the other hand, open concrete opportunities to give adolescent girls power over their own bodies to ensure their bodily integrity and health as well as their mental health and well-being.

The recent Egyptian 2017 Census shows that 111,000 of young girls aged 10-17 years are currently married, the bulk of marriages during childhood being concentrated at 16-17 years of age (86.4%). 83.4% of young girls that have married aged 10-17 years reside in rural areas. Furthermore to the socio-economic aspects mentioned in the above section, child marriage is driven by deeply rooted social norms which perpetuate the practice. Indeed, marriage is considered as a value in itself: it is a tradition that is sacred and respected and it is considered to protect girls from sin and spinsterhood and that it should take place early.

Child marriage can curb young girls' potential in many dimensions. Compared to others who marry after age 18, early married young girls commonly experience less access to social activities, lower nutritional

status, more stress, anxiety and depression, more exposure to violence, more adverse reproductive health outcomes and poor use of maternal health services. Young girls who marry later and delay pregnancy beyond their adolescence have higher chances to stay healthier, to better their education and to build a better life for themselves and their families.

The relationship between the prevalence of child marriage and poor SRH is strong in Egypt. More than 90 % of children born of mothers younger than 18 are attributed to child marriage (World Bank (WB), 2017). Child marriage and early pregnancy are directly linked to considerably higher rates of preventable maternal mortalities and negative health outcomes for both the mother and the child. According to the Ministry of Health and Population (MOHP), the maternal mortality rate was 43.4 deaths per 100,000 live births in 2018. Complications of pregnancy and childbirth are the leading cause of death in young women aged 15–19. According to the national maternal mortality surveillance system, death cases for women below 20 years of age accounts approximately for 5% of the total maternal deaths. In addition, neonatal mortalities among neonates to women below 18 years old are higher than for women above 18.

Despite widespread availability of maternal and child health care services in the country, young married girls have limited access to reproductive health information and services, particularly in view of their limited mobility and ability to go unaccompanied to a health care unit. Their main source of SRH information is informal through mothers/mothers-in-law, and peers. They are also not fully aware about health problems associated with early marriage, danger signs during pregnancy, labor, and the postpartum period, reproductive tract infections, and sexually transmitted diseases (including HIV/AIDs).

As well, children of adolescent mothers are more likely to have low birth weight. As per a study made by UNFPA, Egypt received 256,212 newborns for married women below the age of 19 in 2017. Many studies have also shown that awareness of family planning and maternal care utilization is lower among the women who married at an early age. Child married women are less likely to have received health education about reproductive health aspects including the hazards of early age of marriage.

In addition, babies born to women below 18 years old are not registered, until the mother reaches 18 and the marriage is officially registered. On the legal level, this implies that child married girls are not involved in any of the preparatory phases including negotiation of their rights. Moreover, in cases of husband separation or death before registering the marriage, given that girls in child marriage unions are not recognized as married women, girls in child marriages have absolutely no rights to financial support or child care support; and more importantly, they don't have any access to any of the benefits attained through a long-term process of reform to enhance women's rights such as *Khul'*¹.

Beyond child marriage, with 92% of Egyptian married women having undergone Female Genital Mutilation (FGM) according to the 2014 Demographic Health Survey (DHS), FGM is the most widely spread harmful practice in Egypt. Like child marriage, FGM is a deeply entrenched social norm. Communities practice FGM in the belief that it will ensure a girl's proper upbringing, safeguard daughter's marriageability and preserve family honour. FGM adds to the number of obstacles impeding Egyptian adolescent girls' autonomy and equity in society, sustaining strong gender inequalities and inhibiting their ability to make informed choices. The high prevalence of FGM in Egypt places it at the heart of the SRH challenges in the country, all the more when combined with child marriage.

Menstruation, and Menstrual Health Management (MHM) is also a key SRH issue when it comes to enabling girls to be in control of their own bodies and lives. Indeed, the structural barriers to proper MHM hinder the realization of girls' and women's rights in specific ways: when women and girls are unable to manage their menstrual health, it can negatively impact the extent to which they can enjoy

¹ *Khul'* (Arabic: خلع), also called khula, is a procedure through which a woman can divorce her husband in Islam, by returning the dower (mahr) or something else that she received from her husband, as agreed by the spouses or Qadi's (court) decree.

certain rights including those to education, work and health. Addressing girls' menstrual health is therefore paramount.

In Egypt and throughout decades Reproductive Health (RH) has been delivered through vertical programmes that deal with specific components. Vertical programmes do truly result in great successes but many opportunities tend to be missed by clients who need more than one type of service in one visit. Despite the fact that vertical programmes resulted in real successes on the ground, they also lead to increased fragmentation of the healthcare system and increased financial burdens that reflects negatively on access to services and health outcomes, and ensure that services provided are gender-responsive and meet human rights standards for quality of care and equity in access.

Reproductive health programmes in Egypt tend to focus on married women, with few services offered for young girls, older women, men, and disadvantaged and minority groups, such as persons with disability and refugees. As an example, policies to increase acceptance and use of contraception have mostly neglected the man's role in family planning (FP). This has created the cultural belief that reproductive health services are mainly for married women. This discouraged males from using FP methods thus restricting access and missing an opportunity of an area of common ground for discussion between men and women. Since then, Egypt has been highly committed to ensuring access to a wide range of FP methods for all married couples. National programmes have been developed to provide FP services. More recently, a National Strategy for Reproductive Health 2015-2030 was established to support the right to improved reproductive health for all citizens. Efforts at reducing maternal mortality have been considered top priority. Documentation and investigations of cases of maternal deaths are done through a national maternal mortality surveillance system and safe motherhood committees existing in all governorates.

UNFPA

UNFPA in Egypt supported the MoHP to develop and apply the national standards for youth friendly health services. These standards have set ground for the upscaling of the service throughout selected primary healthcare centers. In the process, UNFPA has supported the establishment of 30 YFHS between June 2013 and 2017, and currently training service providers from selected PHCs to mainstream YFHS. In 2019, The training manual of the YFHS was updated to include two additional chapters on family planning and girls empowerment.

Working with MoHP and other partners, UNFPA Egypt is advocating for and supports the efficient delivery of a holistic, youth-friendly package of RH services that are mainstreamed with the currently provided services, but responds to the specific needs of young people, including those in humanitarian settings, and fragile contexts. However, this holistic package has yet to integrate MHM. Indeed, there are no clear guiding policies around MHM in Egypt since there is scant literature and studies about the effect of MH on girls especially their inclusion in social life, school attendance, related myths, etc.

