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THIS ACTION IS FUNDED BY THE EUROPEAN UNION

ANNEX I

to the Commission Implementing Decision on the financing of the annual action plan part II in favour of
El Salvador for 2023

**Action Document for Girls and adolescents protected from gender-based violence
and early pregnancy in the Eastern region of El Salvador**

This document constitutes the annual work programme within the meaning of Article 110(2) of the Financial Regulation, within the meaning of Article 23 of the NDICI-Global Europe Regulation.

1 SYNOPSIS

1.1. Action Summary Table

<p>1. Title CRIS/OPSYS business reference Basic Act</p>	<p>Adolescent girls protected from gender-based violence and early pregnancy in the Eastern region of El Salvador OPSYS number: ACT 61861 Financed under the Neighbourhood, Development and International Cooperation Instrument (<u>NDICI-Global Europe</u>)/Overseas Association Decision/European Instrument for International Nuclear Safety Cooperation Regulation</p>
<p>2. Team Europe Initiative</p>	<p>No</p>
<p>3. Zone benefiting from the action</p>	<p>The Action shall be carried out in El Salvador</p>
<p>4. Programming document</p>	<p>Multi-annual Indicative Programme for El Salvador 2021-2027</p>
<p>5. Link with relevant MIP(s) objectives / expected results</p>	<p>The proposed Action intends to contribute to Priority 3 of the MIP (2021 - 2027), “Good Governance and Human Development”, especially to the following objectives and results:</p> <ul style="list-style-type: none"> • Specific objective 5. Women and girls’ empowerment. • Expected result 8. Gender public policy is coherent and operationalised, in particular in topics related to economic empowerment and sexual and reproductive health rights.
<p>PRIORITY AREAS AND SECTOR INFORMATION</p>	
<p>6. Priority Area(s), sectors</p>	<p>Priority Area: Good Governance and Human Development Sectors: Human Development Health Education Sexual and Reproductive Health Rights Gender Based-Violence (GBV)</p>

7. Sustainable Development Goals (SDGs)	Main SDG (1 only): SDG 5- Gender Equality (Targets: 5.2- all forms of violence against all women and girls elimination; 5.3- eliminate all harmful practices; 5.6- universal access to sexual and reproductive health and rights) Other significant SDGs (up to 9) and where appropriate, targets: SDG 3. Health and well-being for all SDG 16 (Peace, Justice and Strong institutions) SDG 17 (Partnerships)			
8 a) DAC code(s)	12261- Health Education 13020 - Reproductive health care 13030 - Family planning 13081 - Personnel development for population and reproductive health 15180 - Ending violence against women and girls			
8 b) Main Delivery Channel	United Nations Population Fund (UNFPA)			
9. Targets	<input type="checkbox"/> Migration <input type="checkbox"/> Climate <input checked="" type="checkbox"/> Social inclusion and Human Development <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Biodiversity <input checked="" type="checkbox"/> Education <input checked="" type="checkbox"/> Human Rights, Democracy and Governance			
10. Markers (from DAC form)	General policy objective @	Not targeted	Significant objective	Principal objective
	Participation development/good governance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aid to environment @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gender equality and women's and girl's empowerment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Trade development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reproductive, maternal, new-born and child health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Disaster Risk Reduction @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Inclusion of persons with Disabilities @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Nutrition @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RIO Convention markers	Not targeted	Significant objective	Principal objective
	Biological diversity @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Internal markers and Tags:	Policy objectives	Not targeted	Significant objective	Principal objective
	Digitalisation @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		YES	NO	

	digital connectivity digital governance digital entrepreneurship digital skills/literacy digital services	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Connectivity @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	digital connectivity energy transport health education and research	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Migration @ (methodology for tagging under development)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reduction of Inequalities @ (methodology for marker and tagging under development)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Covid-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUDGET INFORMATION				
12. Amounts concerned	Budget line: BGUE-B2023-14.020140 Total estimated cost: EUR 4 000 000 Total amount of EU budget contribution: EUR 4 000 000			
MANAGEMENT AND IMPLEMENTATION				
13. Type of financing¹	Indirect management through United Nations Population Fund (UNFPA) in accordance with the criteria set out in section 4.3.1.			

1.2. Summary of the Action

The proposed Action intends to enable adolescent girls to avoid pregnancy, live free from sexual violence and realise their rights to bodily autonomy in 14 Municipalities in the Eastern region of El Salvador.

The Expected Outputs are the following:

1. Adolescent girls are empowered to realise their rights, including Sexual and Reproductive Health and Rights (SRHR), gender equality, and the exercise of their bodily autonomy.
2. Increased awareness of female and male adolescents, youth and community members about the need to end harmful practices and transform the gender norms that sustain discrimination and curtail bodily autonomy and sexual and reproductive health and rights for adolescent boys and girls.
3. Strengthened capacity of health services to improve coverage of and access to comprehensive quality sexual and reproductive health services and information for adolescents and youth.
4. Strengthened essential services for adolescents, girls and women who are victims of gender-based violence.
5. Public - private partnerships are established, at national and local level, to accelerate the decrease of early unions and adolescent pregnancies as well as violence against girls.

The Action will follow a methodology that has been systematised and put into practice in the Western region of the country by UNFPA (with funding from Canada), and in collaboration with Government and non-Governmental

¹ Art. 27 NDICI

partners at the municipal level since 2017. It is also part of UNFPA’s Strategy to Achieve Zero Pregnancies in Girls and Adolescents.

The Action mainly targets SDG 5, underpinned by at least three sub- targets (5.2-violence against women and girls, 5.4- eliminate all harmful practices such as union before age 15, 5.6- gender equality and universal access to SRHR). It also targets in a significant manner SDG 3 about Health and Well-being (3.1– maternal mortality, 3.2 – neonatal mortality, 3.7 - sexual and reproductive health care, and 3.8 – Universal health coverage).

The Action will contribute to the realisation of the EU Gender Action Plan 2021-2025 GAP III², in particular to its thematic area of engagement “Promoting sexual and reproductive health and rights”.

2. RATIONALE

2.1. Context

El Salvador is classified as a low-middle-income by World Bank. The smallest country in Central America, it has a population of 6 325 827, where women represent 53.3% of the total. El Salvador has predominantly young people, with 26.6% between 15 and 29. The age group between 7 and 14 years is also important, representing 12.9% .

