

Executive Summary

Achievements

Rapid progress is being made to harmonise the national Water, Sanitation and Hygiene (WASH) sector including the first ever National Hygiene and Sanitation Master Plan launched by the President of Nepal, the first WASH Joint Sector Review led by the Ministry of Physical Planning and Works (MPPW), and the first WASH Sector Status Report-2011 published as a sector baseline. In UNICEF-targeted districts the most disadvantaged, sanitation coverage has increased from 36% in 2008 to 50% in 2011 (benefitting close to 1 million people) and improved drinking water facilities have increased by 3%.

The potential for establishing a national child protection system was enhanced through the expansion of village-level Paralegal Committees (PLCs) (from 720 to 975), and district coverage from 23 to 59. At national level, sustained advocacy efforts have resulted in important amendment proposals to bring the draft Children's Bill, Criminal and Civil Codes in line with international standards as well as raised awareness on key child protection issues among high level officials.

On 18 September 2011, an earthquake of 6.9 on the Richter scale hit Eastern Nepal. Approximately 1,500 classrooms in 600 schools were fully or partially damaged, affecting the education of 30,000 children. UNICEF assisted the Government and other partners to identify the need for temporary learning centres (TLCs). UNICEF provided 499 out of the 700 TLCs established, alongside drinking water and WASH facilities, and distributed Early Childhood Development Kits and School Kits enabling 15,000 children to resume their classes.

The National Planning Commission, various Ministries, and other development partners were supported to develop the first-ever, fully-costed Multi-Sector Nutrition and Food Security Action Plan focused on interventions needed during the critical period of 1,000 days (from conception up to two years of age).

Challenges

Delays in constitution drafting and ongoing political transition have negatively affected legislative reform processes. Vacancies, absenteeism, and high staff turnover at the local level continue to constrain overall programme performance and continuity.

Lack of clarity with regard to the respective mandates of the Central and District Child Welfare Boards and the Department and District Office of Women and Children, as well as insufficient financial and human resources, constitute major obstacles to building a child protection system in Nepal.

Partnerships

With assistance from UNICEF, Nepal joined the Scaling Up Nutrition Initiative (SUN) and in coordination with the World Bank, USAID and DFID was able to access SUN funding. Nepal also secured REACH (Ending Child Hunger and Undernutrition) funding.

An Early Childhood Development Caucus of Parliamentarians was mobilised and for the first time brought together various ministries including Education, Health, Local Development and Women and Children to seek a multi-sectoral approach to jointly improve services for young children.

An MOU was developed with WFP to use its Vulnerability Assessment Mapping (VAM) to inform policy makers with real time information on access to services for vulnerable children and women as well as their changing risks and vulnerabilities. This system can also be developed for Level 3 monitoring of UNICEF's Strategic Result Areas.

Country Situation

Nepal's Parliament elected Maoist leader Mr Baburam Bhattarai as the 36th Prime Minister of Nepal on 28th August 2011 (the third Prime Minister in 2011). After prolonged delay in the promulgation of the new Constitution, the major political parties made a much-awaited breakthrough in the peace process by signing a landmark agreement on army integration, constitution drafting and power sharing on 1 November 2011. Subsequent regrouping processes showed 9,690 Maoist combatants have opted for integration against 6,500 in the agreement, while 7,286 asked for the voluntary retirement. The State Restructuring Commission was formed through political consensus, and political dialogue in constitutional committees gained momentum to thrash out the remaining disagreements.

The Parliament again voted to give itself until May 2012 for drafting a Constitution after the Supreme Court verdict that tenure of the Constituent Assembly can be extended for one more term. Three issues that seem to have proved contentious are the number of provinces in the new federal state, whether to have a presidential or a prime ministerial model of government, and the electoral system at local, provincial and federal levels. The Government decided not to extend the tenure of OHCHR Nepal.

Economic revival hinges largely on the political situation, as Nepal's poor security and political instability limit the State's capacity to spend money and boost rural incomes. The Transparency International annual report 2011 suggests Nepal as the second most corrupt country in South Asia.^[1] Despite good agricultural output in 2011/12, a 7% average inflation target for 2011/12 seems to be an unrealistic aspiration due to a strong US dollar and increasing fuel prices coupled with political uncertainty.^[2] Social sector spending accounted for 43% of total spending in 2009/10 with increases in expenditure for education (18%), health (6%), and drinking water (3%).^[3]

The UNDP Human Development Report 2011 placed Nepal in 157th of 187 countries compared to 138th of 169 countries in 2010 with an increased HDI from 0.43 in 2010 to 0.46 in 2011. Gender Inequality Index ranked Nepal in 113th place with the decrease in value from 0.72 in 2008 to 0.56 in 2011.^[4]

Evidence shows Nepal is on track to achieve most of its national MDG targets despite political uncertainties. Achievement of MDG4 and MDG5 is globally recognised though disparities by geography, caste, ethnicity, sex and wealth quintiles prevail. The Nepal Living Standard Surveys 2010/11 show a poverty rate of 25% indicating an annual 2% reduction in poverty rates between 1995/96 and 2010/11. The percentage of households receiving remittance has increased from 23% in 1995/96 to 56% in 2010/11. The income inequality expressed by the Gini coefficient has declined from 0.414 in 2004/05^[5] to 0.352 in 2010/11.^[6]

The Nepal Demographic Health Survey (NDHS) 2011 shows nutritional status of under-five children in Nepal has improved over the last decade (41% stunted, 11% wasted and 29% underweight), though large disparities exist across geographic zones and income quintiles. The trends in neonatal mortality rate suggest the rate of decline has slowed down. Immunisation coverage of children age 12-23 months with all vaccines has increased from 83% in 2006 to 87% in 2010.^[7]

The Net Enrolment Rate (NER) has an annual growth rate of 2%, which is significantly lower than the 3.5% required to achieve the national target for MDG 2. Existing disparities by gender and caste/ethnicity also present challenges for Nepal to meet the MDG 2 and 3 targets with equity. The Gender Parity Index in secondary school drops to 0.90, indicating fewer girls than boys attend secondary school. A Human Rights Watch study in 2011 has highlighted barriers to education for children with disabilities in Nepal.^[8]

The National Centre for AIDS and Sexually Transmitted Disease Control (NCASC) suggests HIV prevalence in general population has declined to 0.33%.^[9] Nepal is potentially likely to meet its MDG target for HIV though prevalence among 0-14 is increasing.^[10] NLSS 2010/11 estimated 83% households access to improved drinking water source which exceeds the 2015 target of 73% and 56% households have access to toilet facility.^[11] While 36% of household members use an improved sanitation facility, only 14% of households in the poorest quintile use improved toilets.

A sub-national MICS in the Mid and Far-Western regions [12], indicated widespread discrimination against women during their menstruation period with up to 58% of women age 15-49 in the Mid-Western Mountains living in animal sheds during their menstruation. MICS data also reveal that 60% of women aged 20-49 were married before age 18, only 29% births were delivered by skilled personnel and 56% women age 15-49 have heard of AIDS. A very high proportion of children aged 2-14 years (83%) experience violence and 44% of children aged 5-14 are involved in child labour.

The Three Year Plan 2010/11-2012/13 was finalised by the Government.[13] The Plan has adopted employment centric, equitable and inclusive development as its objective. The Child Friendly Local Governance National Strategic Framework and Operational Guidelines were endorsed by the Cabinet in 2011. The National Plan of Action for children 2004-2014 was revised after a Mid-Term Review and informed development of the Convention on the Rights of the Child (CRC) State Party report.

[1] Nepal In International Reports: <http://nepalinternationalreports.blogspot.com/2011/12/corruption-perception-index-2011.html>

[2] EIU web-Site: <http://country.eiu.com/Nepal>

[3] http://www.fcgo.gov.np/documents/2009_10.pdf

[4] UNDP web-site: <http://undp.org.np/2011/11/04/news-updates/environmental-trends-and-deep-inequalities-threaten-progress-for-the-poor/1354/>

[5] World Bank/CBS, Poverty Trends in Nepal (1995-96 and 2003-04), September 2005 (Table 1.3.3, page 11)

[6] Central Bureau of Statistics (CBS) Nepal, web-site, NLSS Press Release: <http://www.cbs.gov.np/>

[7] NDHS Preliminary Report <http://www.measuredhs.com/pubs/pdf/PR11/PR11.pdf>

[8] Human Rights Watch <http://www.crin.org/docs/nepal0811ForWebUpload.pdf>

[9] Nepal National Center for AIDS and STD Control, web-site; <http://www.ncasc.gov.np/>

[10] UNDP, Nepal MDG Goals Progress Report 2010, Matrix 1

[11] Central Bureau of Statistics Nepal, web-site, NLSS Press Release: <http://www.cbs.gov.np/>

[12] Central Bureau of Statistics and UNICEF Nepal
<http://www.cbs.gov.np/download/NMICS%202010%20Preliminary%20Report.pdf>

[13] Unofficial Translation of the Three Year Plan Approach Paper (2010/11 - 2012/13)
<http://www.npc.gov.np/uploads/publications/20110901113819.pdf>

Who are the deprived children in your country context?

Inequity in Nepal is characterised by a combination of factors including geography, age, gender, caste, ethnicity, language, education, HIV status, disability, and income. Brahmins (12.7% of the total population), Chhetris (15.8%), and Newars (5.5%) are the highest in terms of empowerment and social inclusion, whereas the Dalits (8.3%) [1] are located at the bottom of the caste hierarchy thus, at the lowest level of empowerment and social inclusion. The under-five mortality rate among Dalit, Muslim and non-Newar Janajatis is twice that of Newars and Brahmins. The maternal mortality rate among Muslim

women is three times that of their Newar counterparts. Notable disparities also exist within the caste groups. [2] Eighty % of the wealthiest quintile has access to a health facility within a 30 minute walk but only 50 % of the poorest had such access. [3] The poorest children are 24 times less likely to use improved sanitation facilities compared to the richest. [4] The NER for Grades 9-10 is 28 %, with the lowest rates among girls and in rural areas. [5] One % of children living with disabilities are enrolled in primary school. [6]

[1] CBS, Nepal in Figures, 2010

[2] National Planning Commission (NPC), UNICEF Nepal, and New Era (2010) *Child Poverty and Disparities Study in Nepal*.

[3] NLSS 2011.

[4] NPC, UNICEF Nepal, and New Era (2010) *Child Poverty and Disparities Study in Nepal*.

[5] NLSS 2011.

[6] Ministry of Education Flash Report 2011.

Data/Evidence

In preparation for the new Country Programme 2013-17, a human rights-based, equity-focused Situation Analysis (SitAn) was conducted in 2011. MICS data from the most deprived regions of Nepal was used including analyses by gender, ethnicity, rural/urban, geography (mountain, hill and plain regions) and wealth quintiles. Several equity dimensions are still being analysed to provide a more in-depth understanding. Further equity and child poverty analysis will be conducted from 2012 onwards using new data that will become available from DHS 2011, Nepal Living Standard Survey 2011 and Census 2011.

The SitAn has identified systemic barriers and bottlenecks as immediate and underlying causes and consequences of inequity which, in Nepal, fall into three interdependent categories: "political" factors including inadequate governance, policy, legislation, and investment; "system" factors including fragmented, inaccessible and low quality social services; and "societal" factors including harmful social norms and practices, and limited participation in decision making that impact access to services or fuel discrimination and deprivation. The new country programme 2013-2017 will directly address these three categories of bottlenecks supported by UNICEF's four level Strategic Result Area monitoring strategy, ranging from the use of administrative data from the Education Management Information System (EMIS) and Health MIS to real time monitoring (RTM) and innovative participatory monitoring by adolescents from disadvantaged group/communities using SMS messaging to MICS 5 in 2013-14. UNICEF established the RTM System in partnership with WFP's Vulnerability Assessment Mapping to survey sampled households every quarter from 2011 onwards. This RTM will provide updates on subnational interventions that address system access, service utilisation and harmful norms and practices.

Geographical remoteness and isolation are among the most influential drivers and consequences of inequity among Nepal's Children. The most deprived and lowest performing districts were identified by calculating a composite index of Child Deprivation at district level consisting of eight indicators that cover a wide spectrum of child well-being in health, food security, education, sanitation, child labour, gender disparity and governance capacity. This was combined with district information on stunting prevalence, skilled birth attendance, and the Ministry of Local Development's Minimum Condition Performance Measures. Eighteen of the most deprived districts were identified as the priority geographic areas for full programme convergence in the next country programme. This Child Deprivation Index (CDI) was also used in the Country Analysis of UNDAF, guiding UN agencies to converge in the lowest performing districts during the next UNDAF period 2013-17. The CDI will be tracked over the next country programme period annually to examine impact of the equity strategy and package of interventions.

While the Government has information management systems in health and education sectors, UNICEF will continue to strengthen their capacity to generate timely, reliable and most importantly disaggregated data. Building upon very positive developments with the District Poverty Monitoring Assessment System of the Ministry of Local Development, UNICEF's advocacy and technical support to the MLD is expected to support local government/bodies to monitor and report the results of equity strategies and emerging issues of disparity.

Monitoring Mechanism

The MICS was completed by the Central Bureau of Statistics and UNICEF in the Mid and Far Western regions which have the harshest terrains, are highly prone to natural disasters, disease outbreaks and chronic food shortages, and where children and women were most affected by the decade-long conflict. A preliminary MICS report was released in August and had wide media coverage. The MICS has generated a baseline for the region and country specific issues including discriminatory and harmful practices such as: chhaupadi (menstrual seclusion), child discipline, and attitudes toward domestic violence. The MICS also provides a baseline for new programmes such as de-worming in children and child grant programme in the Karnali zone. Further analyses of MICS and other survey data will be conducted in 2012.

Since the beginning of 2011, Intermediate Results were monitored using more disaggregated data and reviewed on a trimester basis at CMT using a VISION-style programme performance dashboard. IR assessment and targeting of the most deprived remain central concerns.

Joint monitoring with partners, donors and UN agencies are conducted regularly to assess progress as well as identify bottlenecks. All field monitoring is guided by monitoring checklists which incorporate the issues to be observed and identification of barriers in reaching the most marginalised groups. The first ever Gender Audit of UNICEF Nepal was commissioned in 2011 under the overall guidance of the Gender and Social Inclusion team to complement knowledge from gender evaluations in 2008 and 2009. The Gender Audit identified systemic issues in the eight change areas of Global Gender Action Plan and will contribute to the design of the new Country Programme 2013-2017.

Through the collaboration with WFP's Vulnerable Analysis Mapping will permit real-time household monitoring and disaggregated data by gender, ethnicity/caste, geographical, age and wealth quintiles. The Real Time Monitoring system will also collect data for child protection (child migration, trafficking and adoption) for which there are currently serious data gaps.

As noted, UNICEF Nepal participated in three global evaluations which involved key partners through consultation and interviews and participation as reference groups. The participatory approach enhanced ownership of the evidence and subsequent recommendations and at the same time increased support of the development partners for further scale up and mainstreaming of the programme approach.

The most significant challenges in M&E are in the following three areas: (1i) supporting the sectoral MISs to ensure the reliable data and provide disaggregated data to sharpen equity-based strategies and monitoring; (2) building a new monitoring system for child protection due to the sensitivity of information and limited capacity of partners; and (3) strengthening the RBM and M&E culture within the Government at all levels.

Support to National Planning

Central level Performance Monitoring and Analysis (PMAS) supported by District PMAS (DPMA) are core elements of development results management in Nepal linked to the Project Performance Information System (PPIS) at the National Planning Commission (NPC) to monitor indicators for the Poverty Reduction Strategic Plan and MDGs. The PMAS framework highlights the need for feedback mechanisms between district and national levels to strengthen the reliability of data and their use in planning and policy. DPMAS was conceptualised in 2005 to strengthen horizontal and vertical information flow, and the use of information and data at all levels.[\[1\]](#) This is regarded as a major milestone for strengthening local

governance. UNICEF supported the piloting of the DPMAS framework in two districts in 2008 and supported national implementation in 2010/11 by providing technical and human resources support in 23 targeted districts.