While UNFPA will be leading the technical implementation of the program, as shown above, Egypt is dearth on data related to FGM and other SRHR matters related to adolescent girls. With the absence of the Demographic Health Survey which was last issued in 2014, policy makers and program officials lack direction and benchmarks against which they can measure their impact. For this purpose, EKN will commission population council to act the main research partner for this program. The reason is to have high quality baseline and endline data that could inform policy, as well as, indicate whether this program is scalable. Additionally, three qualitative research papers will be published answering key questions with regards to child Marriage and menstrual health management, in order to fill some of the gaps in these areas. The findings of these research documents will be shared in technical conferences with technocrats from the development community as well as the government of Egypt.

Program Theory of Change

The Programme Hypothesis: **IF** policies and legislations are in place and appropriately resourced on the importance of adolescent girls' access to Sexual and Reproductive (SRH) including Menstrual Health Management (MHM) services as well as to education on the harms of Harmful Practices (HPs) with focus on child marriage, **AND** adolescent girls are empowered with skills, information and support networks, and families and communities are mobilized **THEN** girls' disempowerment and vulnerability to child marriage will be dramatically decreased and girls will be able to fulfill their potential and personal dreams.

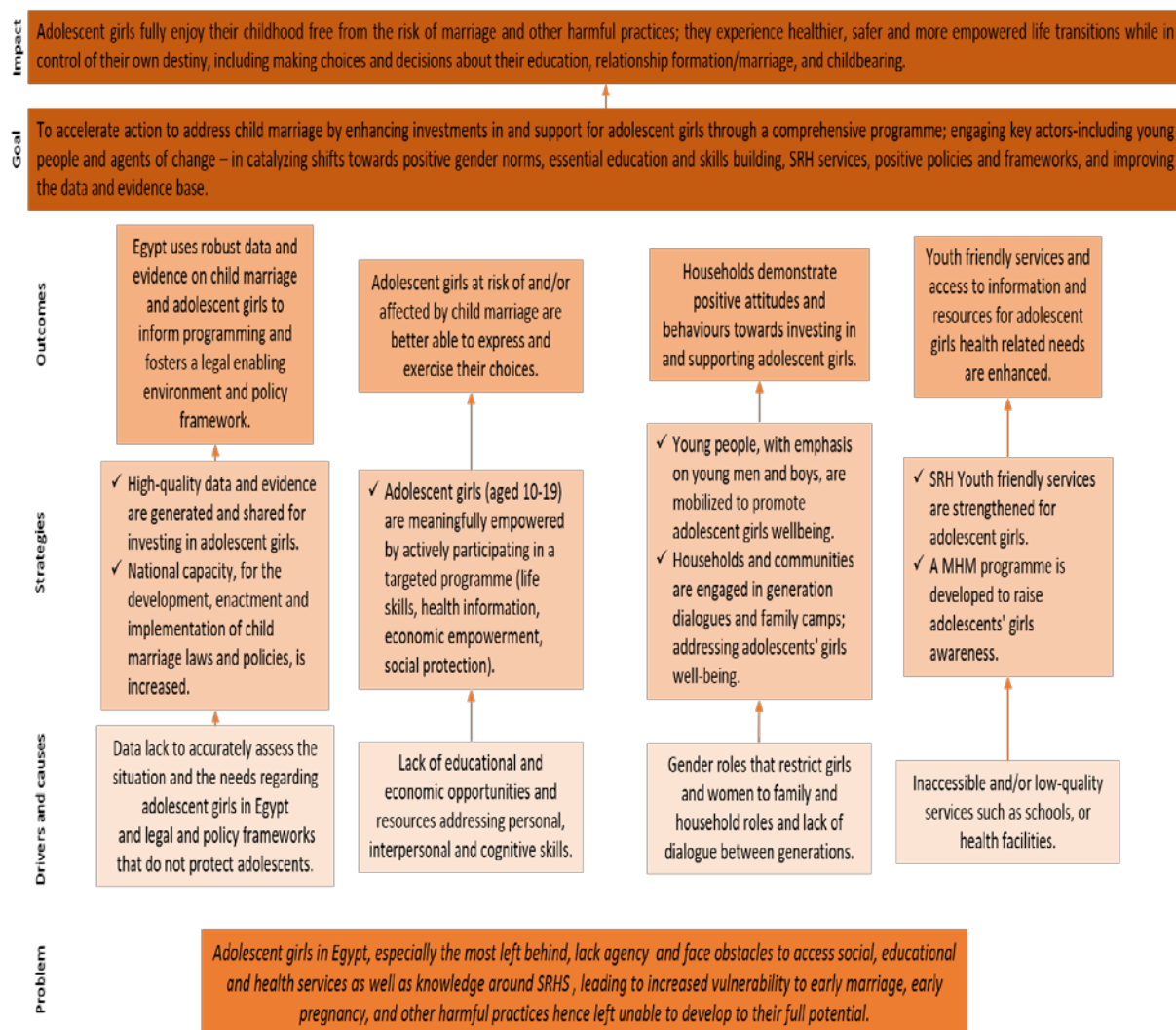
The project thus proposes to focus on empowering adolescent girls with life skills, SRH and MHM information, and access to life skills and youth-friendly health service. Complementarily, the programme will seek communities' and families' social mobilisation on the importance of their girls' access to SRH and raising awareness on the negative implications of harmful practices, with a special emphasis on men and boys, through family camps and sensitisation programmes that include generation dialogues around SRH and girl empowerment through a gender-transformative approaches. Efforts will also be made to provide adolescent girls with adapted health services. However, the programme will in the first place have to make sure knowledge and evidence based data on child marriage - and HPs more generally - as well as adolescent girls well-being are available.

Overall, mobilizing adolescent girls against the continuation of harmful practices, with special focus on child marriage, through providing them with timely SRH information as well as continuous support to girls by ensuring their education, in addition to sensitizing families and communities on the importance of their girls' health and education and on harmful practices will support the fulfillment of adolescent girls' potential and dreams. It will support the transformation of the perspectives around women's role in society as well as help ensure girls a future up to their ambitions, through giving them more tools and power to be in control of their own lives. Eventually, the goal is for families and communities to become themselves advocates of the fight against child marriage and for adolescent girls' empowerment, as they will have progressively broadened their lens and transformed their views on adolescent girls and women's role in families and society.