The country has experienced modest economic growth in recent decades (around 3%), but in El Salvador, the COVID-19 pandemic has had a significant negative impact on people’s lives and household incomes, in a country where nearly 75% of the workforce works informally. In 2021, growth showed signs of recovery supported by remittance-fuelled consumption and exports. El Salvador’s economy was expected to grow 4% in 2022, but this could be hindered by the impact of the Russian war of aggression against Ukraine which is pushing inflation high.

The poverty rate (based on a poverty line of US\$5.5 per person per day) had decreased from 39% in 2007 to 22.3% in 2019 but due to the COVID-19 pandemic the national poverty rate increased to 24.6% and 27% in the rural areas.

In March 2022, an exceptional surge in homicides led Congress to vote for a State of Emergency temporarily restricting constitutional guarantees such as defence rights or inviolability of communications. The President led a virulent tweet campaign against gang members. Notwithstanding, President Bukele continues to enjoy strong popular support, largely because of the huge decline in murder rates since August 2019.

Social and economic development is concentrated in the capital and surrounding municipalities. Although exclusion and poverty are consistent throughout the country, the Eastern area stands out for having poverty indicators that explain the disadvantaged situation of its population. For example, the Eastern region, which includes the departments of Usulután, San Miguel, Morazán and La Unión, has a monthly per capita income below the national average, as well as the highest economic dependency ratio in the country (1.51). In this region, 26 % of households are in extreme and relative poverty and have the country’s lowest average level of schooling with 6.17 grades. Additionally, migration determines population dynamics in this region, since 15% of its population is abroad and 37% of households receive remittances (the highest percentage of the country’s three regions).

Despite some progress on women’s rights has been achieved, gender inequalities persist and are significantly manifested in the field of sexual and reproductive health and reproductive rights (SRHR). Global Gender Gap Index 0.727, rank 59th.

Sexual and reproductive rights are protected by international legislation regarding human rights; among the main ones ratified by El Salvador are the following: Universal Declaration of Human Rights (1948), International Convention for the Elimination of All Forms of Discrimination against Women (1981), Inter-American Convention to prevent, punish, and eradicate violence against women Belem Do Pará; Plan of Action of the International Conference on Population and Development (ICPD +25) and the Montevideo Consensus (2013). At national level are identified the National Policy for Women, the Law of Equality, Equity, and Eradication of

² JOIN (2020)17, on 25.11.2020 [...] *EU Gender Action Plan (GAP) III, welcomed through Presidency Conclusions by 24 Member States [...]*

Discrimination against Women and especially, Comprehensive Special Law for a Life Free of Violence for Women.

With approximately one third of all births taking place to women under age 19, the issue of pregnancy in girls and adolescents is a matter of concern at the national and local level and a priority among state institutions. In 2016, the number of girls enrolling and pregnant adolescents reached 21,407 cases and, in the last five years, 121 456 have had to stop their life project due to maternity. From a comprehensive perspective, these girls and adolescents have seen their rights violated, including right to health. They have not been able to complete their schooling, to live free of all type of violence (especially sexual violence), to have the skills necessary to earn income now and in the future, to have access to recreation. In short, adolescents are prevented from making their full life project and enjoying comprehensive protection. The situation raised is complex and to overcome it, it requires that state institutions develop actions and interventions that manage to influence the guarantee of the rights of adolescents girls, including the improvement of their conditions of life, as well as in the transformation of sociocultural patterns in the Salvadoran society. However, this will only be possible if state institutions work in an articulated, and from a comprehensive approach, in which they actively involve municipalities, communities and families and other actors linked to their immediate surroundings.

Addressing adolescent pregnancy requires a wide range of services and support from health, youth services, education systems and others. Due to this, the country has adopted and is implementing a National Intersectoral Strategy for the Prevention of Pregnancy in Girls and Adolescents (ENIPENA 2017-2027) that contains a programmatic framework until 2027 that responds to a series of challenges identified in the analysis of the problem and through studies, among which stand out: strengthening the families to fulfil their role of protection; encourage new patterns cultural that promote gender equality; guarantee a life free from sexual violence and without discrimination; guarantee access to justice; maintain the educational trajectory of girls and adolescents; guarantee access to comprehensive sexuality education and access to friendly services of sexual and reproductive health, among others. For these reasons, the national strategy framework defined three axes of intervention: a) prevention, b) special protection, access to justice and restitution of rights and c) knowledge management.

Despite these institutional efforts, the Eastern zone registered adolescent pregnancy rate of 25% (above the national rate of 22.6%) and the highest reported level of sexual violence in the country in 2021.

The adolescent pregnancies map, produced by UNFPA, reports a decline in adolescent pregnancies up to 2019, and both during and post-pandemic. A slowdown in this rate of reduction has been observed however, and at the national level in 2021, the Ministry of Health registered a total of 12 467 prenatal registrations among girls aged 10 to 19 of whom 530 were 12 years of age or younger.

Aligned with the ENIPENA, UNFPA has developed a gender-transformative municipal model for the elimination of adolescent pregnancy that has been systematised and put into practice, in collaboration with Municipalities, Government and non-Governmental partners at the municipal level with good results in reducing pregnancy rates in girls and adolescents.

The prevalence of sexual violence throughout life is represented by 69% of women aged 30 to 40 years, while, for older women, 49 out of 100 affirmed having experienced events of sexual violence. It is important to highlight that adolescents and young people between the ages of 15 and 19.53% have experienced at least one act of sexual violence at an early age.

It is worth mentioning that, over the past years, the EU has been a strong supporter of education, to prevent violence in El Salvador, in particular against girls and women, which is a key strategy to prevent early pregnancies that, in many cases, are consequence of sexual violence. In that sense, the proposed Action will also build on progress achieved in the Spotlight initiative, implemented by specialised agencies of the United Nations System, including UNFPA. The Spotlight Initiative left capacities installed in key institutions for the response and prevention of gender-based violence (GBV) from a multisector perspective, including sensitised and trained personnel for the provision of essential services, as well as work methodologies for the prevention and transformation of social norms and harmful cultural practices against girls, adolescents and women.

The proposed Action will be implemented in 14 municipalities, in the Eastern coastal zone of El Salvador, which belong to the departments of Usulután, San Miguel, and La Unión. The 14 municipalities are located in the coastal

strip, characterised by high environmental vulnerability due to seismic activity, floods, and drought. Forest degradation aggravates the usual floods in the lower basin, and droughts occur in the upper basin even during the rainy season. Their principal economic activity is agriculture and livestock. These municipalities are characterised by high percentages of the population living in extreme poverty. They are areas that have historically been affected by migration and are dependent on remittances. The level of poverty of this region and the scarce economic resources of families are ones of the factors that influence social violence and gender violence. The intervention proposed has been fully integrated into the UNFPA Country Programme 2022-2026.