Despite the fact that results-based programming and utilisation of district periodic plans have not been able to make significant progress owing to the prolonged absence of elected local bodies, strengthening District Information and Documentation Centres and DPMAS is a priority of the Government's Local Governance and Community Development Programme (LGCDP). In order to reinforce accountability and promote greater compliance, establishment of DPMAS in districts is linked to the Minimum Condition/Performance Measure (MCPM) [2] system that determines the level of block grants the districts receive from central Government. DPMAS is developed as online information system to allow efficient transfer of data and performance assessment of projects. An inter-ministerial Poverty Monitoring Coordination Committee has been formed to guide DPMAS implementation. The Government and donors have continued to enhance their skills and knowledge of M&E. Government has also started evaluations of major programmes such as *Karnali* development and social security programmes.

DPMAS depends on sectoral MIS and UNICEF's support to EMIS and HMIS has continued to improve disaggregation of indicators to improve an equity focus. Piloting in ten districts to improve disaggregation of HMIS data needs to be reviewed and lessons learned need to be scaled up. Similarly, technical support to DevInfo and NepalInfo has continued which is now fully owned by the Central Bureau of Statistics (CBS) and yearly updates of NepalInfo have been institutionalised. Efforts are underway to capacitate district partners to utilise in DPMAS. In view of absence of MIS in child protection and child rights in Nepal, the revised NPA has envisioned the development of an MIS at the Central Child Welfare Board with the support from UNICEF.

[1] World Bank/NPC, POVERTY MONITORING AND ANALYSIS SYSTEM (PMAS) FRAMEWORK DOCUMENT: http://siteresources.worldbank.org/INTPAME/Resources/Country-studies/nepal_pmas.pdf

[2] Ministry of Local Development, Local Governance & Community Development Programme, web-site: http://www.lgcdp.gov.np/home/mcpm_results.php

Any other relevant information related to data/evidence?

Country Programme Analytical Overview

UNICEF is focusing its resources on three interrelated causes and consequences of inequity in Nepal: "political" factors including inadequate governance, policy, legislation, and investment; "system" factors including fragmented, inaccessible and low quality social services; and "societal" factors including harmful social norms and practices, and limited participation in decision making that impact access to services or fuel discrimination and deprivation.

While equity-based analyses of new data from MICS, NLSS, DHS and the Census (all completed in 2011) continue to inform preparations for the new Country Programme, the following strategies will be pursued in 2012:

Capacity development: Capacities of children, adolescents, women, community leaders and networks, non-government and government staff will be further strengthened at subnational and national levels to improve the quality, reach, coordination, monitoring and use of social service systems and to strengthen policy design, implementation and review. Conflict sensitive programming involving local stakeholders will be a key capacity building initiative delivered through an inter-UN effort. Close attention will be paid to

additional capacity building that may be required under Federal restructuring.

Effective Advocacy: UNICEF's advocacy will continue to contribute to equity-focused social policies, besides trying to influence SWAPs, legislation, planning, and budgeting in favour of children, adolescents and women. Advocacy will be enhanced through new data generation, especially on adolescent girls, and through tracking a new Child Deprivation Composite Index, as well as bottleneck analysis including use of the Marginal Budgeting for Bottlenecks tool and new 'Level 3' monitoring of various financial, system, and social determinants of equity.

Partnerships: UNICEF will continue to work closely with government at all levels and complement this by convening partners from the UN, bilaterals, multilaterals, civil society, academia, media and the private sector.

Knowledge Management: Government and UNICEF knowledge systems will be strengthened to influence policy and programme management. Exchange of innovations and lessons learnt will be continued across Nepal's developmental regions as well as through the South Asian Association for Regional Cooperation and global exchanges including South-South Cooperation.

Communication for Development: UNICEF will remain a pioneer in the creative use of Communication for Development in support of programmes for children, adolescents and women using community resources, films, cartoons, radio, television, entertainment, education, inter-personal communication, and information-communication-technology including SMS, Twitter and Facebook.

Governance: UNICEF will work closely with Government and communities in the most disadvantaged districts and municipalities to strengthen the implementation of Child Friendly Local Governance. Urbanisation, disaster risk reduction, climate change, primacy will continue to be given to the most disadvantaged children, adolescents and women living in rural areas. Attention will also be paid to urban equity issues, particularly urban child survival, adolescent development, WASH, and protection. There will be a stronger engagement in disaster risk management rather than just emergency preparedness. To this end, the country office has completed a multi-hazard mapping exercise to prioritise districts and municipalities. UNICEF will also "climate change-proof" its investments particularly in WASH, education and nutrition by strengthening government policy and community knowledge on climate change.

Effective Advocacy

Mostly met benchmarks

As part of the School Zone of Peace Coalition, UNICEF influenced political parties at national and district levels and stakeholders at the community level to protect children's right of access to school in all situations. Consistent advocacy and successful lobbying has led to the Ministry of Education endorsing the Schools as Zones of Peace National Framework and Implementing Guidelines to secure education rights.

UNICEF's persistent advocacy has resulted in the Parliament directing the Ministry of Health and Population to draft a ground-breaking Immunisation Act for endorsement in 2012. Joint advocacy meetings with the Lions Club and Rotary Club (and Government) have resulted in the Rotary Club launching an Immunisation Fund to strengthen immunisation programmes and reach remote populations, while the Lions club has committed US\$2.4 million for the 2012 measles campaign. The Lions have also committed to mobilise 14,000 Lions volunteers during the measles campaign and to raise further immunisation funds.

The Cabinet approved the Child Friendly Local Governance framework for national rollout in July. UNICEF has supported the piloting stage of the project since 2007 with the initiative is already underway in 37 of Nepal's 75 districts and municipalities. An increasing number on Nepal's younger political leaders are

actively involved in the Parliament's new Child Rights Caucus, formed with support from UNICEF. Consultations with the Child Clubs also featured in the official submission by UNICEF and partners for Nepal's new Constitution drafting.

UNICEF has advocated strongly on nutrition issues at the highest levels. Ahead of the High Level Nutrition Side Event held in New York in September 2011, UNICEF, in close collaboration with the NPC and MoHP, prepared the current Prime Minister's materials for the event. The PM expressed a strong commitment to giving nutrition a high priority in the national development agenda - as a foundation for social and economic development, and accelerated achievement of the MDGs. The Government has formulated a high level nutrition food security and steering committee to streamline coordination among all the key sectors.

The Hygiene and Sanitation social movement gained significant momentum thanks to UNICEF support culminating in the declaration of Kaski and Chitwan as the first Districts to be Open Defecation Free, benefitting more than 200,000 people in these two districts. At the policy level this momentum was further reinforced through the formal launch of the National Hygiene and Sanitation Master Plan by the President.

UNICEF's advocacy has ensured that the National Strategic Plan for HIV and AIDS (2011-16) is child, adolescent and women centered. It encompasses all the 4P areas of the HIV and AIDS programme (primary prevention for adolescents from HIV infection, prevention of mother-to-child transmission of HIV, paediatric AIDS treatment and care, and the protection of orphans and other children made vulnerable by HIV/AIDS).

Changes in Public Policy

In health, UNICEF's contributions to policy change include: a costed comprehensive multiyear plan (2012-16) of action on immunisation; and a draft of Immunisation Act to ensure children's right to be immunised.

In nutrition, UNICEF provided lead technical support to the National Planning Commission to develop costed multi-sectoral nutrition plan (2012-2016) to reduce stunting. The plan includes a focus on parental education as part of a holistic approach to early childhood education.

In education, UNICEF's contributions to policy change include: amendments to the Teachers' Regulation with the provision of 45% reservation for women and disadvantaged populations; increased remuneration of Early Childhood Development (ECD) facilitators (by 33% in the national budget); development of a multilingual education guideline to promote mother tongue primary education; equity provisions in the draft Education Act and in the draft Constitution; Government declaration that all schools are "zones of peace"; and finalisation of Child, Gender and Disability (CGD) friendly WASH Technical Guidelines.

In HIV, UNICEF technical inputs and advocacy have led, for example, to revisions in the HIV testing and counseling (HTC) guidelines to allow health service providers to perform rapid tests (not just the laboratory technicians). This decentralisation will allow more people access to HTC services more easily.

In child protection, technical inputs, support for the Parliamentary Forum for Child Rights (PFCR) and sustained advocacy efforts have resulted in important amendment proposals to bring the draft Children's Bill, Criminal and Civil Codes in line with international standards as well as raised awareness on key child protection issues among high level officials.

In social policy, advocacy has convinced Constitution Committee members, political leaders and influential members of legislative committees to review the current citizenship provisions in the draft Constitution which contravene the CRC and CEDAW. In governance, UNICEF advocacy led to the National Strategy on Child Friendly Local Governance (CFLG) being approved by the Cabinet. In social protection, UNICEF assisted the inter-Ministerial Steering Committee's preparation of a draft National Social Protection Framework in line with the UN Social Protection Floor.

In WASH, UNICEF has contributed to the following policy changes: the National Hygiene and Sanitation Master Plan approved by the Cabinet and launched by the President of Nepal has prioritised sanitation as a national agenda; the First WASH Joint Sector Review led by the Ministry of Physical Planning and Works

(MPPW) has brought out a joint resolution with priority actions for 2012; and an independent WASH sector assessment has recommended the formulation of a coherent national programme with three national priorities: 1) hygiene and sanitation; 2) system functionality; and 3) water quality improvement.

UNICEF has contributed to enhancement of humanitarian preparedness for response by updating national contingency plans for multi-hazards in four clusters (WASH, Nutrition, Education and Child Protection) taking the Core Commitments for Children (CCCs) as a basic framework. Multi-sectoral contingency plans based on the CCCs have been developed with Government and partners in 10 hazard-prone districts.

Leveraging Resources

In health, parliamentarians, SABIN Vaccine Institute Nepal and civil society established a sustainable immunisation financing. Advocacy with the Lions and Rotary International and other partners resulted in a revolving Immunisation Fund to extend services to hard-to-reach populations. Lions Clubs of Nepal have provided US\$ 2.4 million for the upcoming measles-rubella campaign and committed to provide campaign volunteers in urban areas and urban slums.

In nutrition, UNICEF and the World Bank are jointly supporting development of a costed multi-sectoral nutrition plan. World Bank is in discussion with UNICEF on harmonising their financial inputs. UNICEF in partnership with WHO, FAO and WFP helped to initiate REACH (Ending Child Hunger and Undernutrition) and secure REACH funding in Nepal. With assistance from UNICEF, Nepal joined the Scaling Up Nutrition Initiative (SUN) and in coordination with the World Bank, USAID and DFID was able to access SUN funding.

In education, UNICEF's advocacy has contributed to the Ministry of Education's decision to substantially increase its budget for building toilets in schools nationwide with a particular focus on girls' needs (a US\$15 million investment). UNICEF's advocacy has also led the Government to mainstream Education in Emergencies (EiE) into the national education system with resource allocation for EiE to 23 hazard-prone districts.

In HIV, UNICEF assisted the Government to submit a successful GFATM application worth US\$57 million that for the first time included funding for scaling up initiatives to assist Most at Risk Populations (US\$ 18.8 million), Children Affected by AIDS (US\$2.4 million) and Prevention of Mother-to-Child HIV Transmission (US\$2.2 million).

In child protection, the programme to combat child labour in one of the 8 target Municipalities is co-funded and co-implemented by the local Chamber of Commerce and Industry, a first-time partnership with the private sector. For the first time also, the Government allocated one million Nepalese rupees (USD 11,000) from its regular resources for mine action activities; a promising sign for the sustainability of mine action interventions in Nepal.

UNICEF assisted the Ministry of Local Development (MLD) to develop a Child-Friendly Local Governance (CFLG) strategy and operational guidelines, both of which were endorsed by Cabinet in 2011. CFLG facilitates prioritisation of children's rights in planning and budgeting, in particular directing national block grants worth over US\$311 million per year to disadvantaged children and women.

In an important step towards what is hoped will evolve into a universal child benefit scheme, UNICEF supported the Government to maintain a Child Grant (started in 2009) in which poor Dalit families with children aged less than five and all families in the Karnali Zone (a total of about 400,000 children) receive a small monthly cash allowance (US\$2.50). Contributing to the global MOU with ADB, Nepal is the first Country Programme to receive ADB funds in relation to social protection.

In WASH, the first large-scale public-private partnership to promote hand washing with soap was launched and received in kind and financial support (equivalent to US\$ 80,000) from banks, airlines, fast moving consumer-goods producers, telecommunication, soap and beauty product companies.

Capacity Development

Mostly met benchmarks

The Government of Nepal has endorsed Child Friendly Local Governance (CFLG) as a strategic framework that places children at the core of development agenda for local bodies, government line agencies and civil society, promoting child rights through good governance. CFLG also facilitates the integrated delivery of local services related to children. The CFLG implementation guideline is now being implemented in the 34 districts, 156 VDCs and 14 municipalities throughout the country. Local bodies also ensured the allocation of resources (both local and central grants) and the effective utilization of these resources. In the 23 UNICEF focused districts, altogether 31,052 stakeholders and frontline workers (12,916 from Eastern, 6,106 from Central Western and 12,030 from Mid- and Far-Western Regions) were capacitated to facilitate the CFLG process and its adoption by Village Development Committees.

The existing structures and mechanism of Decentralised Action for Children and Women (DACAW) programme in 23 districts was also aligned with the Government's Local Governance and Community Development Programme (LGCDP). UNICEF being the key player in the social mobilisation component of the LGCDP supported the mainstreaming of DACAW community organisations (COs) into Citizen Awareness Centres (CAC) of the LGCDP which addresses the issues of the disadvantaged groups. These local structures (COs and CAC) have accessed and utilised 35% of the Government's VDC block grant (10% for children, 10% for women and 15% for disadvantaged/Janajati). Representation and participation of children is ensured at all levels of local structures and processes.

Paralegal Committees (PLCs) are community-based mechanisms established to combat violence, abuse, discrimination and neglect against children and women. PLCs have expanded from 23 to 59 districts. PLC and the District Resource Group (DRG) members are capable of supporting victims in accessing justice through awareness raising, community counselling and establishing referral mechanisms with the formal justice system. PLCs have also grown into a key player in establishing a local protection system. A total of 14,023 PLC members (3,447 Eastern (ER), 4,949 Central Western (CWR), and 5,628 in the Mid- and Far-Western Regions (MFWR)) from 979 PLCs (243 ER, 362 CWR and 374 MFWR) and 491 District Resource Groups (125 ER, 169 CWR and 197 MFWR) were trained. Human resource support (database clerks) is also provided to Women and Children Offices to monitor PLCs.

"Jamarko" (an Equity Initiative) started in 2011 to bring together and build capacity of adolescents and young people (920 ER, 408 CWR & 448 MFWR) from Saptari, Kaski and Accham districts. The adolescents and young people are now able to identify and share issues that concern them and to take appropriate actions to address their concerns.

The strengthening of subnational water and sanitation structures (Regional-WASH, District-WASH and Village-WASH coordination committees) has gained momentum in the Mid and Far-Western Regions. 260 WASH actors from government and civil societies have been trained to facilitate the development of subnational strategic plans (Regional, District and Village). 20 district sanitation plans have been developed to date.

Communication For Development

Mostly met benchmarks

In close coordination and collaboration with the Government and other national partners, detailed social mobilisation and communication plans were developed and implemented for promoting exclusive breast feeding, infant and young child feeding, micronutrient supplementation, addressing human and bird flu

pandemics, National Immunisation Days, and the treatment of diarrhoea with Oral Rehydration Solution (ORS) and Zinc. UNICEF also contributed to the development of communication strategies on Adolescent Sexual Reproductive Health, in close partnership with key stakeholders.

In education, UNICEF supported two-way dialogues between duty bearers and right holders on highly debated issues relating to scholarships and textbook distribution at the district level. The public hearings were organised to strengthen government efforts to ensure transparency and accountability.

In child protection, UNICEF, together with World Education, provided technical support to develop a national child labour communication strategy, drafted as a common framework for the stakeholders to ensure targeted and coordinated communication interventions. The strategy is to be a part of the National Plan of Action for GoN.

Behavior-change communication materials on childhood development and earthquake preparedness were also developed and disseminated in close collaboration with respective Government counterparts. Technical support was provided to the design and implementation of the "Jamarko" equity initiative in selected VDCs and municipalities of three districts. The programme was implemented to empower adolescents to identify and address their concerns at different levels.