This comes in line with Outcome 3 of UNFPA Strategic Plan and the UNFPA Egypt Country Programme "*Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings*". The project will also address SDG's Goals 3 to "Ensure Healthy lives and promote well-being for all at all ages" and 5 "Achieve gender equality and empower all women and girls" and more specifically Target 3, which is to eliminate HP (FGM and Child Marriage) by 2030.


By applying a Gender Transformative approach, this project will enhance the overall strategy of UNFPA in Egypt to concretely address underlying social norms, for the purpose of changing institutions and systems, by fostering adolescent girls' health, intellectual and economic empowerment and agency which will in turn support the delay of the age of marriage and the evolution of social norms associated with child marriage and other harmful practices such as FGM in Egypt. **The aim of this project is to bring sustainable results, through changing gender norms and to rebalancing the distribution of the power of change and action in society².**






² UNICEF-UNFPA "FGM and Gender Social Norm Transformative Programming" document.



2.2.2 Appraisal

Appraise the [contextual analysis](#) of the project proposal using the appraisal table. If the maximum score is not achieved, explain why and how this is dealt with. If certain criteria do not apply, please indicate this.

No.	Criteria 2.2 Contextual analysis	Indicators (score 0,1,2)	Score	EXPLANATION/ REFERENCES
2.2.1	The proposal is based on a careful and thorough contextual analysis, from which a logical problem definition and objective are generated.	 <p>The proposal is based on a careful and thorough analysis and results in a logical problem definition and objective.</p>	2	UNFPA has been working on FGM and Child Marriage globally and they have extensive analysis and evidence based data

2.2.2	Based on the problem formulated, the proposal explains in a logical manner why the intervention is aimed at the specified geographical location.	 <p>The proposal gives a realistic explanation of why the intervention is aimed at the specified geographical location and substantiates this with examples.</p>	2	Its mainly girls with the compounded problems of poverty, lack of education and poor access to health information who fall victims to harmful practices and those are focused in southern upper Egypt where the program will operate
2.2.3	The proposal justifies the choice of <u>target group</u> .	 <p>The proposal clearly justifies the choice of target group.</p>	2	See 2.2.2
2.2.4	The proposal sets out which relevant actors were involved in formulating the proposal and what influence they had on the content of the proposal.	 <p>The proposal sets out the involvement of actors, both in formulating the proposal and in the proposed intervention (including its management).</p>	2	<p>This proposal falls under the UNFPA 10th Country Programme.</p> <p>For the development of this proposal from the Government partners UNFPA consulted with MOHP, NCCM and MOYS.</p> <p>Key civil society partners are Care International and the YPEER network and the Population Council</p> <p>From the private sector UNFPA held a meeting with Proctor and Gamble where a discussion on the Menstrual Health Programme was also discussed</p>
2.2.5	A <u>stakeholder analysis</u> (incl. women and youth) has been carried out and the results incorporated in the proposal.	 <p>The proposal sets out who has a stake in the programme/project and details their relative interests.</p>	2	A full stakeholder matrix is included with the proposal highlighting the possible supporters such as governmental entities and possible opponents such as conservative families and religious leaders.
2.2.6	The proposal describes how the results of evaluations and/or studies		2	Population Council is the research partner and their proposal clearly outlines how

	feed into formulation of the proposal.	The proposal clearly sets out how results from evaluations and/or studies contributed to formulation of the proposal.		all studies and evaluations will take place
Total score (maximum ¹² out of 12 points)			12	

2.3 Objectives (outcomes), results (outputs), activities and resources, based on the SMART principle

2.3.1 Description

UNFPA will be accountable for the following outcomes and outputs

Outcome 1: Egypt uses robust data and evidence on child marriage and adolescent girls to inform programming and fosters an enabling environment and policy framework (National level).

Output 1.2. National capacity, for the development, enactment and implementation of child marriage laws and policies is increased.

Rationale:

The aim of this output is to integrate child marriage prevention and mitigation into national development policies to support strong government ownership. This will be done through relevant national strategies and plans, with corresponding budgetary allocations through the development of a 3 year costed national action plan on child marriage. It is anticipated that this experience will be based on the UNFPA supported FGM national costed action plan. Output 1.2 will also link with existing projects supported by the Embassy of the Netherlands that involve female parliamentarians, in order to have an additional policy and advocacy impact.

Activities:

Activity 1.2.1 Develop a framework on ending child marriage in Egypt through a costed national action plan on child marriage.

Outcome 2: Adolescent girls, at risk of and/or affected by child marriage, are better able to express and exercise their choices reversing the practice of child marriage or cope well within the married life (Intervention area specific).

Output 2.1: Adolescent girls (aged 10-19) are meaningfully empowered by actively participating in a targeted programme (life skills, health information, economic empowerment, social protection).

Rationale:

Output 2.1. will seek to empower girls at risk of and/or affected by child marriage through strengthening their assets, and make them aware of their rights. This will be achieved through empowering girls through life-skills and assets building interventions will seek to empower girls through strengthening their assets and in turn will support them reversing the practice of child marriage or cope better within the married life. In parallel and building on the Assets framework, the use of creative edutainment approaches and interactive peer learning will be used to create behavioral change, boosting community dialogue and raising public awareness towards girls' empowerment and SRH in addition to engaging their parents. This output will empower girls on the one hand and on the other through creative edutainment activities further arm girls with social skills but above all establish direct link between the assets framework and the community.

Activities:

Activity 2.1.1: Roll-out a harmonized package of life skill building that fosters active participation by girls addressing cognitive, personal and interpersonal skills through the UNFPA girls assets framework.

Activity 2.1.2: Utilize Edutainment techniques to empower adolescents girls and raise awareness of girls and other community members on harmful practices against girls and MHM.

Outcome 3: Households demonstrate positive attitudes and behaviours towards investing in and supporting adolescent girls (*Intervention area specific*).

Output 3.1 Households, communities and young people are engaged in addressing SRHR and adolescents' girls' well-being.