Over the past years, the EU has been a strong supporter of education as a means to preventing violence in El Salvador, in particular against girls and women. This has been a key strategy to prevent early pregnancies which – in many cases - are a consequence of sexual violence. In El Salvador, girls and adolescents face conditions of greater vulnerability that expose them to being victims of sexual violence. Unequal power relations between men and women predominate, relationships of domination and violence are exerted by men on women, and women and girls suffer exclusion by reason of gender and age. This situation, in many cases, results, in early unions and pregnancies, abandonment of the educational process and fewer opportunities development, among others.

In that sense, the proposed Action will also build on progress achieved in the Spotlight Initiative, implemented by specialised agencies of the United Nations System, including UNFPA. The Spotlight Initiative strengthened capacities in key institutions for the response and prevention of gender-based violence (GBV) from a multisectoral perspective, including by sensitising and training personnel for the provision of essential services and the development of methodologies for the transformation of social norms and harmful cultural practices that are critical to preventing violence against girls, adolescents and women.

2.2. Problem Analysis

Specific problems

Pregnancy and motherhood in adolescent girls is a sensitive issue in El Salvador. Pregnancy and early motherhood affect lives significantly and are linked to multiple complex situations such as sexual violence, and are influenced by harmful social norms that enable discrimination against and exclusion of women at all stages of life.

Pregnancy, during the childhood and adolescence, is of concern as it : i) generates problems of health in the pregnant woman and in the fetus; ii) causes discontinuity in their educational process, sometimes aggravated by expulsion from the educational system as a consequence of moral judgment; iii) limits the options to find and carry out an activity paid labour in the formal sector; and iv) is more common among poor people, thus generating the transmission circle intergenerational poverty; v) occurs at outside of stable relationships, for what parenting ends up in charge of mothers and their families of origin; and vi) is frequent that its origin is the product of a violation by of adults.

According to the latest map of adolescent pregnancy published by UNFPA in 2021, 48 adolescent pregnancies are registered daily in El Salvador, of which two are of girls between 10 and 14 years of age. The Institute of Forensic Medicine reports six daily reports of sexual violence of girls between 10 and 19 years of age of which 53% are under 14 years of age. In 2021 the estimated coverage of adolescents expected to be attending high school was only 49.5% indicating that half of the adolescents were not in the educational system. The evidence is clear that remaining in school is a key protective element against teenage pregnancy.

The situation is aggravated when teaching staff do not have the skills to teach comprehensive sexuality education, while it is difficult to find, outside the school, adequate information that responds to age-appropriate concerns about sexual and reproductive health. In addition, conservative groups, especially of a religious nature, are fiercely opposed to adolescents receiving comprehensive sexuality education by any means which further limits the options for this population.

The development of vulnerable adolescent girls is characterised by a sexist context which stymies their empowerment and their realisation of bodily autonomy. There are limited spaces promoted by the state for the

development of capacities and empowerment of adolescent girls that allow them to develop life projects and leadership that would allow them to seize their maximum potential.

Family dynamics are based on ideologies passed on from generation to generation that normalise exclusion and violence against women. In fact, it is within families that most acts of sexual violence against adolescents and other harm to children and women rights take place. Families are not the protective space they should be. In relation to sexual crimes, the Institute of Legal Medicine carried out, in 2015, a study on 2 048 women, which presents a daily average of six victims of sexual violence; that is, one every four hours. Of the total cases, 1 634 were against girls and adolescents aged 19 or less - 80% of the total number of victims are women-.(UNFPA, 2016). Among the main perpetrators of crimes against women, it was identified that the 80% had close relationships with them. Among them, 28% was in the category of "acquaintances"; 23% were family members, which includes step-parents, cousins, grandparents, nephews, uncles, among others. 24% had identified as perpetrators "partners" or "ex-partners" or the "boyfriends"; 6% were neighbours and 20% were classified as pregnancy and sexual violence against girls and teenagers.

Although the Ministry of Health has strategies such as adolescent-friendly health services that facilitate work with this group of population and the governmental programmatic offer contemplates adolescent health, the resources allocated are insufficient to cover the entire country. Most health personnel are not trained and many have strong prejudices that limit the delivery of adequate care. Furthermore, the physical spaces for the attention of this population are not adequate and, in many occasions, there is a lack of contraceptive methods to prevent unintended pregnancies.

Adolescents tend not to demand sexual and reproductive health services because of lack of knowledge about its availability in the Ministry of Health or because in the past they may have had unpleasant experiences related to deficient attention or cultural barriers.

In terms of sexual violence, at the municipal level, there is limited coordination between the competent authorities and inadequate case management which can foster re-victimisation and, in many cases, puts victims and their families at risk. In addition, victims are unaware of the means for filing complaints, thus many cases never get to the competent authorities, promoting impunity for aggressors and increasing the under-reporting of cases.

Stakeholders

According to the Adolescent Pregnancy Map (UNFPA 2021), 9 of the 14 departments of the country have adolescent pregnancy rates above the national rate (25.17% versus 22%). There are four areas of the country that concentrate these persistent rates of adolescent pregnancy and that require concentrating inter-institutional efforts. One of these areas is the target of this project.

At the national level, there is a *National Committee for Prevention of Pregnancy in Girls and in Adolescents* that is made up of personal managerial level delegated by the institutions which are directly linked to the implementation of the strategy, which are the following: National Council for Children and Adolescence (CONAPINA), Ministry of Health, Ministry of Education, Ministry of Justice and Public Security, Salvadoran Institute for the Development of the woman (ISDEMU), National Youth Institute (INJUVE), Salvadoran Institute for Development and CSOs.

UNFPA will coordinate with these actors, at national level, and with their representatives at local level.

14 local governments will be key partners of the Action, as well local women's and youth organisations and CSOs. They will work together to promote the municipal intervention model for the prevention and care of adolescent pregnancy in the municipalities with persistent rates since 2015, to convert them into "Municipalities Zero pregnancies in girls and adolescents".

3. DESCRIPTION OF THE ACTION

3.1. Objectives and Expected Outputs

The **Overall Objective** (Impact) of this Action is:

To reduce sexual violence and pregnancy among adolescent girls in El Salvador.

The **Specific Objective** (Outcome) of the Action is :

To enable adolescent girls to avoid pregnancy, live free from sexual violence and realise their rights to bodily autonomy in 14 Municipalities in the Eastern region of El Salvador.