In WASH, negligence in hand-washing has been accepted as the leading cause of diseases such as diarrhoea, pneumonia, and newborn infections. UNICEF facilitated the establishment of a partnership between Government and non-government stakeholders to develop comprehensive interventions including communication for development to reduce diarrhoea outbreaks. The 'Aligning for Action' initiative was conceptualised and a C4D plan focused on hand washing with soap developed. Initial results from school-based communication on hand-washing in three districts (Kathmandu, Bhaktapur, and Lalitpur) are promising: hand-washing skills among children increased from 7% (baseline) to 86%; more than 90% of the children now know about 3 critical times of hand-washing; and 66% of children can associate hand-washing with pneumonia (an increase of 23% from baseline). 2011 has been significant in mobilising the private sectors (banks, airlines, fast moving consumer-goods producers, telecommunication, soap and beauty product companies) to support hand-washing. A comprehensive plan for expanding public-private-partnerships is now ready for Government endorsement. The expanded partnership is expected to achieve behavioural results, especially in low Human Development Index districts in the Midand Far-Western Regions as a part of 'Aligning for Action.'

Service Delivery

Mostly met benchmarks

a) The Country Office designs and prioritizes services provided after careful analysis of the local context, capacities and needs of the partners as well as the comparative advantage of the Country Office vis a vis other partners. For example, after the September 18 earthquake that hit Eastern Nepal, UNICEF together with the cluster co-lead Save the Children, the Ministry of Education, and other cluster members, immediately assessed impacts on the education sector. Out of the 700 Temporary Learning Centres (TLCs) that were needed, UNICEF coordinated the establishment of 499 TLCs while other partners completed to total. UNICEF leads the IASC Nutrition Cluster in Nepal, and has prepared a Nutrition Cluster Contingency plan, operating guideline, completed 3W mapping (Who does What, Where) and prepared a cluster roster of human resources for Nutrition in Emergency. UNICEF's comparative advantage to help the Government tackle micronutrient deficiencies (vitamin A supplementation, iron intensification, salt iodization) remains significant. Coverage of these programmes is very high in Nepal - upwards of 95%, higher than in any other country of South Asia.

b) The Country Office works towards transition and sustainability of service delivery support, including

addressing in the long term fulfilling capacity gaps of the duty-holders as well as empowerment of rights holders. For example, during the conflict, UNICEF established the national Mine Risk Education (MRE) Group, a network comprising of 16 international and national NGOs. In 2006, this group became the Mine Action Joint Working Group (MAJWG), a coordinating body for MRE, advocacy, victim assistance and surveillance systems. From 2008 onwards, through support from UNICEF and UNMAS, key government authorities such as the Ministry of Education, Nepal Army and Nepal Police as well as other partners developed emergency and systematic MRE activities in 68 districts, including the 20 most affected. Mine Action interventions are now being transferred to the Ministry of Peace and Reconciliation (MoPR). Preparations to transfer the national explosive device injury surveillance system used to prioritise prevention and advocacy activities to the police are under way.

c) The Country Office strives to deliver timely and responsive, quality services and to keep partners informed of progress and setbacks. Provision of technical assistance and supplies (e.g. vaccines, Vitamin A, Micronutrient Powders, Emergency prepositioned equipment, etc.) are regularly monitored and problems experienced by implementing partners are promptly examined and addressed.

d) The Country Office regularly monitors and reviews quality, timeliness and effective reach of services through regular joint field visits, programme reviews and partner consultations.

e) Implementation of work plans, consultancy plans and supply plans are tracked through partner consultations and through internal mechanisms including bimonthly supply/programme meetings and the monthly Country Management Team meetings. Field trip reports are compiled in a central database which tracks follow-up actions. Each major evaluation has a Management Response Plan developed to act upon recommendations.

Strategic Partnerships

Fully met benchmarks

Strategic partnerships in 2011 have been especially effective in multi-sector policy advances. In WASH, the Sanitation and Hygiene Master Plan has been launched by the President of Nepal and "Aligning Action Initiative" at sub-national level has brought the key players to agree on a common vision and implementation approach. With UNICEF support, the National Planning Commission is leading significant inter-Ministerial exercises for a National Social Protection Framework and Multi-Sector Nutrition Plan. Also related to nutrition, UNICEF, ADB, FAO, WFP and World Bank are supporting evidence generation and costing analysis to link nutrition aspects in the national agriculture development strategy. Inter-Ministerial committees were supported to prepare the CRC periodic report and review and revise the National Plan of Action for Children. The Child Friendly Local Governance (CFLG) Strategy was approved by Cabinet in 2011 and has engaged inter-Ministerial commitment to prioritize children and equity in local planning processes and governance structures.

New CFLG partnerships include the Nepal Staff College to incorporate child rights perspectives in courses for public servants and the Association of District Development Committees to assess block grant allocations for children.

Strategic engagement with Development Partners, including International Financing Institutions, has also been essential to advance policy dialogue. Contributing to the global MOU with ADB, Nepal is the first Country Programme to receive ADB funds in social protection. Social protection partnerships in Nepal were featured in a 2011 UNDG Asia Pacific guidance note.

Partnering with Parliamentarians has ensured legislative reforms comply with the CRC and CEDAW. The Parliamentary Forum for Child Rights has been active in the Constitution drafting and amendments to the

Criminal and Civil Codes and Parliamentarians have been engaged in preparing an Immunization Act and Education Act.

UNICEF, UNHCR and UNDP collaboration has been especially instrumental in influencing the Constitution drafting to ensure human rights standards, including follow up to recommendations from the Universal Periodic Review and CEDAW in 2011. UN joint programmes or projects include monitoring and rehabilitation of Verified Minors and Late Recruits (UNSCR 1612), Gender Based Violence Response, and the Local Governance and Community Development Programme. UNICEF is active in the Gender Theme Group, Social Inclusion Action Group, UN Youth Advisory Panel and UN Radio was managed by UNICEF. An MOU was developed with WFP to use its VAM system to provide real time data with relevance to UNICEF's programmatic needs.

Together with Plan, Save the Children, World Vision, World Education and Terre des Hommes, UNICEF has signed an LOU with the Central Child Welfare Board to provide technical and financial assistance for a joint work plan, with a view to harmonising approaches, avoiding duplication and maximising resources. Overall, technical capacities of civil society organizations need to be built, especially in protection and participation, and UNICEF Nepal has initiated a NGO mapping and capacity assessment.

Through ROSA, UNICEF Nepal contributes to a number of initiatives with the South Asian Association for Regional Cooperation (SAARC); in particular the work of South Asia Initiative to Eliminate Violence Against Children (SAIEVAC).

Mobilising Partners

Mobilising community-based mechanisms continues to be essential to reaching disadvantaged women and children in Nepal. Reviews during 2011 of the Paralegal Committees (PLC) and Child Clubs demonstrate the impact and value of this strategy. National scaling up of PLCs continues to make progress, including MOUs in 2011 with UNDP and ADB to incorporate similar women's committees into the PLC model. A survey conducted in 2011 on the PLC programme with DFID has found that:

- 73% of respondents stated that there is now less violence and abuse against women since the PLC was established in their communities.
- 62% of reasons given for the decrease in levels of violence against women and 60 of reasons given for the decrease in violence against children are attributed directly to the PLCs.
- 100% of district child protection authorities stated that women and children in communities where the PLCs exist are more willing to report violations of their rights than in communities where there are no PLCs.

Through Child Clubs, children collectively advocate for child rights in the home, the community and at school. By networking at VDC and district level child clubs have increased the potential impact and reach of their actions and advocacy. The 2011 strategic review of Child Clubs, undertaken with the "Consortium" partnership of the Central Child Welfare Board, International and national NGOs, demonstrated the growing impact of the more than 13,200 child clubs across Nepal. Also importantly, the review found 47.6% representation of girls in child clubs.

The mobilisation of Child Clubs and other community-based groups has been instrumental in identifying unreached populations for immunization campaigns and in achieving the 90% coverage of the child grant in the Karnali districts. Civil society and public-private partnerships are also essential to working with community based mechanisms to bridge inequities for hard to reach populations. For example, Lions and Rotary International have developed an Immunisation Fund and mobilised volunteers, especially for urban slum outreach, to ensure that no child is left out of immunisation. Collaboration with World Education has resulted in an alternative education package for adolescent girls in the Eastern Region. The Programme to Combat Child Labour in Municipalities is starting to be co-funded and co-implemented by local Chambers of Commerce in an innovative public-private partnership.

Knowledge Management

Mostly met benchmarks

As part of a new equity-focused situation analysis, a Child Deprivation Index (CDI) has been developed to identify the lowest performing geographic areas where more children deprived across multiple dimensions. Additional analysis was conducted to overlay the CDI with a multi-hazard risk index (MRI) to inform child-centred disaster risk reduction strategies. Geographical areas (districts and municipalities) categorized by both the CDI and MRI will be the focus of differing levels of UNICEF programme convergence in the next country programme.

As a strategic approach to establish the knowledge management (KM), a draft KM strategy was developed through a participatory consultation process with programme teams. In addition, the existing M&E Advisory Group's role was expanded to encompass the KM functions for the office. The Office's KM work plan includes a number of KM initiatives and tools with a focal person/group identified to manage implementation and to increase accountability of each KM initiative. A number of new KM initiatives were implemented this year as follows:

- Latest knowledge and information are disseminated widely including externally through UNICEF Nepal's websites and voices of youth. Publications are also shared through UN Information Platform managed by UN RC office.
- A Management Response Plan to evaluations has been developed for all evaluations for CMT review and follow-up on the status of implementation of planned actions.
- Programme Team Meetings and "Kurakani" (learning sessions coordinated by Human Resources) provide regular learning opportunities and forums which reinforce cross-cultural learning and inter-programme exchange. The M&E and KM Advisory Committees meet regularly to interact and update on IMEP implementation.
- Internally, all core programme documents, study reports, surveys, evaluations and guidelines are shared through the Lotus Notes Nepal Document Repository database.
- New external knowledge relevant to UNICEF is shared to all staffs through a Knowledge e-digest "Khojkhbar."
- In terms of capturing, sharing and using field-based insights, UNICEF Nepal's Travel Report Database is a mandatory step for staff members to complete after programme monitoring trips. This database has helped to capture and share critical findings and observations generated from field trips and to track follow up actions.

Exit interviews to retain tacit knowledge, insights and experiences of a long term serving staff have been initiated.

Human Rights Based Approach to Cooperation

Mostly met benchmarks

a) Equity-based analysis and programme reviews have guided the Country Office in developing 2011-2012 rolling work plans with implementing partners. For example, an innovative colour-coded monitoring of the CB-IMCI programme was piloted in six districts to evaluate the performance of service providers performance at all levels. Initial data over three months has shown that 40% of service providers in pilot districts have shown improvement in their performance. A study to examine the impact of the 3F crisis on education, as well as the political economy analysis of SWAp/education (funded jointly by EU, DFID and UNICEF) were carried out in 2011. Findings from these studies are currently being used for advocacy and strategy development at the national and regional levels.

b) The Country Office has maintained a focus on the capacities of duty-bearers to respect, protect and fulfill the rights of children and women and on the capacities of rights holders to claim their rights. For example,

an operational research was conducted with the objective of promoting PMTCT by integrating stigma-reduction programming into health services and community settings. The results indicate that service providers highly stigmatise HIV infected persons accessing services. The research will be used to develop a stigma reduction package for all level of service providers as well as for communities and HIV positive women. With MLD, UNICEF has started an analysis of how decentralisation policies affect the rights of children. This will contribute to a regional policy review and analysis, and will be drawn upon to undertake other priority reviews and identify follow-up actions to improve UNICEF's equity strategy in anticipation of the transition to federalism.

c) and d) The Country Office maintains participatory programme review processes including consultations with Child Clubs, adolescent networks, and other partners. UNICEF and the "Consortium" partnership on child participation conducted an extensive strategic review of Child Clubs in 2011, which included national mapping and consultations with 280 children and stakeholders. Building on Child Friendly Local Governance, there are now adolescent representatives (50% girls) in 21 CFLG district committees. The youth run radio programme, SSMK, received 150,000 SMS, which were disaggregated, summarised and fed into weekly reportage in a popular national newspaper.

e) Nepal's National Plan of Action for Children was revised following the 2010 Mid-Term Review and the final draft of the CRC State Report was produced, including active participation of children (facilitated by UNICEF) and key Ministries.

f) In preparation for the new Country Programme 2013-17, a human rights-based, equity-focused Situation Analysis (SitAn) was conducted in 2011. MICS data from the most deprived regions of Nepal was used in the SitAn including analyses by gender, ethnicity, rural/urban, geographical characteristics (mountain, hill and plain regions) and wealth quintiles.

Gender

Partially met benchmarks

UNICEF commissioned a Gender and Social Inclusion (GESI) audit to assess the institutionalisation of UNICEF's Global Gender policy and adherence to the Global Action Plan. The draft report reveals that while the Country Office has taken great strides to mainstream GESI, a number of capacity gaps exist across UNICEF systems and programmes. Audit recommendations will be considered by the Country Management Team.

Nepal applied the Gender Equality Marker and embedded simple follow-up questions in the trimester intermediate result reporting templates. The debate generated by this process has enhanced staff capacity and focused programme strategy.

As a member of UN Gender theme group, UNICEF provided inputs to the UNCT CEDAW report (girl child component), and supported the CEDAW Shadow report (regional, national girl child consultations).

UNICEF has contributed to the UNDAF process through the involvement of the GESI team in the gender evaluation and the drafting of the Country Analysis profile on Adolescent Girls. UNICEF led the formulation of Nepal's position as an Adolescent Girl Champion Country under the UN Adolescent Girl Task Force Initiative.

Through the UN Joint Program on Decentralisation, UNICEF has ensured the mainstreaming of adolescent girls' issues into MLD's Local Governance and Community Development Programme operational guidelines, social mobilisation training curriculum and in local governance structures e.g. Ward Citizen Forum (WCF) and Integrated Planning Committee (IPC) at VDC level.

Through UNICEF's advocacy and technical support, 10 districts have developed a more gender-responsive disaster preparedness and response plan.

With support from UNICEF, the Advisory Board of female Constituent Assembly Members advocated that the draft Education Act be revised to increase female representation in the teaching workforce and School Management Committees (SMCs). A South Asian parliamentarians meeting was held in Kathmandu in September at which lawmakers showed their strong commitment to show zero tolerance for the factors negatively affecting girls' education, recommended allocating 20 per cent of total national budgets to ensure free and compulsory education.

In HIV, UNICEF has supported the development of an age and gender sensitive HIV risk reduction package.

UNICEF's advocacy in the WASH sector resulted in a chapter on GESI being included in the first ever Joint Sector Review (JSR) document and contributed to the Government's decision to prioritise and invest in separate WASH facilities in schools for girls: 5,472 separate girls' WASH facilities have been constructed and 6,376 adolescent girls in and out of school in 7 districts have benefited from menstrual hygiene trainings including how to make a low cost, re-usable sanitary napkin.

In child protection, the Paralegal Committees continue to detect, report, respond, refer, monitor and follow up on women's and children's rights violations, contribute to women's empowerment and participation in decision-making and reduction of gender inequality and the protection of women against various forms of violence.

Forty percent of the Children formerly associated with armed forces and armed groups benefitting from the Reintegration Programme are girls and the Programme has developed gender-specific support to respond to their needs.