Rationale:

In an effort to change social and gender norms, it is essential that households and communities are actively engaged in promoting adolescent girls' well-being, through opening the discussion around SRH and gender equality topics. **The output will link directly to the girls involved in the assets framework and focus on implementing an array of activities with their households that will strengthen the engagement of households and communities towards having a positive outlook to girls and gender equality.** A particular effort will also be made **towards engaging men and boys in an effort to engage adolescent boys and to promote positive behaviours in relation with the topics of SRHR and of the postponement of adolescent girls' marriage.**

In order to foster a safe environment for community members to discuss root causes of early marriage, build knowledge, and examine ways to address SRHR and adolescent well being, the projected set of activities designed at times for each community group separately (women, men, adolescent boys). The separation in some activities is designed to ensure that each group will have the freedom of expression without being hampered by the presence of other groups. Some of the activities however will target mixed groups to create interaction, facilitate controlled debates, and reach common understandings. In an effort to change social and gender norms and apply a Gender Transformative approach, it is essential for young people to be actively engaged in interrogating and challenging power dynamics in their own lives, as well as in their communities and societies more broadly.

Activities:

Activity 3.1.1 Community and household members enroll in a programme of activities towards ending child marriage, and promoting girls wellbeing including generation dialogues on SRHR and adolescent girl well-being

Activity 3.1.2 Roll-out a training programme addressing Men and Boys

Outcome 4: Youth friendly services and access to information and resources for adolescent girls health related needs are enhanced (*Intervention area specific*).

Along with Output 1.2, this outcome will promote SRH services and promote ensuring bodily integrity and rights of girls as well as ensuring their agency in all fields of their lives.

Output 4.1: SRH Youth friendly services are strengthened for adolescent girls.

Rationale:

Output 4.1 will seek to strengthen girls' assets through youth friendly services where they will be able to seek care and advice on SRH, considering this is an aspect of their daily life where they are often left with minimum information to make choices.

Existing service providers will be capacitated to provide these services in areas where there is a bigger need for them (either because of service scarcity or because of high prevalence of harmful practices). A programme will also be developed to address pregnant adolescent girls' health needs, in addition to existing tools and methods linked to comprehensive sexual education programmes involving Y-PEER and UNFPA that will raise awareness on health issues. The clinics selected will be in the catchment areas of where the girls assets framework roll-out is taking place.

Activities:

Activity 4.1.1 Enhancing the capacity of PHC service providers to enhance health literacy, and provide effective youth friendly counseling, referral, and services in target areas that are responding to the needs to married and unmarried adolescent girls

Activity 4.1.2 Strengthening the PHC clinical services provided to adolescent girls, including for married adolescents, particularly those related to maternal services.

Activity 4.1.3 Promote service delivery linkage with community mobilization around adolescent girl SRH

Output 4.2: A MHM programme is developed to raise adolescents' girls awareness.

Rationale:

Output 4.2 will focus on MHM. Menstrues are often adolescent girls' first approach to sexual health and also often one of the first ways they find themselves discriminated against as future women, particularly when unable to go to school, or left aside in their social/family spheres. It is therefore important to address menstrual health as a key aspect of adolescent girls' emancipation. MHM can also be a less taboo way to open the discussion on sexual and reproductive health and rights, and then enlarge the scope.

This output proposes to apply a human rights lens to menstrual health and can be useful in addressing the structural barriers to proper MHM, which hinders the realization of girls' and women's rights in specific ways. When women and girls are unable to manage their menstrual health, it can negatively impact the extent to which they can enjoy certain rights including those to education, work, and health.

Activities:

Activity 4.2.1 Adaptation and development of MHM prototype training package for Egypt

Activity 4.2.2 Mainstream and roll-out of a MHM programme in the intervention area, through community health workers (CHW), to promote positive MHM behaviors among adolescent girls and health care providers.

Activity 4.2.3 Develop and roll out a menstrual health and hygiene peer to peer support initiative for adolescent girls and young people.

Activity 4.2.4 Develop programmes for girls to develop their own reusable and eco-friendly menstrual pads.

Population Council will be accountable for the following outcomes and outputs:

Outcome 1: Egypt uses robust data and evidence on child marriage and adolescent girls to inform programming and fosters an enabling environment and policy framework (National).

Output 1.1 High-quality data and evidence are generated and shared addressing comprehensive needs of adolescent girls; with special focus on child marriage.

Rationale:

Output 1.1 will enable the generation of high-quality data and evidence on addressing comprehensive needs of adolescent girls in Egypt with special focus on the issue of child marriage, in an effort to provide to help inform programming. By generating complementary high-quality data and evidence on adolescent girls in Egypt, the aim is to enhance work at the policy level to advocate with the government and policy makers address adolescent girls' reproductive health and ending child marriage and complement other actions targeting adolescent girls such as ending FGM. It will also put in place a monitoring and evaluation system to help track the programme as a whole.

Activities:

Activity 1.1.1 Conduct research on adolescent girls and child marriage in Egypt to inform programming, the Monitoring and Evaluation system put in place to measure results as baseline and target including mobilizing stakeholders namely policy makers with insight to build common ground for action

Activity 1.1.2 Generation of high-quality data and evidence on addressing comprehensive needs of adolescent girls in Egypt

Sustainability.

UNFPA designed the project after carrying out a deep and comprehensive needs analysis, thus rendering the project highly need-oriented. It responds to the key developmental challenge Egypt is facing and builds on the lessons learned from the previous interventions and its harnessing a supportive policy environment and political support for scaling up programmes linked to SRH for adolescents and specifically for girls in the country.

In light of the significance of sustainability and driven by lessons learned from the past GBV/HP and family planning programmes in Egypt, UNFPA conducted a comprehensive analysis of the social, economic, legal, cultural, educational, and political environments for project implementation as a part of its new five years (2018-2022) Country Programme development.

All activities in the proposed project are planned with the goal of sustainability and as such they are building on existing systems and structures, as well as other similar programmes. In-

deed, one of the aims is to work through national existing systems and work through normative tools that fit the Egyptian context. UNFPA will provide continuous technical support and know how to further expand the tools according to the needs.

Finally, involvement of end beneficiaries and communities in all phases of the project will be an important prerequisite in effort to make strategies outlined in this project and end result sustainable.

By reaching a critical mass of girls and boys in communities and reaching communities in districts, the programme has the intention to create a kind of social diffusion that will prepare the ground for a sustained improvement of indicators on FGM, child marriage, adolescent girls wellbeing on engagement of men and boys and on women empowerment.

A clear exit strategy is yet to be designed once the program is operational and clearer understanding of the communities is granted. Nevertheless, the presence of the population council as a research partner will ensure we capture the lasting impact on the ground by conducting thorough endline studies one year post the closure of the program. Additionally a new tool was developed by UNFPA-UNICEF called the ACT framework³ to assess the social norms change with regards to FGM, which will be adopted within this program as well.