The **Outputs** to be delivered by this Action contributing to the corresponding Specific Objective (Outcome) are:

1. Adolescent girls are empowered to realise their rights, including sexual and reproductive health rights (SRHR), gender equality, and the exercise of their bodily autonomy;
2. Increased awareness of male and female adolescents, youth and community members about the need to end harmful practices and transform the gender norms that sustain discrimination and curtail bodily autonomy and sexual and reproductive health rights for adolescent boys and girls;
3. Strengthened capacity of health services to improve coverage of and access to comprehensive quality sexual and reproductive health services and information for adolescents and youth;
4. Strengthened essential services for adolescents, girls and women who are victims of gender-based violence;
5. Public-private partnerships established, at national and local level, to accelerate the decrease of early marriage and adolescent pregnancies as well as violence against girls.

3.2. Indicative Activities

Activities relating to **Output 1. Adolescent girls are empowered to realise their rights, including Sexual and Reproductive Health Rights (SRHR), gender equality, and the exercise of their bodily autonomy.**

Activities will work to increase the participation of adolescent girls, especially the most vulnerable, in empowerment, participation and leadership processes to realise their sexual and reproductive rights, and bodily autonomy, through: 1) Roll-out of rights awareness methodology “Girls leaders for life”; 2) Scholarships from the “Achieve your dreams” programme to maintain girls in the school; 3) The delivery of economic empowerment actions targeting teenage mothers to promote economic autonomy and independence; 4) Awareness raising among families to promote a better understanding of the rights of adolescent girls; 5) Adolescent and youth leadership initiatives to raise the voices and contributions of young people in their communities.

Activities relating to **Output 2. Increased awareness among male and female adolescents, youth and community members about the need to end harmful practices and transform the gender norms that sustain discrimination and curtail bodily autonomy and sexual and reproductive health rights for adolescent boys and girls.**

Activities addressing this output will target the transformation of the norms, knowledge, attitudes and practices that enable discrimination of adolescent girls through: 1) Comprehensive sexuality education to young people both in and out of the school; 2) Awareness raising strategies among communities, families and local actors about the risks of early pregnancy and the negative effects of early marriage on well-being as well as the role played by sexual and gender-based violence. Activities will focus on art, music, communities festivals, theatre and others; 3) Building positive masculinities in adolescent and young men and service providers; 4) Sexual and gender-based violence prevention actions with service providers and youth leaders; 5) Communication actions to mobilise communities against early pregnancy and unions and sexual and gender-based violence.

Activities relating to **Output 3. Strengthened capacity of health services to improve coverage of and access to comprehensive quality sexual and reproductive health services and information for adolescents and youth.**

Activities will focus on improving the response of the Health Services to the sexual and reproductive health needs of adolescents through: 1) Adapting inclusive and friendly SRH services; 2) Developing diverse and digital strategies to access information and counselling; 3) Reducing gaps in the supply of contraceptive services (and commodities) and SRH services; 4) Developing knowledge and competencies among health providers to attend adolescents; 5) Accelerating community and youth participation and accountability mechanisms to monitor and improve the access to SRH.

Activities relating to **Output 4. Strengthened essential services for adolescents, girls and women who are victims of gender-based violence.**

Activities will support the improvement of a comprehensive response to sexual and gender-based violence to adolescent girls and women through: 1) Developing or strengthening municipal networks for case management and referral (including roadmaps, georeferenced services); 2) Developing or reviewing emergency protocols of response and monitoring effectiveness; 3) Awareness-raising and training to the national protection system for essential and comprehensive services women/girls centred (SNPNA), 4) GBV services gap marker at municipal level applied and monitored; 5) Coordinating and implementing action between the Justice System and the Childhood and Adolescence Protection System.

Activities relating to **Output 5. Public-private partnerships are established, at national and local level, to accelerate the decrease of early unions and adolescent pregnancies as well as violence against girls**

Activities will promote more engagement of public institutions (Ministry of Health, Ministry of Education, Ministry of Justice, CONAPINA, INJUVE and ISDEMU) and private stakeholders (such as civil society organisations and women and youth organisations), at local and national level, to accelerate the reduction of adolescent pregnancies. At local level, the project will define local arrangements and partnership strategies to implement the model: 1) Establishment of agreement with each municipality; 2) Creation of the Achieving Zero Local Team with the relevant local and community actors; 3) Capacities development for the local team in the different components of the model; 4) Production and update of data for guiding the local interventions. 5) Map of relevant actors to mobilise at the local level (including diaspora). At national level, the project will coordinate with other efforts promoted by UNFPA with Government, CSOs and donors (Canada) in this area (through the Achieving Zero Adolescent Pregnancy Partnership Platform), to share knowledge, evidence and experience.

3.3. Mainstreaming

Environmental Protection & Climate Change

Outcomes of the SEA screening (relevant for budget support and strategic-level interventions)

The Strategic Environmental Assessment (SEA) screening concluded that no further action was required.

Outcomes of the EIA (Environmental Impact Assessment) screening (relevant for projects and/or specific interventions within a project).

The EIA (Environment Impact Assessment) screening classified the action as Category C (no need for further assessment).

Outcome of the CRA (Climate Risk Assessment) screening (relevant for projects and/or specific interventions within a project).

The Climate Risk Assessment (CRA) screening concluded that this action is no or low risk (no need for further assessment).

Gender equality and empowerment of women and girls

As per the OECD Gender DAC codes identified in section 1.1, this action is labelled as **G2**.

The EU and UNFPA recognise that progress in the promotion of gender equality and the empowerment of women, adolescents and girls is necessary to put an end to all situations of discrimination and violation of rights. Such is the case of sexual and gender-based violence and early pregnancy with its origins in deeply rooted and unequal power relations. These inequalities create intergenerational gender disadvantages that limit the integral development of girls, their realisation of their rights and their ability to take advantage of life opportunities that could enable them to break the cycle of poverty and violence.

To respond to these problems, the Action proposes a series of strategies and specific actions to contribute to the transformation of social and gender norms and practices that sustain discrimination and gender violence. It also contemplates the implementation of actions in coordination with national and local actors that contribute to the empowerment of adolescents, so that they can be autonomous, exercise their rights, particularly sexual and reproductive health rights (SRHR), in an informed and responsible manner without being subjected to coercion, abuse or violence, and aims to contribute to the improvement of services, particularly those that address violence prevention and timely and quality care.