Environmental Sustainability

Mostly met benchmarks

a) In any disaster, children are at most risk and every year, Nepal experiences small and medium-scale disasters triggered by recurring natural hazards and environmental degradation due to climate change. Nepal is ranked eleventh most at-risk to earthquakes and the thirteenth most at-risk to floods. Of 16 countries listed globally as being at 'extreme risk from climate change over the next 30 years,' Nepal ranks 4th (Maplecroft 2010, Climate Change Vulnerability index). Every year an average of 1,000 lives and USD 43 Million are lost due to disasters (NSET, 2008). Between 1971 and 2007, more than 50,000 people were reported injured, 3,000 people missing and more than 5 million people affected by disasters (ISDR, Nepal Country report, 2009).

b) In 2011, UNICEF/NCO completed a Child-Centred Disaster Risk Analysis (CCDRA) focusing on children's vulnerability in terms of risk of disasters in view of natural-hazards and climate change (i.e. earthquake, floods, landslides, droughts, diarrhoea epidemics, glacial lake mountain outbursts). Disasters are perceived as an outcome of wrong development choices – caused by human (in) action (e.g. land-use, building practices, environmental degradation, communicable diseases, poverty levels and population trends/patters). This analysis has guided the Country Office to focus on geography, right holders, proper timing, and good approaches and outreach especially in hard to reach communities. The outcome of this assessment has been incorporated in a new equity-focused situation analysis and has also been given priority in the new country programme cycle (2013-2017) allowing for geographical targeting of UNICEF programme interventions to systematically reduce disaster risks and promote climate change adaptation.

c) The WASH section has received funds from the Government of Finland for climate change adaption (CCA) and Disaster Risk Reduction (DRR) and already incorporated both strategies into its 2012 work plan. On initiative will be to ensure WASH components are included in the National Adaptation Programme of Action on Climate Change (NAPA). UNICEF has also initiated dialogue with Ministry of Physical Planning and Works and the Ministry of Education on CCA and DRR integration in regular programme interventions under the WASH and Education Programmes. Similarly, UNICEF is coordinating with UN agencies, the Ministry of Home Affairs and civil society at the central as well as at district level for advocacy on CCA and DRR and preparation of disaster risk management plans.

South-South and Triangular Cooperation

Since UNICEF Regional Office for South Asia (ROSA) and the South Asian Association for Regional Cooperation (SAARC) are based in Kathmandu, the Country Office has supported the work of South Asia Initiative to Eliminate Violence Against Children (SAIEVAC) of which governments, international and national NGOs, as well as UNICEF ROSA are members.

The Country Office supported the participation of some Nepali parliamentarians and Civil Society Organisation partners in the Asia Region Network on Early Childhood conference in Singapore (November 2011) which underscored the importance of early childhood learning and experiences for very young children (0-3) by exploring key policies and programmes from throughout the Asia-Pacific Region that have integrated efforts from key sectors such as health, education, and child protection through effective partnership between private-public spheres, civil societies, families and communities.

A South Asian parliamentarians meeting was held in Kathmandu on September where the lawmakers showed their strong commitment to show zero tolerance for the factors negatively affecting girls' education, recommended allocating 20 per cent of total national budget to ensure free and compulsory education.

UNICEF advocacy led to two recent Prime Ministers committing to tackle chronic malnutrition through a multi-sectoral approach during High Level Nutrition Side Meetings in Istanbul and in New York.

The Ministry of Local Development (MLD) was invited to share Nepal's experience on "Child Friendly Local Governance (CFLG)" at the "Second International Colloquium on Children and Governance" in Delhi in November 2011, a reflection of growing global recognition of the CFLG model.

Plans are in place to take high level government delegations on exposure tours on Child Protection systems (focusing on social welfare), Justice for Children, and Family-based alternative care in 2012. UNICEF and the Government are also looking into adapting an in-service training course in social work/social welfare service management developed for government staff in Cambodia and then adapted for Bangladesh.

Two high level conferences on child protection systems and adolescents are in the design stage for 2012 to which international experts will be invited from countries facing similar challenges to Nepal.

Country Programme Component: Decentralized action for women and children

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Children and women, with a particular focus on the disadvantaged, increasingly benefit from improved governance at both local and national level		2 FA5OT9, FA5OT6

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R	2,424,892.00	1,336,144.20	1,319,467.10	98.75
RR	1,818,365.00	1,767,535.04	1,750,862.97	99.06
Total	US\$4,243,257.00	US\$3,103,679.24	US\$3,070,330.07	

Results Achieved

As a result of UNICEF advocacy, the National Strategy on Child Friendly Local Governance (CFLG) was approved by the Cabinet in July 2011 demonstrating the Government's commitment towards promoting child rights in governance reforms. The Ministry of Local Development (MLD) was invited to share Nepal's experience of CFLG at the "Second International Colloquium on Children and Governance" in Delhi in November 2011, a reflection of growing global recognition of the CFLG model.

CFLG implementation is on track in accordance with Cabinet approved targets. 22 District Development Committee councils have adopted CFLG this year (156 Village Development Committees) as compared to 11 last year (26 VDCs.) 10 Municipalities have now commenced CFLG compared to 5 last year. Additional human resources have been trained to meet the increasing demand for trainers and facilitators to support CFLG expansion. Training to all MLD senior officials and orientations to all 75 Local Development Officers and 58 Municipality Executive Officers has built a common understanding. UNICEF's work on CFLG is also under the umbrella of the Government's Local Governance and Community Development Programme (LGCDP), especially relating to integrated planning, social mobilization and the representation of children, women and excluded groups in governance structures and processes.

Capacity building of all VDC Secretaries on child rights/CFLG in 18 targeted districts has resulted in increased expenditure of block grants for children this year (6%) as compared to last year (1.6%). Preliminary findings from the "Block Grant Assessment" (which covered 23 districts) show that VDCs that have adopted CFLG have higher allocations for children. Overall allocations are improving towards the 10% national target and 15% CFLG enhanced target. Block grants have been utilized for play materials, training for children in leadership/life skills/wall newspaper, for birthing centers, ECD, libraries, and girls' resource centers, most of which were demanded by the children/child clubs. UNICEF advocacy has succeeded in formal provisions made for child representatives to participate in Integrated Planning Committees (the main decision-making body for resource planning at the VDC level).

Extensive efforts and progress have been made to transition and align lessons learned from UNICEF's Decentralised Action for Children and Women (DACAW) social mobilisation with LGCDP. Inclusion of UNICEF staff in the Technical Task Forces on Social Mobilisation (at national and regional level) has facilitated these alignments. Highlights include: (1) CFLG VDC level committees are aligned with Integrated Planning Committees (IPC); (2) Child rights has been incorporated into the LGCDP Social Mobilisation handbook that has been distributed and rolled out nationally; (3) DACAW community organizations, child clubs and PLCs are represented and engaging in LGCDP Ward Citizen Forums in 18 targeted districts; (4) Child club

representatives, especially adolescent girls, have been ensured in all structures created by LGCDP; (iv) joint orientations, for Village Facilitators (VFs) and LGCDP social mobilisers (SMs) on the REFLECT methodology, child rights, CFLG and local level planning training and joint monitoring have led to VFs and SMs gaining clarity on structural linkages and the added value of working together.

Most Critical Factors and Constraints

Many of the continuing challenges are related to institutional arrangements. Nepal's present governance structure mandates central line agencies to delegate only to the level of their district offices. so devolution plans under earlier policies have not been finalised and implemented. Furthermore, locally elected bodies have been absent for many years. Vacancies, absenteeism, and high staff turnover at the local level also put constraints on programme performance and continuity. In addition, the quality of monitoring and evaluation at district level is often very low.

The political transition towards federalism will require UNICEF to continue to adapt regularly in the coming years to ensure governance gains for children and women achieved so far are maintained and integrated into new governance modalities. In areas with a high security risk, local resource groups have been trained and mobilised to ensure that CFLG remains sustainable. Inaccessibility issues and a lack of local partners in the newly targeted districts in the Mid and Far Western Development Regions have slowed progress in establishing community mobilization and structures there.

Human resource constraints are also evident. Many DDCs have inadequate capacity in terms of leadership and technical competence to coordinate local planning processes including the development of periodic plan including child profile, investment plan, and status reports that are required for the implementation for CFLG. Training and technical assistance support for CFLG expansion and implementation will require expanded partnerships.

Although an increased trend in the allocation and expenditure of block grants for children is observed, validity of the information on block grants is remains questionable due to the absence of recommended formats for record keeping. Resource allocation for children continues to get less priority; continued advocacy will be essential. Bringing women and child friendly fund allocation processes into mainstream local systems remains challenging.

In relation to aligning with LGCDP social mobilisation structures the capacity of LGCDP social mobilisers to facilitate CFLG and child rights issues is weak. Capacity building and introduction of tools and guidelines to better facilitate child rights issues will be required.

Key Strategic Partnerships and Interagency Collaboration

The main implementing partner for DACAW/CFLG is the Ministry for Local Development. Strong partnership continues with the core working group of MLD, World Vision and Inlogos. Other I/NGOs have recently expressed interest and participated in a workshop to expand the partnership. At district level, programme activities are generally implemented by DDCs, while at village level, activities are implemented by VDCs, and other community based organizations, including Paralegal Committees and Child Clubs.

At the national level, partnerships have been started with training institutions such as the Nepal Staff College (NASC) to mainstream CFLG and build capable human resources to plan, deliver and monitor training in districts and municipalities. Advocacy is on-going to incorporate child rights/child participation perspectives in all regular and tailor-made courses designed and implemented by the NASC for public servants at frequent intervals.

In 2011, partnerships were extended with Local Body Associations such as the Association of District Development Committees (ADDC/N) and the Association of Village Development Committee (NAVIN) to assess allocation of block grants for children and to build capacity of VDC Secretaries respectively. An initial discussion has begun with the Municipal Association (MUAN) which has resulted in MUAN reflecting CFLG and child labour action plans in their strategic areas of work for 2012.

As part of UN support to LGCDP through the UN Joint Program on Decentralisation (UNJP), UNICEF and other UN agencies have worked to provide comments on a number of policy documents and guidelines for inclusive governance, for example the Gender and Social Inclusion (GESI) operational guidelines, and the incorporation of child rights in the two training curricula developed for Ward Citizen Forums and Community Awareness Centres. Additionally, a twelve member team of UNJP team (UNCDF, UNICEF, UNDP, UNFPA, UNV and UN Women) conducted a joint field visit to three districts in May 2011. The joint field visit aimed to identify good practices as well as challenges faced in LGCDP. The joint visit has enabled the different agencies to understand better each other's programme activities, both within the LGCDP framework and related activities outside.

Humanitarian Situations

Not applicable.

Summary of Monitoring, Studies and Evaluations

Formal structures are in place for overall policy direction, programme management, coordination, planning, review and monitoring of DACAW/CFLG: the National CFLG Coordination Committee at the national level; District CFLG Committees; Municipality CFLG Committees; and the VDC CFLG Committees. Regular reviews, planning meetings, and joint monitoring are organised in targeted districts and VDCs, which has helped to build ownership of the efforts to prioritize the concerns of women, children and the disadvantaged.

At the community organisation level, communities discuss and review information related to children and women by updating community information boards, which has been one of the keys to help communities assess the situation of children, analyse the issues and take action accordingly. Community mobilisers present the information at the community meetings. Village facilitators compile the information and present it at the District Development Committee level. This information as well as other data gathered from line agencies is presented in the mid-year and annual reviews which are sent to the Ministry of Local Development and UNICEF.

Key CFLG outputs have been incorporated in the revised LGCDP monitoring and evaluation framework. The Terms of Reference for a review of Disadvantaged Group (DAG) mapping has been drafted but following MLD's request, has been postponed to 2012.

With MLD, UNICEF has started an analysis of how decentralisation policies affect the rights of children. This will contribute to a regional policy review and analysis, and will be drawn upon to undertake other priority reviews and identify follow-up actions to improve UNICEF's equity strategy in anticipation of the transition to federalism.

Future Work Plan

UNICEF's extended country programme for 2011-2012 formalises the process of building upon DACAW's lessons and moving towards the Child Friendly Local Governance strategy with the Ministry of Local Development.

UNICEF will continue to provide intensive support to the most marginalized communities in 18 targeted districts and provide strategic support to extend CFLG to a total of 37 districts and 15 municipalities by the end of 2012.

Support will include efforts to: (1) influence LGCDP policy documents and guidelines in favour of children, women, and the disadvantaged; (2) roll out child-friendly local governance; (3) align DACAW processes and structures with those of the LGCDP, with a focus on social mobilization; and (iv) support the review DAG mapping and developing participatory monitoring tools.

Country Programme Component: Social policy

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Children and women, with a particular focus on the disadvantaged, increasingly benefit from improved legislation and policies that are based on evidence and the voice of children and young people		2 FA5OT1, FA5OT2, FA5OT3, FA5OT4, FA5OT5, FA5OT7

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R	392,977.00	746,820.33	743,726.09	99.59
RR	786,384.00	813,701.88	807,487.13	99.24
Total	US\$1,179,361.00	US\$1,560,522.21	US\$1,551,213.22	

Results Achieved

Advocacy has convinced Constitution Committee members, political leaders and influential members of legislative committees to review the current citizenship provisions in the draft Constitution which contravene the CRC and CEDAW. The National Plan of Action for Children was revised following the 2010 Mid-term Review and the final draft of the CRC State Report was produced, including active participation of children and key Ministries. It is expected the Cabinet will finalise the CRC Report for submission to the Committee in early 2012.

UNICEF provided technical inputs to the Government Inter-Ministerial Steering Committee's preparation of a draft National Social Protection Framework in line with the UN Social Protection Floor. Consultations with civil society, trade unions and parliamentarians in 2011 helped the Steering Committee identify priorities for institutional reforms as part of the Framework. The Government's new Three Year Plan features a new chapter highlighting the role of social protection as an instrument to address inequality. The new child grant continued to achieve an average of 90% coverage in the 5 districts, and building upon birth registration component, some localities have already achieved universal registration.

In the area of child participation, UNICEF and the "Consortium" national partnership on child participation conducted an extensive strategic review, which included national mapping and consultations with 280 children and stakeholders. There are now 13,291 Child Clubs active across Nepal. Building on the review, a national policy on children's participation has been drafted and submitted to the Ministry of Women Children and Social Welfare. Building on Child Friendly Local Governance, there are now adolescent representatives (50% girls) in 21 CFLG district committees. The youth run radio programme, SSMK, received 150,000 SMS, which were disaggregated, summarized and fed into weekly reportage in a popular national newspaper.

A special Equity Initiative (EI) focused on adolescents commenced in 2011. 104 teenage facilitators from disadvantaged areas (50% female) were trained and conducted awareness raising sessions reaching over 1,500 adolescents in their communities to address issues of concern. Five local radio stations produced 30 adolescent-friendly programmes in local languages based on interaction with the EI adolescents.

The preliminary report from Nepal MICS 2010, which covered the Mid and Far Western regions generated much needed new disaggregated data, particularly on adolescent girls as well as children and women from an equity perspective. The District Poverty Mapping and Analysis System (DPMAS) is now set up in 23 districts by MLD with technical support from the National Planning Commission and is expanding nationally.

Select UNICEF and Government shared indicators are monitored in real time using WFP's Vulnerability Assessment Mapping (VAM), which will also contribute to Level-3 monitoring of UNICEF's Strategic Result Areas. These initiatives continue to build the capacity of the Government to provide disaggregated data on children and women.

UNICEF led the analysis on Adolescent Girls and Children without Basic Education for the Country Analysis for the new UN Development Assistance Framework and undertook an equity-focused Situation Analysis for the next Country Programme drawing on the new analyses on child vulnerability and inequity.

Most Critical Factors and Constraints

Delays in constitution drafting and ongoing political transition, including frequent transfers of government officials, have negatively affected legislative reform processes and require regular, proactive advocacy efforts with a variety of decision-makers to ensure child rights. Existing institutional capacity in social protection, both at national and local level, needs to be strengthened, including more attention to facilitating coordination between Ministries and initiatives. Social budgeting work has begun but will require expanded partnership and more technical expertise.

Resource mobilisation needs to be addressed for social policy. While this has been quite successful with particular donors for governance, some social protection work and some data work such as MICs, other areas, especially in regards to work on policy analysis, legislation and child participation, have become even more constrained in the last year.

Extensive consultations with children reveal that quality facilitation of children's organisations is lacking and more effort needs to be made in building the capacities of adults. Despite the gains achieved in children's participation in local governance, evidence suggests that the actual understanding of meaningful and ethical participation among duty bearers is inconsistent. In addition, support to Child Clubs and child led initiatives is still not reaching the most marginalised children, requiring more systematic efforts with support organizations and with the mechanisms of Child Clubs themselves.

The behaviour change objectives of the Equity Initiative require longer term efforts than the design of the Initiative. Efforts towards sustainability are being made to link the Equity Initiative with other initiatives focused on adolescents and young people in the design of the new Country Programme.

The Nepal Three Year Interim Plan (TYIP) 2010/11-2012/13 was finalised without a results matrix. Lack of UN-wide coordination to support and influence TYP finalisation affected the effectiveness of policy formulation and implementation.