2.3.2 Appraisal

Appraise the logical framework using the appraisal table. If the maximum score is not achieved, explain why and how this is dealt with. If certain criteria do not apply, please indicate this.

No.	Criteria 2.3 Outcomes, outputs, activities and resources based on the SMART principle	Explanation of score (1 point per indicator)	Score
2.3.1	The objectives at outcome level are clearly formulated, fall within the proposal's span of influence and are realistic. The outcomes follow logically from the problem formulated.	<input checked="" type="checkbox"/> The outcomes are specifically formulated. <input checked="" type="checkbox"/> The objectives follow logically from the problem formulated. The objectives fall within the proposal's span of influence and are realistic (taking account of its duration and local circumstances). <input checked="" type="checkbox"/> The objectives are acceptable to the target group and other stakeholders. <input checked="" type="checkbox"/>	5

³ [https://www.unicef.org/media/65576/file/ACT-Framework-FGM-\(Summary\)-2020.pdf.pdf](https://www.unicef.org/media/65576/file/ACT-Framework-FGM-(Summary)-2020.pdf.pdf)

		<p>The objectives formulated are realistic bearing in</p> <p><input checked="" type="checkbox"/> mind the scope of the activities and the capacity of the (local) organisation(s).</p>		
EXPLANATION/ REFERENCES <p>Additional appreciation</p> <p>gender indicator 3:</p> <p>the whole program is gender sensitive and addresses harmful practices against young women and girls</p>				
2.3.2	<p>Progress in achieving the outcomes can be determined objectively on the basis of measurable performance indicators.</p>	<p>Relevant performance</p> <p><input checked="" type="checkbox"/> indicators have been formulated for each outcome.</p> <p>A baseline measurement and a measurable target (quantitative and/or qualitative) have been</p> <p><input checked="" type="checkbox"/> formulated for each performance indicator.</p> <p>The verification method (the means by which data</p> <p><input checked="" type="checkbox"/> is collected and the sources of that data) is realistic and feasible.</p>	3	
EXPLANATION/ REFERENCES <p>AThe population council will ensure that progress is measureable and will provide midterm analysis to assess whether the project's design needs fine tuning or not</p>				
2.3.3	<p>The outputs formulated are concrete and fall within the proposal's span of control. The outputs follow logically from the outcomes formulated.</p>	<p>The project proposal is</p> <p><input checked="" type="checkbox"/> divided into clear phases, each having concretely formulated outputs.</p> <p><input checked="" type="checkbox"/> The outputs are specific.</p> <p>There is a clear link between the outputs and the out-comes, i.e.</p> <p><input checked="" type="checkbox"/> the outputs can be expected to contribute to achievement of the outcomes.</p>	5	

		<input checked="" type="checkbox"/> The outputs are acceptable to the target group and other <input checked="" type="checkbox"/> The outputs formulated are realistic bearing in mind the scope of the activities and the capacity of the (local) organisation(s) .		
EXPLANATION/ REFERENCES The project is expecting acceptable results given the complexity of the issues of child marriage and FGM. Its merely laying a strong foundation so the reduction of these harmful practices can be through the girls, and their community from within themselves.				
2.3.4	Progress in achieving the outputs can be determined objectively on the basis of measurable performance indicators.	<input checked="" type="checkbox"/> Relevant performance indicators have been formulated for each output. <input checked="" type="checkbox"/> A baseline and a measurable target (quantitative and/or qualitative) have been formulated for each performance indicator. <input checked="" type="checkbox"/> The verification method (the means by which data is collected and the sources of that data) is realistic and feasible.	3	
EXPLANATION/ REFERENCES please check 2.3.2				
2.3.5	There is a logical link between the proposed activities and the outputs formulated.	<input checked="" type="checkbox"/> The proposal sets out the nature of the activities and explains how the activities formulated will contribute to achieving the outputs.	1	
EXPLANATION/ REFERENCES				
2.3.6	There is a logical link between the activities and the project budget (efficiency).	<input checked="" type="checkbox"/> The budget is supported by figures on price and quantity (p x q). <input checked="" type="checkbox"/> The budget is broken down by output and/or outcome.	2	
EXPLANATION/				

REFERENCES

Population council's budget is supported by figures on price and quantity but that is not the case for UNFPA

UNFPA's budget is broken by output and outcome but not the case for the population council

2.3.7	When the activity ends, its envisaged outputs will have a lasting effect for the ultimate target group.	<p><input checked="" type="checkbox"/> The proposal contains a clear vision (with objectives) as to how the activities will be continued when the intervention comes to an end.</p> <p><input checked="" type="checkbox"/> To achieve these objectives, specific measures will be taken during implementation of the activities to ensure that the target group will help continue the activities.</p> <p><input type="checkbox"/> The proposal contains suitable criteria against which progress in continuing the activities can be</p> <p><input type="checkbox"/> The proposal includes a transition plan or exit strategy, identifying the various actors.</p>	2
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**EXPLANATION/
REFERENCES**

The proposal clearly outlines how different groups of girls and community members will be trained to become trainers, mentors or facilitators of activities beyond the project's duration. Yet there is no clear transition or exit strategy

2.3.8	At the end of the activity, the envisaged outputs will have a lasting effect on the local partners.	<p><input type="checkbox"/> The proposal contains a clear vision (with objectives) as to how the quality of the activities and/or financial independence of the local partner will be</p>	0
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		<input type="checkbox"/> To achieve these objectives, specific measures will be taken during implementation of the activity. <input type="checkbox"/> The proposal devotes attention to the capacity of the local partner to generate income from various sources. <input type="checkbox"/> The proposal sets out suitable criteria against which progress in regard to institutional sustainability can be measured.		
EXPLANATION/ REFERENCES The financial independence of local partners isn't the focus of this program				
Total score (maximum score 27 points)				2

2.4 Cooperation, [harmonisation](#) and [added value](#)

Please find below a table highlighting the role of all partners in this project reflecting their comparative advantage