Human Rights

For the EU and UN system and UNFPA, the principle of Leaving No One Behind (LNOB) is inherent to guaranteeing the Human Rights of the most vulnerable, and implies that all interventions contribute to ensuring that groups and individuals, who are disadvantaged and discriminated, have equal access to the benefits and resources of programming and, therefore, are not left behind for any reason or condition of race, colour, ethnicity, gender, age, language, disability, sexual orientation, gender identity and religion, political or other opinion, national, social or geographic origin, property, birth or other status.

In this sense, the Action will contribute to ensuring that, at the national and territorial level, adolescents, girls, youth and community members, particularly from vulnerable groups such as: People with Disability, LGBTI, from rural settings, poor and excluded, as well as IDPs and socio-cultural minorities, are more able to realise their rights. To this end, the Action will implement inclusive activities to strengthen the family, community and institutions to respect, protect and enforce human rights, including SRHR, particularly for adolescent girls.

Disability

As per OECD Disability DAC codes identified in section 1.1, this action is labelled as D1.

El Salvador ratified the United Nations Convention on the Rights of Persons with Disabilities in 2007. It recognises people with disabilities as subjects of law and therefore they have the right to expect appropriate education about their sexuality to become self-determined individuals.

The CDPD emphasizes that are women and girls with disabilities who run the greatest risk of being exercised on them, sexual abuse, violence, mistreatment, or sexual exploitation. The physical and cultural barriers they face prevent them from exercising their right to receive adequate education, information and services. People with disabilities face specific vulnerable conditions that require specialised and unique services in order to exercise the practice of these rights with full guarantee.

For the EU and UNFPA, the principles of leaving no one behind and "reaching the furthest behind are premises in achieving the inclusion and empowerment of persons with disabilities, with respect to the guarantee and exercise of their human rights, including SRHR, and seek to advance in ensuring universal access to sexual and reproductive health; reducing maternal mortality; reducing the unmet need for contraceptive methods; eradicating gender-based violence and harmful practices, particularly early unions and teenage pregnancies.

Therefore, the Action aims to ensure that people with disabilities, particularly adolescent girls, are part of the activities that will be implemented, with the objective of achieving equality and that persons with disabilities take control over the right to make their own decisions about their bodies, their health and their lives.

Democracy

The EU and UNFPA consider participation from the furthest left behind population a crosscutting issue in all its interventions. Particularly, in this Action, peer-to-peer dialogues between adolescents and youth, as well as inter-generational exchanges will be key to achieve project objectives. Furthermore, encouraging civil society, represented by community members and organisations, to establish constructive dialogues with local and national authorities, as part of peace building and democratic culture UN objectives at local and community level.

Conflict sensitivity, peace and resilience

The current democratic model in El Salvador is based on the 1992 Peace Agreements and, consequently, it is a matter of giving continuity to a mechanism that allowed for the solution of the Salvadoran social conflict without the use of weapons and based on dialogue. The Action will contribute to a more participative, equitable and transparent democracy in El Salvador.

In September 2021, HQ launched a Conflict Analysis for El Salvador. One of the recommendations for good governance was to explore options to combat misinformation and improve education, in collaboration with civil society, in order to inform the population about the impact of government measures on daily life, as well as about the risks of misinformation, about fiscal transparency, etc.

Disaster Risk Reduction

The 14 municipalities are located in the coastal strip, characterised by high environmental vulnerability due to seismic activity, floods, and drought. Forest degradation aggravates the usual floods in the lower basin, and droughts occur in the upper basin even during the rainy season. Although the Action has no significant environmental impacts, it may face disaster and environmental constraints. It is classified as low disaster risk because the occurrence of the hazard event should not affect, in a significant way, the achievement of outcomes. However, the project would take into account mitigation measures that include cooperation with services provided through EUROCLIMA and other regional disaster risk management programmes in order to reduce the vulnerabilities of selected municipalities and beneficiaries of the action.

Other considerations if relevant

N/A

3.4. Risks and Lessons Learnt

Category	Risks	Likelihood (High/ Medium/ Low)	Impact (High/ Medium/ Low)	Mitigating measures
1-to the external environment;	Environmental impact, and areas affected by floods, droughts and volcanic risk.	Medium	Medium	Constant communication with Civil Protection institutions to prevent risks, carry out interventions in places previously identified as safe. Adjustment of processes to a remote or virtual methodology if necessary. Adjustment of timelines if necessary.
	New wave of COVID-19 infections that make it difficult to carry out group activities or activities with a higher concentration of people.	Low	Low	Promote and keep biosafety protocols in the project's actions, such as carrying out activities in large places that allow a safe distance, providing masks and alcohol gel, and other recommendations by the Ministry of Health.
2-to planning, processes and systems	Non-compliance with contractual commitments by suppliers, fraud, failure of implementing partners to deliver results.	Low	Low	Application of institutional anti-fraud and corruption policies. Lead a monitoring and follow-up system with implementing partners to ensure the achievement of project goals and objectives. Rigorous financial control. Technical support to implementing partners and lobbying at the governmental level and with local authorities.
3-to people and the organisation;	Situational context due to the pre-electoral/ electoral period that leads municipal governments to concentrate their actions on the political campaign	High	High	Strengthen project governance with representation from national and local level institutions, UNFPA staff, implementing partners and community leaders. Advance in the preparation of conditions to accelerate the implementation of the project and adjust the plan and timeline to avoid public activities during the pre-electoral/electoral period.

Category	Risks	Likelihood (High/Medium/Low)	Impact (High/Medium/Low)	Mitigating measures
4-to legality and regularity aspects;	Crime and violence (homicides, crossfire, robbery, rape, intimidation), presence of criminal groups.	Medium	High	Implementation of institutional security policy in the community. Coordination with the institutions in charge of security in order to have safe spaces to implement the actions of the project in the territory, as well as coordination with local governments to accompany the project activities.
	Change in the administrative and political distribution of the country's municipalities.	Medium	High	UNFPA keeps high-level discussions with authorities to try to anticipate a change of this magnitude and make arrangements for adjusting our information dashboard and adjust the reorganisation of our work at local level if needed.
5-to communication and information	Adverse national public opinion and intervention from political, religious and community power groups with conservative positions regarding comprehensive sexuality education and prevention of gender violence, which represents a barrier to the development of activities and the delivery of content to participants.	Medium	High	Generation of agreements with local governments for the implementation of the project. Support of the national authorities through the creation of a National Steering Committee. Coordination with other civil society organisations to generate alliances. Awareness-raising processes in the communities, religious leaders, parents and mothers and fathers on the impact of violence against children and adolescents and teenage pregnancies in order to counteract opposition to the development of the topics. A social media strategy with positive messages about these topics with different community and actors voices.
6-to people and the organisation;	Migration by project participants due to economic or other reasons	Medium	High	Identification of government initiatives that encourage non-migration and connect them with the people participating in the project.