Some DDCs continue to face a lack of human resources and technical problems with low quality IT equipment to run the DPMAS software. Less than 20% of districts have submitted data by December 2011, with the former DACAW districts being amongst the few to provide the necessary local support. Segregating information by social groups (caste and ethnicity) at VDC level without amendment in the existing sectoral MIS system is difficult. A review by the DPMAS Steering Committee is being planned to discuss implementation and policy bottlenecks.

Key Strategic Partnerships and Interagency Collaboration

Social policy work features multi-faceted partnerships, with Government, development partners, civil society organisations, political leaders, parliamentarians and children themselves. UN collaboration has been instrumental in legislative reforms, especially influencing political leaders and parliamentarians to revise key provisions in the Constitution drafting to ensure child rights and international human rights standards, and actively working on inputs and follow up to recommendations from the Universal Periodic Review and Committee on CEDAW in 2011. The cross-party child rights caucus – the Parliamentary Forum for Child Rights - and other groups of parliamentarians have been active and effective partners in the legislative reforms.

Social protection partnerships in Nepal were featured in a 2011 UN Development Group Asia Pacific guidance

note, highlighting the work with the inter-Ministerial Steering Committee led by NPC and the Development Partner task team, which includes the UN system, ADB, DFID and GIZ. Effective inter-Ministerial committees were supported to prepare the CRC periodic report and review and revise the NPA, and included consultations with children.

A broad set of stakeholders, including local officials, were involved in implementation of the child grant in Karnali region. Local media in the Karnali region were involved in broadcasting awareness messages and women's groups, female community health workers and child clubs were actively engaged.

UNICEF has continued its partnership with the Consortium of Organisations Working for Children's Participation and the national coalition for Children as Zones of Peace and Child Protection. UNICEF has been working with SSMK and Nagarik media to reach higher numbers of adolescents.

Also in the area of UN partnerships, UNICEF is active in the Gender Theme Group, Social Inclusion Action Group, and the special UN Youth Advisory Panel. The UN Radio (closed at the end of 2011) was managed by UNICEF on behalf of all 22 UN agencies and broadcast well-received programmes nationwide.

An MOU was developed with WFP to use its VAM system to bridge information gaps by providing real time data and information on the situation of women and children in Nepal with relevance to UNICEF's programmatic needs. VAM will provide the analyses to inform policy makers with real time information on access to services for vulnerable children and women as well as their changing risks and vulnerabilities. This system can also be developed for Level 3 monitoring of UNICEF's Strategic Result Areas.

There is a growing awareness on the importance of strategic evaluation in the country. NPC has initiated an external evaluation of the *Karnali* and Social Security programmes. Consultations with NPC and a community of evaluators were useful in realizing the need to undertake an assessment of evaluation practices in Nepal in order to come up with strategies to improve evaluation in partnership with the Government, evaluation societies and other UN partners.

Humanitarian Situations

UNICEF has contributed to enhancement of humanitarian preparedness for response by updating national contingency plans for multi-hazards in four clusters (WASH, Nutrition, Education and Child Protection) taking the Core Commitments for Children (CCCs) as a basic framework. Progress has been achieved in setting clear standards, developing the capacity of cluster member organisations and Government. Minimum preparedness measures are in place with pre-positioned of relief materials at four strategic locations. UNICEF also updated initial rapid assessment tools on multi-hazard scenarios for four clusters.

Multi-sectoral contingency plans based on the CCCs have been developed with Government and partners in 10 hazard-prone districts. This process has enhanced the knowledge and capacity of districts partners for better response including cluster coordination mechanisms.

UNICEF's response to the September 18 earthquake, support for emergency preparedness in health, nutrition, education, child protection and WASH, post-conflict assistance, and CMAM are reported elsewhere in the Annual Report.

UNICEF also supported mass media broadcasts and social mobilisation through schools to address a bird flu outbreak in Bhaktapur.

Social mobilisation for hygiene promotion was completed in 50 VDCs of 15 diarrhoea-prone districts. The capacity of 1,200 FCHVs in 11 multi-hazard districts has been enhanced to disseminate knowledge about improved hygiene behaviour and practices. Almost 90,000 household members are now practicing proper use of life saving WASH items (60,000 households are drinking safe water from 158 small water schemes/hand pumps, and 340 vulnerable households are using raised latrines). An end line survey conducted in Achham and Dailekh districts showed that hand washing with soap after defecation increased from 17% (baseline) to 64 %.

A spatial and quantitative Child-Centred Disaster Risk Assessment (CCDRA) was conducted to systematically incorporate Disaster Risk Reduction and Child-Centred Risk Assessment into UNICEF's programmes. The assessment considered child vulnerability by focusing on aspects related to child rights, survival, development and well-being in addition to natural hazards, exposure and capacity of the duty bearers.

Summary of Monitoring, Studies and Evaluations

UNICEF took the lead in coordinating among the Central Child Welfare Board and a consortium of organisations working for children's participation to review Child Clubs in Nepal over the last ten years. Extensive consultations with children, parents, local NGOs and local government representatives were held in 11 districts. The report will be finalised by February 2012 with concrete recommendations to all partners and UNICEF. Preliminary feedback has already contributed to planning a new adolescent development and participation programme in the new Country Programme.

UNICEF conducted an evaluation of the SSMK radio programme confirming the continued popularity of the radio programme amongst the more than 6 million young listeners.

Nepal MICS data cleaning, finalization of tables and preliminary report were completed. The final report is being reviewed by UNICEF New York and is expected to release in early 2012. The survey provided new disaggregated data and evidence on the situation of children and women in the Mid- and Far-Western Regions by wealth quintiles, sex, caste/ethnicity, rural/urban, and six geographical domains.

UNICEF continued to support the District Poverty Monitoring and Analysis System (DPMAS) at national and district levels. The first set of data from reporting districts are being submitted and under review by MLD and NPC for further improvement in 2012. An MOU was developed with WFP to use its VAM system to provide real time data and information on select indicators for women and children in Nepal with relevance to UNICEF's programmatic needs.

UNICEF initiated an equity-focused situation analysis of children, adolescents and women with the Government and contributed to the Country Analysis and formulation of results for the new UN Development Assistance Framework. UNICEF's situation analysis has identified patterns of disparity and inequity and the analytical process has built capacity of partners in a human rights-based approach to programming.

Future Work Plan

UNICEF will continue its engagement to ensure child rights in the new constitution and legislative reforms. In view of the ongoing political transition and realisation that many laws that are not in line with international human rights standards including CRC and CEDAW, legislative reform work and capacity building of parliamentarians continues to be a major focus, and has been identified as a priority for UNDAF 2013-2017. Parliamentarians themselves have also advocated for expanded assistance in budget analysis from a child rights perspective.

As Government continues to emphasise social protection, UNICEF will provide technical inputs and facilitate the process to finalise and follow up the national framework and will provide ongoing support for the child grant. Related to the national social protection framework, support is needed in fiscal and institutional analysis and steps are needed towards comprehensive social protection legislation. With regard to the child grant, support will be provided to strengthen the registration and delivery systems and for monitoring and evaluation to ensure evidence contributes to policy inputs and geographic expansion.

Concrete initiatives for 2012 following the Child Club review will involve actively engaging with global research partnerships relating to CRC articles 12 and 15. Tools for enhancing organisational structures of child led initiatives and monitoring and evaluation frameworks to assess adolescent participation will directly inform activities related to capacity building of child clubs/networks and implementing partners. UNICEF will strengthen ongoing partnerships and support intensive capacity building of key duty bearers for conceptual clarity and facilitation of children and young people's participation. The Most Significant Change participatory method of monitoring will be rolled-out in 2012.

Considering the focus of UNICEF Nepal on childhood disability in the next Country Programme and the general lack of disability data for planning, emphasis will be placed in clarifying definitions, indicators, methodologies, and formulation of strategies to generate such data. Building on experience gained during the sub-national MICS in 2010, preparation for a national MICS5 in 2013 will be initiated with the Central Bureau of Statistics to provide evidence for MDGs with equity ahead of the MDG target for the year 2015. Further equity focused knowledge will be generated using data from MICS 2010, the Nepal Living Standards Survey III and Demographic Health Survey 2011 with a focus on adolescents and vulnerable groups. A situation analysis of evaluation practices including a needs assessment and inventory of evaluators in Nepal will be initiated to support the Government develop a policy to strengthen country-led evaluations.

Country Programme Component: Child protection

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Children, especially disadvantaged children and adolescents girls, are better protected from abuse, violence, exploitation, discrimination, lack of parental care, unnecessary separation from family and the impact of armed conflict	2	FA4OT5, FA4OT6, FA4OT7, FA4OT8, FA4OT10

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R	1,817,047.00	6,010,518.04	5,835,766.59	97.09
RR	315,000.00	315,000.00	299,382.52	95.04
Total	US\$2,132,047.00	US\$6,325,518.04	US\$6,135,149.11	

Results Achieved

Technical inputs, support for the Parliamentary Forum for Child Rights (PFCR) and sustained advocacy efforts have resulted in important amendment proposals to bring the draft Children's Bill, Criminal and Civil Codes in line with international standards as well as raised awareness on key child protection issues among high level officials.

Justice for Children training resulted in 205 police and 300 judicial personnel from 40 districts with Juvenile Benches commencing child-sensitive procedures throughout the criminal justice process. 550 police officers from all 75 District Women and Children Service Centres (100%) who received "Care for caregivers" psychosocial training are better prepared to handle stressful children's and women's cases. Efforts are being made to expand the scope of Juvenile Benches from child offenders to child victims and witnesses, and to provide free legal aid and free medical care to victims, as well as to establish linkages with social welfare services.

Newly-recruited Child Rights and Child Welfare Officers from 30 districts have been trained. In addition to child rights, child protection issues and responses, for the first time the curriculum includes basic training on case management and social work. In 4 remote districts, 3,414 children at risk benefitted from family support, foster care, kinship care or domestic adoption, thereby preventing their institutionalization, exploitation or trafficking. In 8 municipalities, joint work plans co-funded and co-implemented by UNICEF,

Government, NGOs and the private sector were developed to provide services to 5,000 children engaged in detrimental or hazardous labour.

The number of Village level Paralegal Committees (PLCs) increased from 720 to 975, and district coverage from 23 to 59 districts. All new PLCs and District Resource Groups (DRGs) received initial training and while existing PLCs and DRGs received refresher training. The focus of PLCs has evolved from mostly Gender-based Violence to increased emphasis on child protection. PLCs handled approximately 10,000 cases in 2011, out of which 15% were children (child marriage, child abuse) and 85% women (gender-based violence); 90% of the cases were responded to in the community and 10% referred to district authorities.

5,779 children affected by conflict and 415 Verified Minors and Late Recruits were successfully reintegrated through education and/or income generation support and psychosocial counseling. UN Security Council Resolution 1612 monitoring and reporting mechanisms found that none of the six core conflict-related child rights were violated, and continued dialogue was held with the Unified Communist Party of Nepal (Maoist) and Maoist Army commanders to ensure full compliance with the Action Plan. 27,461 women and girls accessed reproductive health services and 4,812 women and girl victims of sexual violence during or after the conflict were provided with legal and psychosocial counseling and referred to other services. Mine Action interventions are being transferred to the Ministry of Peace and Reconciliation (MoPR). The Department of Education (DoE) provided Mine Risk Education to 1,000 schools, and Local Peace Committees to affected communities in 12 districts. Preparations to transfer the national explosive device injury surveillance system used to prioritise prevention and advocacy activities to the police are under way.

Most Critical Factors and Constraints

The complex and unstable political situation continues to weaken commitment to make decisions on the part of Government as well as causes a high turnover of high level officials and politicisation of the public administration at all levels. The lack of clarity with regard to the respective mandates of the Central and District Child Welfare Boards and the Department and District Office of Women and Children, as well as their lack of financial and human resources, constitute major obstacles to building a child protection system in Nepal. The capacity of state authorities responsible for child protection in planning, implementation and monitoring of key interventions needs to be strengthened in order to build programme ownership, increase absorption capacity, and accelerate programme implementation. There is need for legislation, policies and regulations defining structures, mandates and roles of child protection authorities, as well as operational procedures for managing cases of children in need of care and protection, and providing child and family welfare services. The lack of child protection information management systems makes it difficult to plan programmes, conduct advocacy, monitor progress, and assess the impact of interventions. Gaps and weaknesses in existing legislation with regard to several key child protection issues, as well as weak law enforcement, also hamper programme implementation. The absence of a detailed and comprehensive national plan of action and coordination mechanism in the area of child protection leads to duplication of efforts and under-utilisation of existing resources.

In order to support the PLC Programme, NGOs are being contracted to complement government human resources, in particular to ensure the implementation of the new monitoring system and to supervise the work of the PLCs in the field. A national consultant has been hired to provide technical assistance to the 8 municipalities implementing the child labour programme. With a view to harmonizing approaches and maximizing financial resources and technical expertise, UNICEF took the lead in establishing a national coordination mechanism among the main External Development Partners who are supporting child protection government authorities and local NGO service providers.

The stalling of the peace process, including Constitution drafting and demobilisation and integration of Maoist combatants, has had a negative impact on the Reintegration Programme for Verified Minors and Late Recruits. UNICEF and other UN partners have been advocating with the Government to link VMLRs with government employment or other economic programmes.

Children Associated with Armed Forces and Armed Groups (CAAFAG), Children Affected by Armed Conflict (CAAC) and VMLRs are scattered among 60 of the 75 districts in Nepal, many in remote rural villages. This logistical and financial challenge has created an opportunity to establish child protection systems addressing

a wider range of issues in these areas.

The delay in establishing the Truth and Reconciliation Commission has made it impossible to implement the planned support for children's access to transitional justice.

Key Strategic Partnerships and Interagency Collaboration

Government implementing partners include: the Ministry of Women Children and Social Welfare, Department of Women and Children, Central Child Welfare Board, National Judicial Academy, Police and Juvenile Justice Coordinating Committee, at national and local level. The Programme also coordinates and advocates with the Chief Justice, Attorney General and Prime Minister's Office, as well as with Ministries of Labour and Local Development.

UNICEF is providing technical inputs and conducting advocacy with Parliamentarians on key legislation jointly with Children as Zone of Peace and Child Protection (CZOPP), the main child protection NGO network), as well as with OHCHR.

Together with Plan, Save the Children, World Vision, World Education and Terre des hommes, UNICEF has signed a Letter of Understanding with the Central Child Welfare Board to provide technical and financial assistance for the implementation of a joint work plan, with a view to harmonizing approaches, avoiding duplication and maximizing resources.

The Programme to combat child labour in one of the 8 target Municipalities which is co-funded and co-implemented by the local Chamber of Commerce and Industry, a first-time partnership with the private sector. Each of the 8 Municipalities contracts local NGO service providers.

UNICEF is part of the following joint UN Projects funded by UN Peace Fund Nepal: (i) Support to Rehabilitation of Verified Minors and Late Recruits: UNICEF provides education support, psychosocial counseling and gender-specific support, UNDP career counseling and vocational training, UNFPA health training, and ILO training to vocational training service providers; (ii) Monitoring, reporting and response to conflict-related child rights violations (UNSCR 1612), with OHCHR; (iii) Documentation and response to women and girls victims of sexual violence: UNFPA provides reproductive health services and UNICEF documentation and psychosocial and legal counseling and referral; and (iv) the Multi-Sectoral Gender Based Violence Response in 4 districts funded by the UN Trust Fund in Support of Actions to Eliminate Violence Against Women (EVAW): UNICEF implements the programme through Paralegal Committees, UNFPA provides training on gender-based violence and UN Women builds the capacity of key government stakeholders in gender legislation and policies.

An MOU with UNDP specifies the terms of the handover of 70 PLCs to the UNICEF-supported PLC Programme. An MOU with ADB and MWCSW aims at supporting the Gender Empowerment and Equality (GEEOW) Programme through PLCs in 15 districts.

Partner Cooperation Agreements with over 20 local or international NGOs provide for the implementation of Reintegration of children associated with armed groups, UNSCR 1612 Monitoring and Reporting Mechanisms (MRM), PLC Programme training and Family support/family-based alternative care.

On the occasion of the Day of Prayer and Action for Children (DPAC), UNICEF developed a campaign to combat violence against children with religious groups through workshops with a local NGO alliance and inter-religious network.