Overall goal:	Adolescents girls, in Egypt, fully enjoy their childhood free from the risk of child marriage, have access to social, educational and health services, have knowledge around SRH and are able to develop to their full potential	
Outcome / Outputs	Major Interventions	Tentative Partner
Outcome 1:	Outcome 1: Egypt uses robust data and evidence on child marriage and adolescent girls to inform programming and fosters a legal enabling environment and policy framework	
Output 1.1 High-quality data and evidence are generated and shared for investing in adolescent girls	Activity 1.1.1 A research on adolescent girls and child marriage in Egypt is carried out to inform programming and Monitoring and Evaluation system is put in place to measure results as baseline and endline and stakeholders namely policy makers with insight to build common ground to take action	Population Council
	Activity 1.1.2: Generation of high-quality qualitative data and evidence on addressing comprehensive needs of adolescent girls in Egypt	Population Council
Output 1.2. National capacity, for the development, enactment and implementation of child marriage laws and policies, is increased.	Activity 1.2.1 Develop a framework on ending child marriage in Egypt through a Costed National Action Plan on Child marriage.	NCCM
Outcome 2:	Adolescent girls at risk of and/or affected by child marriage are better able to express and exercise their choices and Households demonstrate positive attitudes and behaviours towards investing in and supporting adolescent girls	
Output 2.1: Adolescent girls (aged 10-19) are meaningfully engaged by actively participating in a targeted programme (life skills, health information, economic empowerment, social protection)	Activity 2.1.1 Adapt and Roll-out a harmonised package of life skill building that fosters active participation by girls addressing cognitive, personal and interpersonal skills in safe community spaces including the UNFPA girls assets framework.	Care International
	Activity 2.1.2 Utilise Edutainment techniques including theatre based techniques, music and sports techniques as well campaigns to mobilise young people to raise awareness on child marriage and SRH including MHM	Etijah/MOYS (Etijah will be the main IP but in coordination with MOYS)
Outcome 3:	Households demonstrate positive attitudes and behaviours towards investing in and supporting adolescent girls	
Output 3.1 Households, communities and young people are engaged in addressing adolescents' girls well-being	Activity 3.1.1 Community and household members enroll in a programme of activities towards ending child marriage, and promoting girls wellbeing including generation dialogues on SRHR and adolescent girl well-being	Care International
	Activity 3.1.2 Roll-out a training programme to addressing Men and Boys	Care international
Outcome 4:	Youth friendly services and access to information and resources for adolescent girls health related needs are enhanced	
Output 4.1: SRH Youth friendly services are strengthened for adolescent girls.	Activity 4.1.1 Enhancing the capacity of PHC service providers to provide effective youth friendly health Services (YFHS) in target areas that are responding to the needs of adolescent girls especially those at risk of harmful practices.	MOHP
	Activity 4.1.2 Strengthening the PHC services provided to adolescent girls, including for married adolescents, particularly those related to maternal services.	MOHP
	Activity 4.1.3 Establishing mechanisms to ensure service delivery linkage with community mobilization around youth SRH and HP	MOHP
Output 4.2: A MHM programme is developed to raise adolescents' girls awareness.	Activity 4.2.1 Adaptation and development of MHM prototype training package for Egypt	NCCM/Consultant
	Activity 4.2.2 Mainstream and roll-out of a MHM programme in the intervention area, through community health workers (CHW), to promote positive MHM behaviors in adolescent girls households during home visits	MOHP
	Activity 4.2.3 Develop and roll out a menstrual health peer to peer support initiative for adolescent girls and young people	YPEER
	Activity 4.2.4 Develop programmes for girls to develop their own reusable and eco-friendly menstrual pads for the most vulnerable girls	Care International

2.5 [Channel](#) and aid modality (including alignment)

Funds will be channelled directly to UNFPA, which has the project and financial management capacity to manage the funds, as well as to assess and select local implementing organisations (see table 2.4) that would contribute to the project delivery.

Funds will be channelled to Population Council, under a separate contract between the embassy and the Population Council which is the main independent research partner for this program. Population council is responsible for designing, training and sub-contracting researchers for the sake of this program.

V. IMPLEMENTATION

5.1 Budget

5.1.1 Breakdown of costs

State the overall cost of the activity and overheads. Indicate the various cost centres (activities and outputs) in the rows and cost types (e.g. personnel, equipment, etc.) in the columns.