Lessons Learned:

- The involvement of local authorities from the beginning of the project contributes to the effective execution and coordination of actions, so their participation in the governance and implementation committees should be taken into account;
- Synergies should be created with civil society organisations and governmental institutions present in the intervention territories to achieve an articulation with inter-institutional work plans that favour the achievement of project objectives;
- Recognise the local, social and organisational assets of the municipalities in order to take advantage of the existing social fabric and the capacities of local actors and foster an environment of collaboration, co-responsibility and transparency;
- Encourage the participation of adolescents and young people in the coordination and implementation of actions so that they become protagonists and take ownership of the project;
- Maintain a constant dialogue with governmental institutions, promoting their participation in decision-making and coordination of the project at all levels of intervention;
- Involve families and communities in the project's awareness-raising processes;
- Strengthening local governments for the management of the municipal care model for the prevention of teenage pregnancy;

Category	Risks	Likelihood (High/ Medium/ Low)	Impact (High/ Medium/ Low)	Mitigating measures
				- Adjust the different strategies to the specific context of each community. For this reason, the initial baseline will allow adjustment of methodologies, approaches and rhythms and speeds at local level.

3.5. The Intervention Logic

IF adolescent girls increase their knowledge and awareness about their rights and bodily autonomy, *IF* adolescent girls have the opportunity to continue their education and receive comprehensive sexual education, *AND* adolescent girls do not face barriers (familiar, social, context, environment) that disrupt their life opportunities, *THEN* adolescent girls will be more empowered to increase their participation, exercise their SRH rights and bodily autonomy and achieve equality

IF these empowerment actions are carried out in an enabling environment, where local actors and community members raise their awareness around the issues of early pregnancy, early unions and gender based violence and develop community actions of zero tolerance to these harmful practices, *AND* conservative movements do not prevent the activities to reach the community and local actors, *THEN* the social, gender norms and practices that sustain discrimination and limit bodily autonomy and sexual and reproductive health rights for adolescent girls could be changed.

IF health facilities have adolescent-friendly spaces, with personnel trained to provide high quality assistance and information, that are also stigma-free and sensitised about the specific SRH needs of the most left-behind population and have adequate supply of contraceptives, *IF* communities are prepared to deliver appropriate SRH information and referral for adolescents and women through effective and innovative means; *AND* there's political willingness from national and local actors to support the access to SRH services for adolescent and young people, *THEN*, health services providers will have the capacity to improve coverage and facilitate access to comprehensive quality services and information on sexual and reproductive health for adolescents and youth.

IF service providers are sensitised and trained about GBV case management so they can give a comprehensive and survivor-centred approach response; *IF* the local coordination of different actors (national institutions, local government, local CSOs and community actors) is strengthened and local referral systems are in place and working effectively, *THEN* the capacity of care and assistance services for adolescent girls and women who are victims of gender-based violence will be strengthened.

IF local and national key actors are engaged and implement coordinated actions to reduce adolescent girls' vulnerability to harmful practices (early unions and teenage pregnancies), through joint efforts, *THEN* the scope, effectivity and sustainability of the public and private partnerships will be established to accelerate the decrease of early unions and pregnancies and violence against girls.

IF the previous activities are undertaken and the outputs delivered, *AND* there's institutional support at national level, *THEN* the project will prevent pregnancy and violence against adolescent girls in the municipalities of the project and contribute in the long run to reduce pregnancy in adolescent girls.

3.6. Logical Framework Matrix

- a. PROJECT MODALITY (3 levels of results/indicators/ Source of Data/Assumptions-no activities)

Results	Results chain (e): Main expected results (maximum 10)	Indicators (e): (at least one indicator per expected result)	Baselines (values and years)	Targets (values and years)	Sources of data	Assumptions
Impact	To reduce sexual violence and pregnancy among adolescent girls in El Salvador.	Specific fertility rate in adolescents aged 15-19 years is reduced in the Eastern region of El Salvador 67 births per 1 000 women ages 15-19 (2020 - last data available)		1. 2027 (TBC) reduced by X % 2. 2027: Reduced by 4%	1. MoH 2.MoH	<i>Not applicable</i>
Outcome 1	To enable adolescent girls to avoid pregnancy, live free from sexual violence and realise their rights to bodily autonomy in 14 Municipalities in the Eastern region of El Salvador.	1.1.Early pregnancy rates (Girls from 10 to 19 years old) decrease in # % in the 14 municipalities. 1.2. % of adolescent girls under 19 years old who have or have had a marriage or non-marriage relationship in the 14 municipalities. 1.3.# cases of sexual violence in girls aged 10 to 19 reported in the 14 municipalities.	1.1 (2021) 28 pregnancies per 1000 girls from 10 to 19 years (2021) 1.2 (2023) TBC with project baseline 1.3 (2021) 158 girls victims aged 10 to 19 (2021)	1.1 (2027) TBC 1.2 (2027) TBC 1.3 (2027) TBC (increase in reporting)	1.1 MOH 1.2 Project baseline and annual reports 1.3 Legal Medicine Institute	National policies allow addressing issues related to sexual and reproductive health and the prevention of gender violence.
Output 1 relating to Outcome 1	1.1 Adolescent girls are empowered to realise their rights, including Sexual and Reproductive Health Rights (SRHR), gender equality and the exercise of their bodily autonomy.	1.1.1 # of adolescent girls who participate in empowerment processes at the municipal level. 1.1.2 # of adolescents and young people, particularly the most discriminated, leading actions to promote sexual and reproductive health, gender equality and human rights. (disaggregated by sex)	1.1.1 (2023) 0 1.1.2 (2023) 0	1.1.1 2027 (TBC) 1.1.2 (2027) TBC	1.1.1 Project baseline and annual reports 1.1.2 Project baseline and annual reports	Local institutions are willing to work together despite different political dispositions.