Since UNICEF Regional Office for South Asia (ROSA) and the South Asian Association for Regional Cooperation (SAARC) are based in Kathmandu, the Country Office is supporting the work of South Asia Initiative to Eliminate Violence Against Children (SAIEVAC) of which governments, international and national NGOs, as well as UNICEF ROSA are members.

Humanitarian Situations

Due to the high risk of massive earthquake, UNICEF requested a Child Protection in Emergencies (CPiE) expert from UNICEF Office of Emergency Programmes (EMOPS) Geneva under a Standby Partner Agreement. The expert: (i) reviewed and updated all the Child Protection Sub-Cluster Documents and Tools (Contingency Plan, Terms of Reference, Standard Operating Procedures, Contact lists, Action Plan for emergencies, Guidelines for mainstreaming protection issues across other clusters/checklists), as well as the child protection section of the multi-cluster rapid assessment tool (MIRA); (ii) adapted the global Child Protection Rapid Assessment (CPRA) tool to the Nepali context and developed a very simple and quick Rapid Assessment tool for the very early stages of emergency, which was used following the September 18 earthquake; (iii) reviewed and updated the Child Protection Section Emergency Preparedness and Response Plan as well as defined the respective roles of the Child Protection and Education sections in the implementation of safe/child-friendly spaces; (iv) reviewed existing information-education-communication (IEC) materials and made recommendations for the development of new ones; (v) reviewed and updated the existing CPiE training package and added new modules (Disaster Risk Reduction, Child Protection Committees, Working with children, Child trafficking and child labour, Communication, and Children with Disabilities); (vi) conducted a one-day refresher training for the Child Protection section; (vii) reviewed CPiE contents of Child Protection Community Mobilisation Handbook and PLC Handbook, and wrote the CPiE contents for related Training Manuals; and (viii) developed a generic CPiE training module.

Shortly after the September 18th earthquake in the Eastern Region, Child Protection team members participated in the initial assessment mission to the affected districts. The Child Protection section produced and aired radio messages for children and parents on how to deal with distress after the earthquake, and mobilised and oriented psychosocial counselors from local NGO partners to conduct psychosocial sessions in selected schools in affected districts, as well as to follow up on possible serious cases of children with psychosocial problems. These interventions were funded from existing programme resources.

Summary of Monitoring, Studies and Evaluations

A Knowledge Attitudes Practice and Behaviour (KAPB) baseline survey on violence against children and women was conducted in a sample of 36 districts, with a view to measuring the impact of the Paralegal Committees by comparing areas with and without PLCs and progress over time, as well as to collecting data on these issues. Interviews were conducted with 2,250 children, women and men, as well as with Government officials at local and national level, and 100 focus group discussions were carried out with in- and out-of-school children. Results will be available in 2012.

The PLC Programme developed a new monitoring system to provide data on trends with regard children and women in need of protection, as well as to assess the performance of PLCs, DRGs and Government authorities. Information includes PLC and DRG membership, cases detected and response or referral provided by PLCs and DRGs, awareness-raising activities conducted by PLCs, and orientation to stakeholders and training of PLCs carried out by DRG.

Baseline surveys on child labour have been conducted in the 8 target municipalities to guide future programme interventions including communication for development.

A full-time Monitoring and Reporting Officer (International UN Volunteer) was hired. Protection data available in existing national household surveys and information management systems (IMS) have been analysed, and child protection modules inserted into World Food Programme-supported Vulnerability Assessment Mapping. Existing child protection information systems were assessed and a proposal developed to establish a user-friendly child protection IMS for police, court and social welfare, as sub-systems to feed into a national child protection management information system.

Nepal was selected for the ROSA Consultancy "Equity: Closing the data gaps for child protection and HIV/AIDS policy development and programming in South Asia". The subsequent Guidance Note and Country Roadmap provides further insights into implementing the equity focus in child protection data collection and analysis, including Strategic Result Area (SRA) monitoring.

Nepal was included in 3 studies on the UN SCR 1612 MRM conducted in 2011. These were, an overall regional analysis carried out by the Asia Pacific Shared Services Centre (APSSC), good practices conducted by the Office of the Special Representative of the Secretary-General for Children and Armed Conflict and MRM during transition periods implemented by EMOPS. It is hoped that Nepal's experience will be useful to other countries and that these studies will serve as a basis to develop guidelines and share good practices on MRM implementation in both conflict and post-conflict contexts.

UNICEF with Transcultural Psychosocial Organization (TPO) assessed the psychosocial wellbeing and mental health of VMLR, with a view to measuring the efficacy and improving the provision of psychosocial counseling services. The baseline study showed that 11% of the interviewees suffered from all three mental health related problems, namely depression (34%), anxiety (35%) and post-traumatic stress disorder (PTSD) (13%) and that the prevalence was higher than in the general population in Nepal. A follow-up assessment will be conducted in 2012 to assess changes in relation to the baseline.

Future Work Plan

The Child Protection Programme is gradually moving from an issue-based to a systems approach. 2012 will be a year of transition to lay the foundation for the change of approach to be fully implemented during the 2013-2017 programme cycle.

A comprehensive child protection system will be supported in selected districts and municipalities, involving community-based mechanisms, Government social welfare services, NGO service providers, security and justice systems, as well as education and health services and local government, with a view to developing models to be replicated in 2013-2017. The system will build on and bring together existing interventions, namely Paralegal Committees, CAAFAG/CAAC, Child Labour and Family support/ Family-based Alternative Care NGO service providers, including trained NGO social workers and psychosocial counselors, under the leadership of District Child Welfare Boards and Women and Children Offices. The capacity of the latter to fulfill basic state responsibilities with regard to case management, monitoring of service providers and coordination and referral with government agencies and NGOs will be developed. The capacity of District Courts and Police Women and Children Service Centres to implement child-sensitive justice for all children in contact with the law will be strengthened. Information management systems will also be modeled in these locations. District and Municipal child protection plans will be developed under the child-friendly local governance framework.

At the same time, a number of advocacy efforts will be carried out at national level to raise awareness among policy, law and decision makers on the importance of taking effective measures to protect children from violence, abuse and exploitation. UNICEF jointly with CZOPP will conduct a series of workshops with Parliamentarians to introduce Amendments to ensure alignment of the Children's Bill, Criminal and Civil Code with international standards. High level government officials will go on exposure trips to learn from other national Child Protection systems emphasising Child and Family Welfare Services, and from Justice for Children systems with a focus on the protection of the rights of victims and witnesses and socio-educative measures for children in conflict with the law. A mapping of child protection systems will be carried out by a team of national consultants with guidance from an international expert. Findings will be presented in the course of national symposia with government, NGOs and international experts on child protection systems, which will also serve to strengthen national capacity and to plan the next steps to develop these systems in Nepal.

Based on the results of the KAPB survey on violence against children, a comprehensive strategy for social and behaviour change related to child protection will be developed for implementation in 2013-2017.

Besides the establishment of IMS in police, courts and social welfare services, efforts to generate data on child protection through existing national household surveys and education, health and local development IMS will continue. Follow up and monitoring systems to measure the impact of capacity building activities and services supported by the Child Protection Programme will be developed and implemented.

Country Programme Component: Education

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Children have increased equitable access to child-friendly learning opportunities that are sensitive to conflict, gender and social diversity		2 FA2OT1, FA2OT2, FA2OT3, FA2OT4, FA2OT5, FA2OT6, FA2OT7, FA2OT8, FA2OT9

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R	4,316,923.00	2,710,786.55	2,630,509.07	97.04
RR	500,000.00	691,257.51	682,305.07	98.70
Total	US\$4,816,923.00	US\$3,402,044.06	US\$3,312,814.14	

Results Achieved

Partner support to the "School Sector Reform Plan" continued via the Sector-wide Approach (SWAp) through which UNICEF, together with partners, stressed the importance of equity and quality in education. Advocacy led to the Teachers' Regulation being amended with the provision of 45% reservation for women and disadvantaged populations. A multilingual education guideline developed by the Ministry of Education (MoE) to promote mother tongue primary education. Collaboration with the Parliamentarians' Caucus on gender/girls and Early Childhood Development (ECD) has succeeded in increasing equity provisions in the draft Education Act and in the draft Constitution. Reflecting the success of "Schools as Zone of Peace (SZOP)" initiative in the conflict-ridden Terai area, the Government declared all schools as "zones of peace", and endorsed the National Framework and Implementing Guidelines. UNICEF's support in promoting a holistic approach to ECD has resulted in the incorporation of parental education in the Government's draft Multi-Sectoral Nutrition Plan. Early Learning and Development Standards are now ready for MoE's endorsement. UNICEF supported the Department of Education (DoE) finalise Child, Gender and Disability (CGD) friendly WASH Technical Guidelines with provisions to increase inclusiveness of these facilities.

Support to the most vulnerable districts has yielded positive results. The roll-out of the Child-friendly Schools (CFS) National Framework in 1,200 schools in 30 districts was scaled up from Grade 1 coverage to Grades 1 to 3. Grade 1 promotion rate in these districts increased from 62.8% in 2009/2010 to 68.2% in 2010/11, and the gender gap has closed (Girls' 62.6% to 68.2%, Boys' 63.1% to 68.3%). The drop-out rate decreased from 10.8% to 8.39% (Girls' 10.4% to 8.5%, Boys' 9.7% to 8.2%). UNICEF's advocacy led to the MoE allocating significant budget to girls' latrines, and UNICEF's technical support was instrumental for the MoE to construct 5,472 girls' latrines in 2011. This boosted the percentage of primary schools with adequate latrines and water supply from 34% to 45% in just one year. ECD centres have increased by nearly two-fold in the 26 targeted districts; from 5,713 to 10,943.

5,384 out-of-school children (68% girls) received education through alternative learning opportunities. 2,068 working children in 7 urban municipalities received non-formal education, of which 742 were also supported the UNICEF's Child Protection programme.

To improve transparency and accountability, community level stakeholders are increasingly participating in school management. All 1,200 schools supported through the CFS initiative have developed School Improvement Plans (SIPs), with increased participation of female and disadvantaged group members. The Welcome-to-School 2011 Campaign enrolled 100% children in catchment areas of 45 schools of the southern plains. Girls' Education (GE) Networks, Child Clubs and Young Champions are monitoring 220 schools in

Central and Eastern Region, resulting in children's timely access to textbooks and scholarships. In the Eastern Region, advocacy by the GE Network Group led to appointments of female head teachers in seven schools.

Most Critical Factors and Constraints

The Government has made important progress in increasing children's access to education. However, much needs to be done in order to improve equity, as well as quality and governance. Repetition rate in primary education is still at 22.6 %, and survival rate at 82%. Multiple forms of disparities affect children like geography, gender, caste, language and so on. Several measures to improve equity have been implemented, such as providing scholarships to girls and disadvantaged populations, and providing free textbooks to all pupils. However, governance within the education system remains weak. Community mobilisation is still not considered as key to improving school management, performance and accountability. Many parents and School Management Committee (SMC) members are unaware of their roles and responsibilities. School Improvement Plans (SIPs) are developed in an increasing number of schools; however they are often limited to hardware/infrastructure improvement. Participation and social inclusion, especially that of women and disadvantaged populations, while improving is still not substantive, both within the teacher population and among SMCs.

Another bottleneck in improving equity is the lack of reliable data, data accuracy in MoE Education Management Information System (EMIS), and over-reporting of student numbers because schools try to obtain more capitation grants and scholarships. Monitoring of data quality is weak and no system of sanctions (positive or negative) exists to enhance information management.

Despite multiple advocacy efforts, there has been little progress in devising strategies to reach the currently unreached. The MoE carried out a study to determine the number of out-of-school children in 2010, but results have not been disclosed. Although tailored strategies reflecting different contexts are required, there is no policy to address the issue of out-of-school children.

The Government is making important investments to improve the availability and quality of WASH facilities in schools, but its technical capacity for constructing and monitoring is weak, especially at the district and school levels. The CGD-friendly WASH Technical Guidelines were developed as an important tool to help local level stakeholders ensure and monitor quality of the constructions.

The capacity of the Government to respond to large-scale emergencies is a concern. Resource allocation for emergency preparedness and response is insufficient. The Education Cluster needs to be strengthened at the central and district levels to expand its focus from the 20 most multi-hazard prone districts to additional districts to mitigate disaster risk. Resource availability for regular preparedness activities such as the School Earthquake Safety Programme remains a challenge. UNICEF's support has been instrumental in increasing disaster preparedness; after the September 18th earthquake the Government took prompt action for assessment and response coordination, including allocating funds to affected schools in five districts.

UNICEF Nepal's Education Programme faced a severe funding deficit, particularly in the first half of 2011 leading to a delay in programme implementation. However, most critical activities were prioritised during the period, and most of the planned activities are now on track.

Key Strategic Partnerships and Interagency Collaboration

UNICEF has been the donor focal point of Nepal's education Sector-Wide Approach (SWAp) during the year 2010/2011. Ten Development Partners (DPs) including the Fast Track Initiative have supported the Government's sector plan through a Joint Financing Arrangement. The pooling partners, alongside the non-pooling partners, supported the planning and monitoring of the sector plan. Advocacy efforts on some topics became more powerful and efficient through the SWAp. Increased remuneration of ECD facilitators, allocation of per capita funding for ECD centres, and expansion of the day meal system in the Karnali zone in primary grades are some examples of successful joint advocacy.

A Memorandum of Understanding with UNESCO, Save the Children, and the Embassy of Israel was signed for

an ECD capacity development programme in support of the MoE/DoE. UNICEF Nutrition and Education programmes have together supported the National Planning Commission in the development of the Multi-Sectoral Nutritional Plan including ECD/parental education elements.

An ECD Caucus of Parliamentarians was mobilised for young children's development issues. UNICEF supported the participation of some parliamentarians and Civil Society Organization partners in the Asia Region Network on Early Childhood. In December, for the first time the Caucus brought together authorities from various ministries i.e. Education, Health, Local Development and Women and Children to seek a multi-sectoral approach to jointly improve services for young children. Collaboration with the Parliamentarian's Caucus on gender/girls and ECD has resulted in enhanced equity provision in the draft Education Act to be tabled to the Parliament in 2012 and the new constitution of Nepal expected to be promulgated by May 2012.

Collaboration with NGOs (Innovative Forum for Community Development, World Education, Save the Children, and Research Inputs and Development Action) were important in developing capacities at both central and district levels to improve quality in ECD centres and schools to address the issue of education for girls and marginalised children. Partnership with the World Food Programme for a study on the impact of 3 F (Fuel, Fire, Food) crisis on education, created an important evidence-base for advocacy. Collaboration with World Education has resulted in the development and implementation of an alternative education package for adolescent girls in 16 low-performing VDCs in the Eastern region. The programme was designed to suit the needs of the Terai community where girls have low access to education. UNICEF worked closely with education journalists, Teachers' Union, and NGOs for capacity building of the community level stakeholders to increase transparency and accountability in education. Female parliamentarians, Young Champions and GE Networks were mobilised to advocate on girls' education in six districts.

UNICEF's co-leading role in the education cluster in Nepal was strengthened by sustaining strategic partnerships with the Department of Education, Save the Children and expanding new partnerships with other NGOs, Education Journalist Groups, and Teachers' Unions. The Government has taken a concrete step towards mainstreaming Education in Emergencies (EiE) into the national education system through resource allocation for EiE to 23 disaster-prone districts.

Humanitarian Situations

UNICEF's leadership role has been instrumental for the preparation, review and update of national and sub-national contingency plans to ensure coordination, preparedness and response during humanitarian situations under different scenarios, with a wide participation of stakeholders. 23 highly disaster-prone districts have developed operational contingency plans in line with CCCs. Useable supplies (11,739 Child Kits, 897 School-in-a-box, 216 ECD Kits, and 17 tents) were prepositioned in four strategic locations, to ensure continued education of 10,000 girls and boys. Supplies were based on a standardised response package. The School Earthquake Safety Programme has been expanded for increased earthquake preparedness of children and teachers. 36 (20% female) master trainers and 720 teachers in Kathmandu Valley were trained on earthquake preparedness. Through this, 72,000 (50% girls) children in 360 schools have gained knowledge and awareness on earthquake preparedness.