UNFPA budget

Annex 1: BUDGET						
Overall goal:	Adolescents girls, in Egypt, fully enjoy their childhood free from the risk of child marriage, have access to social, educational and health services, have knowledge around SRH and are able to develop to their full potential					
Outcome / Outputs	Major Interventions	Year 1	Year 2	Year 3	Total EURO	Total USD
Outcome 1:	Outcome 1: Egypt uses robust data and evidence on child marriage and adolescent girls to inform programming and fosters a legal enabling environment and policy framework					0.89
Output 1.1 High-quality data and evidence are generated and shared for investing in adolescent girls	Activity 1.1.1 A research on adolescent girls and child marriage in Egypt is carried out to inform programming and Monitoring and Evaluation system is put in place to measure results as baseline and endline and stakeholders namely policy makers with insight to build common ground to take action					
	Activity 1.1.2: Generation of high-quality qualitative data and evidence on addressing comprehensive needs of adolescent girls in Egypt					
Sub-Total Output 1.1						
Output 1.2: National capacity, for the development, enactment and implementation of child marriage laws and policies, is increased.	Activity 1.2.1 Develop a framework on ending child marriage in Egypt through a Coated National Action Plan on Child marriage.	40,000	40,000	40,000	120,000	134,831
Sub-Total Output 1.2		40,000	40,000	40,000	120,000	134,831
Total Outcome 1		40,000	40,000	40,000	120,000	134,831
Outcome 2:	Adolescent girls, at risk of and/or affected by child marriage, are better able to express and exercise their choices reversing the practice of child marriage or cope					
Output 2.1: Adolescent girls (aged 10-19) are meaningfully engaged by actively participating in a targeted programme (life skills, health information, economic empowerment, social protection)	Activity 2.1.1 Adapt and Roll-out a harmonised package of life skill building that fosters active participation by girls addressing cognitive, personal and interpersonal skills in safe community spaces including the UNFPA girls assets framework.	170,000	170,000	170,000	510,000	573,034
	Activity 2.1.2 Utilize Edutainment techniques education including Theatre Based Techniques, music and sports techniques as well campaigns to mobilise adolescent girls to raise awareness on child marriage and SRH including MHM.	100,000	100,000	100,000	300,000	337,079
Sub-Total Output 2.2		270,000	270,000	270,000	810,000	910,112
Total Outcome 2		270,000	270,000	270,000	810,000	910,112
Outcome 3:	Households demonstrate positive attitudes and behaviours towards investing in and supporting adolescent girls					
Output 3.1 Households, communities and young people are engaged in addressing adolescents' girls well-being	Activity 3.1.1 Community and household members enroll in a programme of activities towards ending child marriage, and promoting girls wellbeing including generation dialogues on SRHR and adolescent girl well-being	90,000	160,000	160,000	410,000	460,674
	Activity 3.1.3 Roll-out a training programme to addressing Men and Boys	50,000	50,000	50,000	150,000	166,539
Sub-Total Output 3.1		140,000	210,000	210,000	560,000	629,213
Total Outcome 3		140,000	210,000	210,000	560,000	629,213
Outcome 4:	Youth friendly services and access to information and resources for adolescent girls health related needs are enhanced					
Output 4.1: SRH Youth friendly services are strengthened for adolescent girls.	Activity 4.1.1 Enhancing the capacity of PHC service providers to provide effective youth friendly health Services (YFHS) in target areas that are responding to the needs of adolescent girls especially those at risk of harmful practices.	90,000	90,000	60,000	240,000	269,663
	Activity 4.1.2 Strengthening the PHC services provided to adolescent girls, including for married adolescents, particularly those related to maternal services.	100,000	100,000	60,000	260,000	292,135
Output 4.2: A MHM programme is developed to raise adolescents' girls awareness.	Activity 4.1.3 Establishing mechanisms to ensure service delivery linkage with community mobilization around youth SRH and HP	20,000	20,000	20,000	60,000	67,416
	Activity 4.2.1 Adaptation and development of MHM prototype training package for Egypt	10,000			10,000	11,236
Sub-Total Output 4.1		210,000	210,000	140,000	560,000	629,213
Output 4.2: A MHM programme is developed to raise adolescents' girls awareness.	Activity 4.2.2 Mainstream and roll-out of a MHM programme in the intervention area, through community health workers (CHW), to promote positive MHM behaviors in adolescent girls households during home visits	50,000	50,000	20,000	120,000	134,831
	Activity 4.2.3 Develop and roll out a menstrual health peer to peer support initiative for adolescent girls and young people	80,000	80,000	80,000	240,000	269,663
Output 4.2: A MHM programme is developed to raise adolescents' girls awareness.	Activity 4.2.4 Develop programmes for girls to develop their own reusable and eco-friendly menstrual pads for the most vulnerable girls	30,000	30,000	20,000	80,000	89,888
	Activity 4.2.1 Adaptation and development of MHM prototype training package for Egypt	10,000			10,000	11,236
Sub-Total Output 4.2		170,000	160,000	120,000	450,000	505,618
Total Outcome 4		380,000	370,000	260,000	1,010,000	1,134,631
Subtotal Activities		830,000	890,000	780,000	2,500,000	2,808,989
Communication and Visibility		24,900	26,700	23,400	75,000	84,270
Operation and Management cost (including field visits)		8,300	8,900	7,800	25,000	28,090
Project Coordinator - Programme Analyst NOB (year 1 and 6 months of year 2 will be covered by other funding)		58,500	58,500	58,500	175,500	197,191
Youth Analyst NOA		40,000	40,000	40,000	120,000	134,831
Sub-Total Management		131,700	134,100	129,700	395,500	444,302
Overall Subtotal		961,700	1,024,100	909,700	2,895,500	3,253,371
Indirect Cost (8%)		76,936	81,928	72,776	231,640	260,270
Levy (1%)		10,386	11,060	9,825	31,271	35,136
GRAND TOTAL		1,048,022	1,117,088	992,301	3,158,411	3,548,777

Population Council Budget

The Population Council										
Donor Name: Dutch										
Project Title: Adolescent girl's program in upper Egypt										
Period of Performance: January 1, 2021 - December 31, 2024										
Budget Summary										
Cost Element	Year 1		Year 2		Year 3		Year 4		Grand Total	
	01/01/21 - 12/31/21		01/01/22 - 12/31/22		01/01/23 - 12/31/23		01/01/24 - 12/31/24			
	USD	EUR	USD	EUR	USD	EUR	USD	EUR	USD	EUR
Total Salaries and Wages	\$ 104,329	€ 88,937	\$ 87,194	€ 74,330	\$ 91,274	€ 77,808	\$ 127,828	€ 108,968	\$ 410,626	€ 350,041
Total Fringe Benefits	\$ 27,433	€ 23,385	\$ 22,902	€ 19,523	\$ 23,971	€ 20,434	\$ 33,541	€ 28,592	\$ 107,846	€ 91,935
Total SubAwards	\$ 38,125	€ 32,500	\$ 84,630	€ 72,144	\$ 88,862	€ 75,751	\$ 46,652	€ 39,769	\$ 258,270	€ 220,165
Total Contractual Fees and Services	\$ 3,473	€ 2,960	\$ 1,694	€ 1,444	\$ 1,779	€ 1,516	\$ 1,867	€ 1,592	\$ 8,813	€ 7,513
Total Travel and Transportation	\$ 4,031	€ 3,436	\$ 5,077	€ 4,328	\$ 5,330	€ 4,544	\$ 5,598	€ 4,772	\$ 20,036	€ 17,080
Total Other Direct Costs	\$ 30,964	€ 26,395	\$ 25,882	€ 22,063	\$ 25,866	€ 22,049	\$ 29,758	€ 25,368	\$ 112,469	€ 95,876
Total Program Cost	\$ 208,355	€ 177,614	\$ 227,379	€ 193,831	\$ 237,082	€ 202,103	\$ 245,245	€ 209,061	\$ 918,060	€ 782,605
Indirect Cost	\$ 31,253	€ 26,642	\$ 34,107	€ 29,075	\$ 35,562	€ 30,315	\$ 36,787	€ 31,359	\$ 137,709	€ 117,391
Total Equipment > \$5K	\$ -	€ -	\$ -	€ -	\$ -	€ -	\$ -	€ -	\$ -	€ -
Total Proposed Budget	\$ 239,608	€ 204,256	\$ 261,486	€ 222,906	\$ 272,644	€ 232,418	\$ 282,032	€ 240,420	\$ 1,055,770	€ 900,000
The Council's budgeted direct costs are fully loaded to recover all costs necessary to successfully implement the project. "Direct costs" are costs that can be unequivocally attributed to a specific activity. Direct costs may include: (i) all costs related to the actual time devoted by the Council staff for the implementation and the management of the activities; (ii) the proportionate share of related costs of fringe benefits and other directly apportioned costs for personnel whose specific inputs are required; (iii) supplies purchased for project activities; (iv) additional program management costs providing technical support, quality control, supervision and management of the project technical and administrative staff necessary to achieve the results set out in the proposal.										