Output 2 relating to Outcome 1	1.2. Increased awareness among male and female adolescents, youth and community members about the need to end harmful practices and transform the gender norms that sustain discrimination and curtail bodily autonomy and the realisation of sexual and reproductive health rights for adolescent boys and girls.	1.2.1. % of people who "strongly agree" or "agree" with respect to social and gender norms that favour the exercise of bodily autonomy by girls has increased in the 14 municipalities (disaggregated by sex)	1.2.1. (2023) 0	1.2.1 2027 (TBC)	1.2.1 Project baseline and annual reports	The social and community environments favour participation free of risks to the integrity of adolescents and women in project activities.
		1.2.2. % of girls, boys and adolescents who have improved knowledge, attitudes, and practices regarding CSE and positive masculinities. (disaggregated by sex)	1.2.2 (2023) 0	1.2.2 2027 (TBC)	1.2.2 Project baseline and annual reports	
		1.2.3. % of young people receiving comprehensive sexuality education, disaggregated at least by sex. (GAP III ³)	1.2.3 (2023) 0	1.2.3 2027 (TBC)	1.2.3 Project baseline and annual reports	

³ JOIN (2020)17, on 25.11.2020 [...] EU Gender Action Plan (GAP) III, welcomed through Presidency Conclusions by 24 Member States [...]

<p>Output 3 relating to Outcome 1</p>	<p>1.3. Strengthened capacity of health services to improve coverage of and access to comprehensive quality sexual and reproductive health services and information for adolescents and youth.</p>	<p>1.3.1 # of young people and adolescents who have received care on SRH at the first- level/second-level health facilities (disaggregated by sex)</p>	<p>1.3.1 (2023) 0</p>	<p>1.3.1(2027) TBC</p>	<p>1.3.1 MoH</p>	<p>Local health institutions have the endorsement of their authorities to actively participate in the intersectoral articulation of actions proposed by the project.</p>
		<p>1.3.2 # of young people and adolescents using modern contraceptive methods (by age, sex, and type of method) in the municipalities of the coverage area (disaggregated by sex)</p>	<p>1.3.2 (2023) 0</p>	<p>1.3.2.(2027) TBC</p>	<p>1.3.2. MoH</p>	
		<p>1.3.3 % of health facilities certified with the model of care of friendly services for adolescents in 14 municipalities.</p>	<p>1.3.3. (2023) 0</p>	<p>1.3.3. (2027) TBC</p>	<p>1.3.3 MoH</p>	
		<p>1.3.4. Number of women, men and adolescents of reproductive age using modern contraception methods with EU support (EURF 2.6) (GAP III⁴)</p>	<p>1.3.4. (2023) 0</p>	<p>1.3.4. (2027) TBC</p>	<p>1.3.4. MoH</p>	
		<p>1.3.5. Extent to which SRHR-sensitive policies, strategies and programmes introduced by partner government on: a) ending harmful practices e.g. child marriage and female genital mutilation; b) adolescent SRHR; c) comprehensive sexuality education; d) family planning; e) removal of third parties consent for contraception; f) control of sexually transmitted infections including HIV and AIDS; g) cancer screening (GAP⁵ III)</p>	<p>1.3.5. (2023) 0</p>	<p>1.3.5. (2027) TBC</p>	<p>1.3.5.MoH</p>	

<p>Output 4 relating to Outcome 1</p>	<p>1.4. Strengthened essential services for adolescents, girls and women who are victims of gender-based violence.</p>	<p>1.4.1 % of 14 the municipalities that have active networks of attention and prevention of gender violence</p> <p>1.4.2 # of officials of institutions of the Justice System and the Childhood and Adolescence Protection System coordinating and implementing actions for the prevention and care of gender violence at municipal level (disaggregated by sex)</p> <p>1.4.3 # of municipalities that implement the strategy "Networks of safe spaces</p>	<p>1.4.1 (2023) 0</p> <p>1.4.2 (2023) 0</p> <p>1.4.3. (2023) 0</p>	<p>1.4.1.(2027) TBC</p> <p>1.4.2. (2027) at least 20 official</p> <p>1.4.3. .(2027) TBC</p>	<p>1.4.1 Project baseline and annual reports</p> <p>1.4.2 Project baseline and annual reports</p> <p>1.4.3. Project baseline and annual reports</p>	<p>Local officials are willing to strengthen their personal and institutional capacities to improve the care and prevention mechanisms for gender-based violence.</p>
<p>Output 5 relating to Outcome 1</p>	<p>1.5 Public-private partnerships are established, at national and local level, to accelerate the decrease of early unions and adolescent pregnancies as well as violence against girls</p>	<p>1.5.1. # of municipal committees for preventing adolescent pregnancies installed and functioning in the 14 municipalities.</p> <p>1.5.2. # of national and local partners that are involved in the prevention of adolescent pregnancy through activities of the Action.</p> <p>1.5.3. # of public-private partnerships established.</p> <p>1.5.4. Extent of use of social accountability mechanisms by civil society in partner country in order to monitor and engage in ending violence against women and girls (SI 6.2) (GAPIII⁶)</p>	<p>1.5.1 (2023) 0</p> <p>1.5.2 (2023) 0</p> <p>1.5.3. (2023) 0</p> <p>1.5.4. (2023) 0</p>	<p>1.5.1 2027 - TBC</p> <p>1.5.2 2027 - TBC</p> <p>1.5.3. (2027)TBC</p> <p>1.5.4. (2027) TBC</p>	<p>1.5.1 Project baseline and annual reports</p> <p>1.5.2 Project baseline and annual reports</p> <p>1.5.3 Project baseline and annual reports</p> <p>1.5.4 Project baseline and annual reports</p>	<p>Local institutions have the endorsement of their authorities to actively participate in the intersectoral articulation of actions proposed by the project.</p>

⁴ JOIN (2020)17, on 25.11.2020 [...] EU Gender Action Plan (GAP) III, welcomed through Presidency Conclusions by 24 Member States [...]

⁵ Idem

⁶ Idem

4. IMPLEMENTATION ARRANGEMENTS

4.1. Financing Agreement

In order to implement this Action, it is envisaged to conclude a financing agreement with the partner country.

4.2. Indicative Implementation Period

The indicative operational implementation period of this action, during which the activities described in section 3 will be carried out and the corresponding contracts and agreements implemented, is 42 months from the date of entry into force of the financing agreement.

Extensions of the implementation period may be agreed by the Commission's responsible authorising officer by amending this Financing Decision and the relevant contracts and agreements.

4.3. Implementation Modalities

The Commission will ensure that the EU appropriate rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the action with EU restrictive measures⁷.

4.3.1. Indirect Management with a Pillar Assessed Entity

This Action may be implemented through indirect management with UNFPA.