The Schools as Zones of Peace (SZOP) initiative was expanded to an additional 130 schools, making 744 schools in nine affected districts commit to keep schools open despite political conflicts. Thanks to the initiative, four schools that had been closed since several months re-opened and 473 children were back in school.

In response to the September 18th 2011 earthquake which affected 13 hill districts of the Eastern region, UNICEF together with the cluster co-lead Save the Children, the MoE/DoE, and other cluster members, immediately assessed impacts on the education sector. Approximately 1,500 classrooms in 600 schools were fully or partially damaged, affecting the education of 30,000 children. Together with partners, UNICEF assisted the Government in identifying the need for temporary learning centres and to map the response by different agencies, in order to return affected children as quickly as possible to school. After the assessment and exploring the use of alternative arrangements by the school communities (e.g. multi-grade teaching, using office space, etc.), the need for approximately 700 temporary learning centers (TLC) was identified.

UNICEF worked closely with the Department of Education, Regional Education Directorates, District Education Offices, other cluster members and inter cluster partners especially WASH and Child Protection along with the technical NGOs. UNICEF led TLC establishment in the five most affected districts (Panchthar, Ilam, Sankuwasava, Terathum and Dhankuta), and other NGOs supported other districts. With UNICEF's input, 15,000 children (age between 4 and 15 years old) resumed classes through the setup of 499 TLCs (with drinking water and WASH facilities) and provision of scholastic materials including ECD kits and School Kits. UNICEF mobilized available internal resources for this response. UNICEF has been advocating to the Government and the Early Recovery Networking group to renovate and construct new classrooms in the affected areas.

Summary of Monitoring, Studies and Evaluations

The overall monitoring of results in the education sector is carried out through the Joint Annual Review and Joint Consultative Meeting, undertaken by the MoE with support from Development Partners and other education stakeholders through the SWAp arrangement.

Reflecting the unavailability of official data on out-of-school children, a mapping of out-of-school children was carried out in eight Terai districts in collaboration with the NGO partner World Education. Once analysis is complete, this information will be highly relevant for advocacy for increased attention to these children, as well as to develop and implement a more tailored response strategy for out-of-school children.

A case study was carried out to identify children's knowledge and practice in WASH in two municipalities, and is being used to highlight the gaps in upstream policy and downstream implementation in WASH.

The ECD scale-up study examined the lessons learnt from the massive coverage increase undertaken by the Government during the past 10 years, and proposed recommendations on how further scale-up could be continued. The study highlighted the important contribution of community-based ECD centres. However, it did not address the challenge of finding sustainable funding solutions in the more vulnerable communities. It is important therefore for UNICEF to support the Government in reflecting on possible strategies to address funding gaps in order to ensure equitable service provision. An evaluation of the Dutch-funded ECD programme was also carried out. The study stressed the need to improve quality through capacity strengthening at different levels, as well as the need to improve multi-sectoral coordination in order for ECD centres to provide a more holistic service beyond education.

A study to examine the impact of the 3F crisis on education, as well as the political economy analysis of SWAp/education (funded jointly by EU, DFID and UNICEF) were carried out in 2011. Findings from these studies are currently being used for advocacy and strategy development at the national and regional levels. Likewise, Nepal was included in the UNICEF Global Research Project on Education and Peacebuilding in Post-conflict Contexts, where the second phase was carried out with the purpose to document specific interventions to better inform country programming.

Nepal participated in the five-country evaluation of the United Nations Girls' Education Initiative (UNGEI) conducted by UNICEF HQ. The study found that UNGEI in Nepal has modestly contributed to Government efforts in achieving gender parity in primary education. The initiative helped UN agencies and partners to support the MoE to (1) review education policies through the SWAp and (2) formulate the Girls' Education Strategy Paper. The partnership has succeeded in mobilising key stakeholders to advocate for girls' education and gender equality led by female parliamentarians and young champions, and in building capacity of UNGEI focal persons who were critical in supporting the agenda. The study is currently being finalized and results will be used to help UNGEI members reflect upon possible actions to increase the initiative's efficiency.

Future Work Plan

One of the priority actions planned for 2012 is advocacy to increase the equity provision in ECD, basic and secondary education. Jointly with Development Partners, support will be provided to increase the equity focus in amendments to the Education Act drafted in 2011. The strategic partnership with the National Planning Commission for finalising the national multi-sectoral nutrition and parental education plan for ECD

will be continued. Support will be provided to finalize the Early Learning and Development Standards (36-48 months) and amendment to the national ECD Programme Guideline. Integration of Peace, Human Rights and Civic Education in the existing curricula of basic and secondary education will also be continued. Policy advocacy for Disaster Risk Reduction/EiE will also be a focus of the 2012 work plan.

Support to the roll-out of the CFS initiative will be continued in 30 targeted districts. A special focus will be placed on advancing the WASH component. Monitoring and technical support will be strengthened to ensure that all 1,200 target schools achieve at least 3 minimum indicators of CFS. Intersectoral collaboration will be continued to increase service convergence with health and nutrition sectors in ECD centres and in parental education. Efforts will be made to improve social inclusiveness in ECD centres, primary schools and in the respective management committees.

Work to analyse and better highlight the issue of out-of-school children will be continued, focusing on eight districts where mapping was conducted. The Government will be supported to develop and implement strategies in these districts, as well as a more general policy to cater to the needs of out-of-school children.

UNICEF will continue its cluster leadership role with the DoE and co-lead Save the Children for cluster management and system strengthening for EiE. UNICEF will explore new partnerships with mandated agencies to support preparedness in vulnerable districts not currently covered. UNICEF will support the Government and partners to scale up the SZOP initiative within the targeted districts and also to expand coverage to other districts where there are needs to ensure children's right to un-interrupted education. In partnership with the Embassy of Norway, experiences on SZOP will be shared both within and outside the country.

Capacity building to improve school governance will be strengthened, so that an increased number of schools are able to carry out school self-assessments, develop more comprehensive School Improvement Plans and keep track of their implementation. In order to improve local stakeholders' awareness on different education policies and on funding received by schools, partnerships with local media will be strengthened to develop radio programmes in local languages.

In preparation for the new Country Programme 2013-2017, additional analyses will be conducted to develop equity-oriented strategies to improve education, with a particular focus on some geographical areas (e.g. Karnali) as well as gender, caste and disability issues.

Country Programme Component: Health and nutrition

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
The Health and Nutrition status of mothers, children and adolescents improved with focus on socially excluded and economically marginalised groups through an equitable and participatory approach implementing high-impact cost effective proven interventions		2 FA1OT1, FA1OT2, FA1OT3, FA1OT4, FA1OT5, FA1OT6, FA1OT7, FA1OT8, FA1OT10, FA1OT11, FA1OT13 (a), FA1OT13 (b)

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	1,000,127.53	995,629.53	99.55
OR-R	4,406,702.00	4,867,454.05	4,688,699.31	96.33
RR	565,000.00	479,787.10	476,544.54	99.32
Total	US\$4,971,702.00	US\$6,347,368.68	US\$6,160,873.38	

Results Achieved

Significant progress was made in health and nutrition policy and advocacy. A costed comprehensive multiyear plan (2012-16) of action on immunization was developed with UNICEF technical and financial support. A draft of Immunization Act was developed to ensure children's right to be immunized.

UNICEF advocacy led to Prime Ministers commitment to tackle chronic malnutrition through a multi-sectoral approach during High Level Nutrition Side Meetings in Istanbul and in New York. UNICEF provided lead technical support to the National Planning Commission (NPC) to develop a costed multi-sectoral nutrition plan (2012-2016) to reduce stunting.

The Marginal Budgeting for Bottlenecks (MBB) Investment Case (IC) was approved for piloting by DHOs in 10 districts. Capacity of government IC champions and implementing partners was strengthened; MBB implementation was initiated in 5 districts.

87% children were fully immunised in 2011, with 54 out of 75 districts reporting DPT-3 coverage of more than 85%; Immunisation Month was celebrated and technical guidelines developed with support from WHO and UNICEF. The use of zinc with ORS for the treatment of diarrhoea increased from 7% in 2009 (National Family Health Survey) to 22% in 2010 (MICS Survey); MICS showed 26% male and 17% female children received zinc during diarrhoea. Access to 24x7 delivery sites in 11 targeted districts increased to 37.4% from 28% in the first quarter. Out of 183 delivery sites (132 in 2010), 68.3% are in the most disadvantaged Village Development Committees. 91% of the delivery sites in 11 districts have one trained SBA service provider for quality care.

Biannual Vitamin A supplementation (VAS) to children 6-59 months with de-worming continued to reach more than 90%, saving lives of more than 12,000 children. Through Micronutrient Powder (MNPs) integrated with community Infant Young Child feeding (IYCF) in six districts, 10.2 million sachets of MNPs were distributed covering 66,603 children; 509 key stakeholders and personnel were oriented during District Advocacy and Ilaka level trainings; 4,184 Female Community Health Volunteers (FCHVs), 1,329 Health Workers and 4,509 influential people were trained on IYCF/MNPs. Surveillance data from 6,903 households, 1,962 FCHVs and all Health Facilities estimated coverage at >75% and compliance at > 65%. UNICEF supported the Ministry of Health and Population on social marketing campaigns to improve household consumption of adequately iodized salt. Consumption has risen to 80% (NDHS 2011) from 55% in 1998. Around 134,608 pregnant, 560,865 under five children and 121,551 newborns in these regions were protected from the risk of brain damage due to IDD.

A national media campaign to promote exclusive breastfeeding, timely introduction of complementary feeding and hand washing with soap covered 3.1 million households in the country through 172 FM stations and six television channels. During breastfeeding week, community interaction on IYCF was supported in 7 districts using 4,977 FCHVs.

UNICEF continued to support the pilot programme on Community Management of Acute Malnutrition (CMAM)

in five districts. CMAM programme has demonstrated good performance with over 90% coverage rate (9,187 children), 90% recovery rate, 0.5% death rate and 9% defaulter rate.

Most Critical Factors and Constraints

Inadequate human resources for Maternal, Newborn and Child Health (MNCH) service and high turnover of government health workers especially in remote districts lead to programme instability. Retention of Skilled Birth Attendants (SBAs) in birthing centers still remains a challenge. However, strong advocacy with 'Health Facility Operation and Management Committees' (HFOMC) and involvement of local bodies to develop an enabling environment at local level through Appreciative Inquiry (AI) training has promoted the hiring of Auxiliary Nurse Midwives (ANMs) and Auxiliary Health Workers (AHWs) to sustain maternal, neonatal and child health programs.

Monitoring and supervision support from the district needs to be strengthened for newly trained SBAs, and programmes such as Integrated Management of Childhood Illness (IMCI), Expanded Programme of Immunisation (EPI), Misoprostol, infection prevention practice etc. Reporting and recording of MNCH and nutrition services at the peripheral facilities needs to be strengthened. The quality of IMCI and EPI programmes is a concern. Ensuring availability of birthing clinics and functional 24 hours delivery service sites providing quality of care in the most disadvantaged VDCs remains a challenge.

Vitamin A Supplementation (VAS) coverage among the youngest children (especially 6-11 months of age) who are also at increased risk of mortality is low (35%), followed by 6-9 months age children (70%), and those in urban areas (80%). Targeted social mobilisation is needed to make sure that these hard to reach children have access to life saving VAS.

There has been limited progress on reduction of anaemia between 2006 and 2011, in addition the rate of occurrence is very high especially among 6-23 months children (70%). There is a need to determine other causes of anaemia in addition to iron deficiency and on this basis ensure integrated anemia control is in place, as well as scale-up IYCF/MNPs to reduce the anaemia rate in young children.

Household access to adequately iodized salt is low especially in the hills of Mid/Far Western and Eastern region, at 38% and 53.5% respectively. Targeted social marketing and support to increase availability of adequately iodized salt is needed in these areas with poor access.

Although stunting has declined to 41% in 2011 from 49% in 2006, it still remains at critical level. There are also wide disparities by wealth quintile and geographic areas – stunting among the poorest quintile is twice as high as compared to the richest, and stunting in the mountains is as high as 60%. Micronutrient programmes provide a foundation upon which to strengthen the delivery of other health sector interventions related to optimal maternal and child feeding and care, which are lagging behind but are needed to address chronic under-nutrition.

There is a large human resource capacity gap on Nutrition at all the key levels. If efforts to scale up nutrition are to be effective and sustainable, a comprehensive and thus an in-depth capacity needs assessment is urgently needed to guide a national nutrition capacity development strategy and costed plan.

Nutrition information and monitoring system requires strengthening based on a comprehensive review of existing nutrition information systems.

Key Strategic Partnerships and Interagency Collaboration

As a non-pooled partner of the Health SWAp (Sector Wide Approach), UNICEF has worked with other external development partners (EDPs) on the Joint Assessment of the National Health Strategy (JANS), assessment of the Paris Declaration Commitment, and to develop and jointly sign the Joint Technical Assistance Agreement (JTAA) and Joint Financial Arrangement Agreement (JFAA) for Donor Harmonisation and Aid Effectiveness.

Strategic partnerships were built with parliamentarians, SABIN Vaccine Institute Nepal and civil society to advocate for MDGs 4 and 5 and for sustainable immunization financing. Advocacy with the Lions and Rotary International and other partners has resulted in a revolving Immunisation Fund to be used to extend immunisation services to hard-to-reach populations. Lions Clubs of Nepal have provided USD 2.4 million for the upcoming measles-rubella campaign and committed to provide volunteers in urban areas and urban slums to ensure that no child is left-out of immunisation.

UNICEF partnered with the Regional Health Directorates of 3 out of five regions and successfully developed immunisation micro-plans in each VDC in all districts of these regions. The Community-Based (CB)-IMCI programme was strengthened through collaboration with private vocational training centers and technical institutes for the development and incorporation of CB-IMCI in the pre-service curriculum.

UNICEF partnered with USAID and others to ensure the implementation of Rural Area Guidelines (RAG) on maternal health and supported interventions for the prevention of post-partum haemorrhage with Misoprostol during home births.

UNICEF along with UNFPA and the National Family Health Programme partnered with the BCC World Trust Fund for development and airing of an interactive programme on MNCH and nutrition issues. UNICEF partnered with the local FM stations and local papers in targeted districts to advocate for MNCH issues.

UNICEF, WHO and UNFPA jointly implemented a programme for women and adolescent girls affected by the conflict in 5 districts of Nepal. UNICEF developed Janakpur Zonal hospital as a SBA training site, significantly improving the quality of MNH care at the hospital. This site has already conducted 2 batches of SBA trainings (20 SBAs) and has ensured SBA service availability in 10 birthing centres of Dhanusa (4), Saptari (3) and Mohatari (3) districts.

UNICEF is strategically engaged in two partner coordination groups focused on nutrition, namely, the Nepal Nutrition Group (NNG) and Food Security Working Group (FSWG). UNICEF and the World Bank are jointly supporting development of costed multi-sectoral nutrition plan, and IYCF programme review. World Bank is in discussion with UNICEF on harmonising their financial inputs.

UNICEF is engaged with the ADB and FAO to strengthen food and nutrition security aspects of the national agriculture development strategy (ADS). UNICEF is partnering with USAID/Integrated Nutrition Programme to harmonise IYCF materials and tools, coordinate roll-out of the multi-sectoral nutrition plan, and nutrition baseline survey methodologies and indicators. UNICEF in partnership with WHO, FAO and WFP helped to initiate REACH in Nepal. The REACH facilitators are expected to be on board by the end of the first quarter of 2012.

Humanitarian Situations

UNICEF leads the IASC Nutrition Cluster in Nepal, and has prepared a Nutrition Cluster Contingency plan, operating guideline, completed 3W mapping (Who does What, Where) and prepared a cluster roster of human resources for Nutrition in Emergency. All information has been uploaded to the OCHA webpage.

The Nutrition Cluster has supported 20 districts to develop/revise emergency preparedness and response plans on nutrition jointly with health sector partners. Similarly, cluster working groups have been formed to develop the guidelines for the management of moderate acute malnutrition (MAM), Infant Feeding in Emergencies (IFE) and the emergency nutrition surveillance system. UNICEF has developed capacity of 150 humanitarian actors in emergency nutrition including cluster members. Some 660 health workers and 3,097 FCHVs have been providing regular Community-Based Management of Acute Malnutrition (CMAM) services through mobilizing Outpatient Therapeutic Programmes (OTPs), Stabilization Centres (SCs) and whole communities in five districts.