Implementing partner 2: EUR 204,256

5.3 Monitoring

5.3.1 Narrative and financial reports

The [USK](#) lays down separate rules for narrative reports: if the value of the activity is under €125,000, a work completion statement (P statement) is required instead of narrative reports. UNFPA: Narrative and financial reports as agreed in General Arrangement + Amendment
Population Council: Annual Narrative and Financial Report, Audit opinion on Financial Statement of Pop.Council, identifiable project contribution

In the case of additional requirements: specify what conditions must be set (e.g. greater frequency, criteria relating to content, etc.). Also indicate if there is some other means of oversight of activity implementation (e.g. via Board of Donors).

5.3.2 Audit opinion

Use the [audit certificate decision tree](#) to determine which type of audit opinion is required for the activity. Give a short explanation with the result of the decision tree.

Implementing partner 1 follows the standardized system of UN financial rules and regulations. Article VII and the Annex describe the work of the Board of Auditors and Additional terms governing the Audit of the United Nations.

DMM/CU will receive the implementing partner 1's Certified Annual Financial Statements, with references to the projects. These statements will be processed by the Netherlands' Permanent Representation in Geneva and DMM/CU. As the project information is very limited, the project officer and Sr. Financial Advisor at the Embassy should remain in open contact with the project management to remain informed on what is happening on the ground.

<https://unsceb.org/system/files/Finance%20%26%20Budget%20Network/Financial%20Regulations%20and%20Rules/fin/20030509.pdf>

Additional reports by the auditor:

If it is desirable for the audit opinion to be accompanied by an additional report on certain aspects, explain why (e.g. high-risk activity, poor management capacity on the part of the implementing organisation).

If the organisation itself also makes prepayments and reports on an accrual basis, the [audit protocol](#) (annexe to decision) should require the external auditor to report on the effectiveness of the control exercised by the organisation on the making of prepayments.

5.3.3 IATI - International Aid transparency Initiative

Is the organisation capable of reporting in accordance with the IATI standard, as set out in the BZ publication guidelines entitled 'How to use the IATI standard'?

<https://www.government.nl/documents/publications/2015/12/01/open-data-and-development-co-operation>)

The organisations will report on results in accordance with the IATI standard, as set out in the BZ publication guidelines.

If applicable: describe any information that must be included in the IATI publication/progress report in addition to the requirements in the publication guidelines, and how often this extra information is to be provided. E.g. a narrative text providing further clarification, certain results or standard indicators, photos or film footage.

The responsible policy departments will coordinate the policy dialogue with the aforementioned organisation to ensure that the IATI standard is implemented in accordance with the BZ/DGIS publication guidelines. These departments will also monitor progress, so the budget holder is not required to take any other action in this matter.

5.3.4 Annual plans and other reports**According to my infor****5.3.5 Monitoring calendar**

Set out the reporting requirements in the table below, to ensure they are accurately incorporated in the decision/agreement.

Implementing part- ner 1	Any specific requirements*	Period	Submission by
Report type			
Liquidityplan+re- quest for funds		[01-07-2021 to 30-06- 2022 1-07-2022 to 31-12-2022 01-01-2023 to 30-09- 2023]	01-06-2021 01-06-2022 01-12-2023
Annual Plan		01-11-2020 to 31-10- 2021	1-11-2020

		01-11-2021 to 31-10- 2022 1-11-2022 to 31-10-2023	15-10-2021 15-10-2022
Narrative* and Nar- rative IATI		01-11-2020 to 31-10- 2021 01-11-2021 to 31-10- 2022	31-12-2021 31-12-2022
Financial + CFS		01-11-2020 to 31-12- 2020 01-01-2021 to 31-12- 2021 01-01-2022 to 31-12- 2022	01-07-2021 01-07-2022 01-07-2023
Account of field visit	<i>This will be organized with the policy officer</i>		
Final narrative**		01-11-2020 to 31-10- 2023	01-08-2024
Final financial+CFS		01-11-2020 to 31-10- 2023	01-08-2024
Evaluation	<i>Baseline – Endline please see below under Population coun- cil</i>	[mm-mm]	[dd-mm-yy]
Policy research		[mm-mm]	[dd-mm-yy]
Others to be included			

Implementing part- ner 2	Any specific requirements*	Period	Submission by
Report type			
Annual plan		1-1-2021 to 31-12-2021	15-12-2020

		1-1-2022 to 31-12-2022	15-12-2021
		1-1-2023 to 31-12-2023	15-12-2022
		1-1-2024 to 31-12-2024	15-12-2023
Narrative* / Narrative IATI		1-1-2021 to 31-12-2021	1-3-2022
		1-1-2022 to 31-12-2022	1-3-2023
		1-1-2023 to 31-12-2023	1-3-2024
Financial		1-1-2021 to 31-12-2021	1-3-2022
		1-1-2022 to 31-12-2022	1-3-2023
		1-1-2023 to 31-12-2023	1-3-2024
Account of field visit	Will be arranged with the policy officer		
Final narrative**		1-1-2021 to 31-12-2024	1-4-2025
Final financial		1-1-2021 to 31-12-2024	1-4-2025
Audit		1-1-2021 to 31-12-2021	30-6-2022
		1-1-2022 to 31-12-2022	30-6-2023
		1-1-2023 to 31-12-2023	30-6-2024
		1-1-2024 to 31-12-2024	30-6-2025
Certified statement			
Evaluation	Baseline		30-05-2021
	Endline		30-04-2024
Policy research	Dates to be agreed upon once the program moves to the implementation phase		
Others to be included			

** Narrative / narrative IATI: reports on the contributions by third parties (inputs), outputs, outcome, sustainability and the spending of the Dutch contribution in accordance with the latest approved budget. If a financial report (other than the A statement) is submitted separately, please insert a line.*

In the case of IATI-compliant reporting, also refer to the additional reporting requirements specified under 5.3.3.

In this case, include the following text in the BEMO:

The organisation will report in accordance with the BZ publication guidelines on the IATI standard.

For more information about the narrative reports, please see 5.3.3.

*** See also the results given in section 5.3.1; if any additional criteria are desirable, insert them here.*

5.3.6 Evaluations

Use the [decision tree evaluations](#) to determine whether an evaluation is required for the activity. Explain in this paragraph.

Baseline, Midterm and Endline evaluations are a main element of the program.