The envisaged entity has been selected using the following criteria: (i) Experience in Latin America and/or El Salvador in areas related to Reproductive Health and Gender Equality (ii) Proven experience in logistical and management capacity (iii) Engagement in El Salvador and/or the region on the topic of Reproductive Health, early pregnancy, Gender-based violence with local/national level actors.

The envisaged entity has been selected because it responds to the aforementioned criteria. UNFPA has an ongoing programme aiming at preventing GBV and reducing early pregnancies, with a team of specialists. They have been implementing cooperation projects in El Salvador for more than 40 years. It is also important to say that UNFPA has strong logistical and management capacities. It has extensive experience in financial assistance; provision of supplies, products, and equipment; procurement services; travel; advocacy, research and studies; consultancies; programme development; monitoring and evaluation; and training and staff support activities. Finally, due to its extensive policy experience, UNFPA has been able to manage with neutrality at the local level, having worked with different governments and political parties over the past decades. It is an institution with a strong reputation for independence and neutrality and technical capacity for all local actors.

⁷ www.sanctionsmap.eu. Please note that the sanctions map is an IT tool for identifying the sanctions regimes. The source of the sanctions stems from legal acts published in the Official Journal (OJ). In case of discrepancy between the published legal acts and the updates on the website it is the OJ version that prevails.

4.3.2. Changes from indirect to direct management mode (and vice versa) due to exceptional circumstances

In case an agreement is not signed in indirect management due to exceptional circumstances, the European Union Delegation will divert to direct management for procurement.

4.4. Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply, subject to the following provisions.

The Commission's authorising officer responsible may extend the geographical eligibility on the basis of urgency or of unavailability of services in the markets of the countries or territories concerned, or in other duly substantiated cases where application of the eligibility rules would make the realization of this action impossible or exceedingly difficult (Article 28(10) NDICI-Global Europe Regulation).

4.5 Indicative Budget

Indicative Budget components	EU contribution (amount in EUR)	
Implementation modalities – cf. section 4.3.		
Specific Objective: To prevent pregnancy and violence against adolescent girls in 14 municipalities in the Eastern region of El Salvador	4 000 000	
Indirect management with UNFPA		4 000 000
TOTAL Indirect management with UNFPA	4 000 000	
Evaluation – cf. section 5.2 Audit – cf. section 5.3	0	
Contingencies	0	
Totals	4 000 000	

4.6 Organisational Set-up and Responsibilities

A Steering Committee for the Action shall be established and shall meet twice a year. This Steering Committee will complement the governance that will be set up for each component by the implementing partners. It ensures coordination and synergy between the outcomes, as well as the formulation and follow-up of recommendations.

The Committee will be composed of UNFPA, the Delegation of the European Union, implementing partners and relevant stakeholders, both Government and CSOs. This structure will include committees that will monitor every-day implementation. The EUD will participate in all activities and meetings.

As part of its prerogative of budget implementation and to safeguard the financial interests of the Union, the Commission may participate in the above governance structures set up for governing the implementation of the action.

5 PERFORMANCE MEASUREMENT

5.1. Monitoring and Reporting

The performance of the Action will be monitored on a continuous basis. A baseline will be implemented to establish the starting point of the indicators at the beginning of the project. The implementing partner will be responsible to track performance through the collection of appropriate and credible data; analyse the evidence to inform management decisions, and to report on performance and lessons learned. UNFPA will dedicate a full technical and management team for the continuous monitoring of the action, additionally, in coordination with the IPs, Central Office staff will visit the project's sites at least twice in a year for onsite monitoring. To this aim, the implementing partner shall establish a permanent internal, programmatic and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the Action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (Outputs and direct Outcomes) as measured by corresponding indicators, using as reference the log frame matrix (for project modality) and the partner's strategy. The action should budget to ensure the monitoring activities will be performed.

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews). In this case, the visit should be planned in advance with UNFPA.

Roles and responsibilities for data collection, analysis and monitoring:

The Action's Steering Committee will be responsible for monitoring the implementation of the Action and will develop its own monitoring system based on the Contribution Agreement (CA) that will be signed with UNFPA and the Action Document. This monitoring system will be based on the log frame that will be designed in the Contribution Agreement. The EUD will participate in all monitoring committees and will have access to all data and reporting.

5.2. Evaluation

A mid-term evaluation will be carried out for problem solving and learning purposes, in particular with respect to learning lessons of the implementation of the action, for problem solving and learning purposes.

The final evaluation will be carried out for accountability and learning purposes at various levels (including for policy revision).

The evaluation reports may be shared with the partners and other key stakeholders following the best practice of evaluation dissemination. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, apply the necessary adjustments.

The financing of the evaluations will be appropriately budgeted in the Contribution Agreement by UNFPA.

5.3. Audit and Verifications

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audit or verification assignments for one or several contracts or agreements. Grants to UNFPA will, subject to the privileges and immunities of the United Nations, the United Nations Single Audit Principle, audit applying established procedures under appropriate provisions of the financial regulations and rules of UNFPA. Any audit or verification will be financed by another commission decision.

6. STRATEGIC COMMUNICATION AND PUBLIC DIPLOMACY

The 2021-2027 programming cycle will adopt a new approach to pooling, programming and deploying strategic communication and public diplomacy resources.

It will remain a contractual obligation for all entities implementing EU-funded external actions to inform the relevant audiences of the Union's support for their work by displaying the EU emblem and a short funding statement as appropriate on all communication materials related to the actions concerned. This obligation will continue to apply equally, regardless of whether the actions concerned are implemented by the Commission, partner countries, service providers, grant beneficiaries or entrusted or delegated entities such as UN agencies, international financial institutions and agencies of EU member states.

However, action documents for specific sector programs are in principle no longer required to include a provision for communication and visibility actions promoting the programs concerned. These resources will instead be consolidated in Cooperation Facilities established by support measure action documents, allowing Delegations to plan and execute multiannual strategic communication and public diplomacy actions with sufficient critical mass to be effective on a national scale.

Appendix 1 REPORTING IN OPSYS

The present Action identifies as

Action level		
<input type="checkbox"/>	Single action	Present action: all contracts in the present action
Group of actions level		
<input type="checkbox"/>	Group of actions	Actions reference (CRIS#/OPSYS#): <Present action> <Other action>
Contract level		
<input checked="" type="checkbox"/>	Single Contract 1	Contribution Agreement with UNFPA
<input type="checkbox"/>	Group of contracts 1	