UNICEF has prepositioned emergency materials for child and maternal health in Kathmandu as well as three subnational field offices. Emergency nutrition supplies have been prepositioned at three strategic locations: Kathmandu, Nepalgunj and Pathalैया (within the Government's warehouses).

Summary of Monitoring, Studies and Evaluations

A nation-wide census, the Living Standard Survey and Demographic Health Survey were conducted this year. UNICEF also conducted a sub-national MICS survey. Preliminary findings from all these surveys have been used to refine and improve programme performance.

UNICEF supported an Effective Vaccine Management (EVM) Assessment with the aim of improving the cold-chain in the context of routine immunization and campaigns. EVM results are expected in early 2012.

Evaluation of the data-disaggregation process for key-MNCH indicators in 10 districts was completed and confirmed that the current Health Management Information System (HMIS) system is not able to support and sustain the reporting of data-disaggregated for sex, caste and ethnicity. Based on this evaluation, a large-scale review of the HMIS system supported by key partners is on-going to ensure adequate capturing of data on social inclusion.

An assessment of the community-based newborn care package is on-going. This is collectively supported by UNICEF, Save the Children and USAID. Preliminary findings are expected to be available in March 2012.

An innovative colour-coded monitoring of the CB-IMCI programme has been initiated as a pilot in six districts. The CB-IMCI monitoring checklist with weighted marks for each component has been used to evaluate performance at all levels. Based on the performance checklist, health facilities and health workers are labeled as red (not performing well), yellow (some areas need attention) or green (performing well). District supervisors monitor the red and yellow service providers until they are assessed as green. This is a web-based system and district supervisors review the performance of the service providers and plan supervisions accordingly. Initial data over three months has shown that 40% of service providers in pilot districts have shown improvement in their performance.

With the Micronutrient Initiative (MI) and the Ministry of Health and Population (MoHP), UNICEF is undertaking a study to initiate supplementation of Vitamin A at the age of six months and also integrating this with measles vaccination at the age of 9 months. Three districts with the lowest coverage for 6-11 months: Jumla (Mountain region, 35%), Kavre (Hills, 16%) and Chitwan (Southern plains, 56%) have been selected. The results will be used to refine the current VAS programme to reach the hardest-to-reach.

The IYCF/MNPs pilot is being evaluated to compare two MNPs delivery modalities – the first through health facilities and the second through Female Community Health Volunteers. The findings will serve as basis for scaling up IYCF/MNPs.

As part of a global multi-country CMAM evaluation, formative and impact evaluation is ongoing covering five pilot districts in Nepal. This will validate facility records on CMAM performance and assess impact on nutrition, plus identify good practices and lessons.

Future Work Plan

At policy level, UNICEF will work closely with the MoHP to finalise and endorse the Immunisation Act, finalise the development of a costed comprehensive plan for IMCI, support the Family Health Division to develop National Referral Guidelines and to implement these in two districts, and will work closely with partners to develop a more comprehensive health information system. UNICEF will continue to partner with parliamentarians and civil society to advocate for issues related to MNCH. UNICEF will use Child Friendly Local Governance (CFLG) as a platform to monitor various maternal and child health related indicators in selected districts.

In close collaboration and coordination with a range of partners, UNICEF will continue to support Government to strengthen district health systems to ensure to the availability and accessibility of quality MNCH services especially for disadvantaged and marginalised communities. UNICEF will continue to strengthen the quality of the CB-IMCI programme, assist the implementation of CB-Newborn Care Package (CB-NCP) in five districts, advance the use of newer technologies for monitoring and managing current programs, and support the Family Health Division to implement adolescent friendly health clinics in 5

districts.

UNICEF will support modeling of the multi-sectoral nutrition plan's implementation in six districts, involving strengthened district nutrition architecture, capacity to develop nutrition plan based on the district context, mobilise resources to implement the interventions, and monitor progress. UNICEF will support development of a comprehensive and multi-sectoral communication strategy focused on the first 1,000 days of life to maintain commitment to scale-up the essential interventions during the early days of life to drastically cut chronic malnutrition.

The Vitamin A five year work will be developed to sustain achievements seen on VAS over the last decade and a half, and to increase access of VAS among the unreached - young children (6-11 months) and those from urban areas.

Based on the ongoing IYCF/MNPs evaluation, UNICEF will provide support to expand the programme to an additional 9 districts in 2012, and nationally by 2015. UNICEF will work with key partners (MoHP, USAID, the World Bank, Helen Keller International, and Save the Children Fund) to undertake qualitative and quantitative IYCF programme review, and on this basis to develop a comprehensive IYCF strategy and plan of action. UNICEF will also coordinate with the key partners to review existing IYCF materials and tools and to harmonize and align these with global guidelines. UNICEF will contribute to the development of a maternal nutrition strategy and the scaling-up of a consolidated and integrated Maternal Infant Young Child Nutrition (MIYCN) package.

UNICEF will continue to support efforts to increase household access to iodised salt and to regularise the supply of iodised salt, including updates on salt related regulation, acts and standards. Based on the ongoing evaluation, UNICEF will help to develop a CMAM scale-up plan (2012-2016); update the guidelines to include a Supplementary Feeding Programme integrated with CMAM; adopt Infant and Young Child Feeding in Emergencies (IFE) and strengthen the Nutrition Information System.

Country Programme Component: Water, sanitation and hygiene

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Socially excluded and economically marginalised groups increasingly utilise and participate in the management of safe and sustainable drinking water and sanitation facilities and improved hygiene practices		2 FA1OT8, FA1OT11, FA1OT12, FA1OT13 (c), FA1OT10

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	162,833.13	157,002.08	96.42
OR-R	1,297,239.00	2,126,125.80	2,107,499.61	99.12
RR	470,000.00	450,338.00	447,176.86	99.30
Total	US\$1,767,239.00	US\$2,739,296.93	US\$2,711,678.55	

Results Achieved

Rapid progress is being made towards establishing a harmonised national WASH sector programme that is

fully operational with a financing strategy targeting marginalised and underserved people. The National Hygiene and Sanitation Master Plan approved by the Cabinet and launched by the President of Nepal with multi-ministry engagement has prioritised sanitation as a national agenda. The First WASH Joint Sector Review led by the Ministry of Physical Planning and Works (MPPW) has brought out a joint resolution with priority actions for 2012 and was signed by Government ministries. The first WASH Sector Status Report-2011 was published and disseminated as a sector benchmark. An independent WASH sector assessment led and commissioned by NPC with coordinated technical assistance from the Development Partners has recommended the formulation of a coherent national programme with three national priorities: 1) hygiene and sanitation; 2) system functionality; and 3) water quality improvement. Similarly at the regional and district levels, WASH structures, systems and capacity have been built and rolled out through "Aligning for Action" initiatives.

The sanitation movement in targeted districts has resulted in increased sanitation coverage from 36% in 2008 to 50% in 2011 (close to 1 million people). With effective local government leadership and increased resource mobilisation, Kaski and Chitwan districts and four municipalities have achieved 100% sanitation coverage in their districts and declared themselves as Open Defecation Free (ODF). Similarly, out of 164 VDCs declared ODF so far, 88 VDCs have achieved ODF status in 2011 out of which 33 (37.5%) are among the Most Disadvantaged VDCs. 17 districts have developed Joint Sanitation Strategic Plans for harmonised and coordinated WASH implementation. There has been an average 3% increase in improved drinking water facilities benefitting over 14,900 people from the most disadvantaged communities. In addition 613 schools were equipped with CGD friendly WASH facilities including menstrual hygiene management for adolescent girls. Among these schools, more than 50% (459) schools are from the most disadvantaged communities and VDCs.

Through constant advocacy in 2011, Disaster Risk Reduction and WASH in emergency was mainstreamed as a cross-cutting WASH sector priority in the Joint Sector Review. WASH cluster coordination meetings were held regularly and the National WASH contingency plans on earthquake and landslide/flood scenarios have been updated. In addition, multi-cluster contingency plans were formulated in 8 disaster prone districts leading to improved humanitarian capacity at the district level. Emergency relief materials have been pre-positioned for 100,000 people in 4 strategic locations including items like chlorine solutions and module latrines particularly targeted for immediate/ humanitarian response in case of major earthquake in the Kathmandu Valley.

Most Critical Factors and Constraints

An independent WASH Sector Assessment and Reform Options study document has clearly outlined three priority programmes to be implemented as national programmes: sanitation, functionality and water quality. Translating these priority programs into action requires strong, dedicated, uninterrupted and continuous commitment from the NPC, sector ministries and other development partners.

Following the approval by Cabinet and subsequent national launch of the National Sanitation and Hygiene Master Plan by the President of Nepal, there is a great opportunity and very positive enabling environment to implement the sanitation and hygiene programme nationwide. However, there will be significant challenges to operationalise the spirit and key principles of the Master Plan, and achieve coherent results at all levels. This requires rigorous coordination and the proposed coordination platforms to start working effectively.

There is a limited understanding and capacity of WASH stakeholders on gender and social issues. This is hindering the overall development of child and women sensitive programming, and limiting effective mechanisms to address the cross-cutting issues of inclusion and gender mainstreaming in all aspects and cycle of programme implementation.

The priority actions identified by the first WASH Joint Sector Review are key milestones to move the sector in a coordinated and harmonized fashion. However frequent change of high level officials at the Ministry is compromising the quality of the Government leadership and has caused delays in the implementation of the recommendations.

The process of consistently bringing a broad range of stakeholders to the same policy table has created a

very positive and productive atmosphere related to the policy dialogue. However, the diversity in terms of approaches and modalities still poses a challenge for cost effective and program implementation focusing on equity and sustainability

The achievement of ODF status by Kaski and Chitwan has created a positive sense of achievement in the WASH sector. The Aligning for Action Initiative has also helped nurturing multi-sectoral social movements for hygiene and sanitation promotion in the entire Mid and Far Western Regions. However, extreme remoteness/inaccessibility, absence of local elected representatives, low political commitment, and very poor and deep rooted cultural practices combined with limited human resource capacity and motivation among the government and non-government institutions will require timely support.

Establishing consistent and coherent guidelines and monitoring mechanisms to follow-up and sustain ODF declared VDCs and districts is a continuing challenge and requires coordinated support from all communities, local bodies and stakeholders in the sector.

There is limited ownership of the District Contingency Plans by District Disaster Relief Committees and government line ministries and limited attention and resources for the implementation of critical preparedness and DRR interventions as part of the regular WASH development interventions.

There are many players in climate change to advocate for the climate change adaptation but the current WASH sector policies and strategies lack clear guidance and direction on how this issue could be integrated and implemented in a consistent and coherent manner at all levels.

Key Strategic Partnerships and Interagency Collaboration

The process of consistently bringing a broad range of stakeholders to the same discussion table has already created a very positive and productive atmosphere for policy formulation and reform. For the first time, all major Development Partners in WASH are collaborating to support the Government in the design and implementation of a nationwide and coherent WASH programme.

Through strong and continuous advocacy, a WASH development partners group was formed at National level and UNICEF selected to chair the group in 2011 and 2012. This platform is a best example of strategic partnership to regularly interact with representatives of key donors: World Bank, Asian Development Bank, Finnish Embassy, AusAID, DFID, SNV and USAID and to support the Government in the move towards a sector-wide approach through coordinated and harmonised support from Development partners. The approval and the launch of Sanitation and Hygiene Master Plan have opened a promising avenue for building partnership and interagency collaboration between Government and development partners.

UNICEF provided significant support at the regional level through the "Aligning For Action Initiative" to bring the key Government and other sector players together. Regional level systems and structures are now fully operational for implementation of at-scale hygiene and sanitation promotion. Inter-partner meetings were held in three regions and developed a common consensus, action plan and signed resolutions (e.g. the 20 point Nepalgunj Declaration) for further acceleration hygiene and sanitation in the regions.

UNICEF advocated for streamlining and harmonization of WASH projects and programmes at various levels. UNICEF brought together the Department of Rural Infrastructure and Agricultural Roads under Ministry of Local Development and the Department of Water Supply and Sanitation (DWSS) to agree on a common operational manual for field level WASH implementation. This can be considered as a significant achievement towards harmonization and strategic partnership among the main Government agencies currently implementing Water and Sanitation projects in Nepal.

At the local level, there has been increased resource allocation from the local Government and private sectors for the sanitation movement with active and inclusive community participation that provides a roadmap to the nationwide ODF movement.

A recently signed MOU between UNICEF and SNV represents a good example of strategic partnership and collaboration to jointly promote and sustain WASH in the remote Karnali Region. In addition, a partnership

has been signed with International Development Enterprise (IDE), an international NGO, for "Sanitation Marketing" in 5 districts to promote sanitation and point-of-use water treatment through private sector participation and collaboration.

On the humanitarian front, UNICEF has continued to lead the WASH cluster in close collaboration and partnership with Government (MPPW, DWSS, DOLIDAR), UN agencies (UNHABIT and WHO), I/NGOs (Oxfam, Save the Children) and civil society organisations (Nepal Red Cross Society, Development Project Service Centre Nepal, and Nepal Water for Health) and has successfully strengthened the preparedness level cluster through preparation/revision of contingency plans and implementation of DCP in 12 districts.

Humanitarian Situations

Through constant advocacy in 2011, Disaster Risk Reduction and WASH in emergency was mainstreamed as a cross-cutting WASH sector priority in the Joint Sector Review. WASH cluster coordination meetings were held regularly and the National WASH contingency plans on earthquake and landslide/flood scenario have been updated. Through targeted hygiene and sanitation efforts in partnership with Save the Children, NRCS, and OXFAM almost 90,000 households in high risk VDCs in disaster prone districts have improved sanitation and hygiene practices. In addition multi-cluster contingency plans were formulated in 8 disaster prone districts leading to improved humanitarian capacity at the district level. Emergency relief materials have been pre-positioned for 100,000 people in 4 strategic locations including items such as chlorine solutions and module latrines particularly targeted for immediate/humanitarian response in case of a major earthquake in the Kathmandu Valley.

Summary of Monitoring, Studies and Evaluations

An independent external assessment of the WASH sector was commissioned by the National Planning Commission with coordinated technical assistance from UNICEF, World Bank and ADB. The assessment report recommended sector reforms and formulated the following three national priority programmes as part of a coherent national program: 1) hygiene and sanitation 2) functionality and 3) water quality improvement program. The Assessment Team concluded that the Rural Water Supply and Sanitation National Policy (2004) and the Urban Water Supply and Sanitation Policy (2009) are sound and do not require any, or only minor revisions. What remains is to provide the instrumentation and strong, long-term political support to implement the Policies. The Assessment Team also concluded that districts should be given primacy for service provision and that Central Level Line Departments should phase out from direct implementation as foreseen in the 2004 policy.

An assessment of National Sanitation Action Week campaign led by the Department of Water Supply and Sewerage is ongoing and is expected to assess the effectiveness of the campaign in recent years to provide guidance for the future of the campaign.

Research to produce a manual for household toilet designs has been initiated by the Department of Water Supply and Sewerage to identify context specific toilet designs at the household level.

An 'Analysis of the WASH Status in Schools in Nepal: Where Are We Now?' has been initiated by the Sector Working Group on WASH in Schools to better understand the access and functional status of WASH facilities in schools.

Future Work Plan

UNICEF's WASH Programme will:

Consistently and periodically monitor implementation of the Joint Sector Review Resolution signed by all parties ensuring incorporation of gender, social inclusion and equity issues.

Strongly advocate with NPC and government line ministries to implement the proposed WASH sector reform options on a priority basis as outlined in the Sector Status Report.

Strengthen and support the National-WASH Coordinating Committee (N-WASHCC), Regional-WASHCCs and District-WASHCCs in effectively implementing the Sanitation and Hygiene Master Plan in line with key principles especially in Terai (southern plains) and diarrhoea-prone districts.

Support to the operationalisation of a sector monitoring and evaluation system for evidence-based planning and performance assessment of sector interventions.

Continue to lead the WASH Development Partner Group as Chair for year 2012 and support the Government in the formulation of a coherent national WASH programme with particular emphasis on a financing strategy to ensure equity, efficiency and sustainability.

Support Districts and Regions targeting universal sanitation coverage. Support households in the most disadvantaged VDCs in diarrhea-prone and poor child nutrition districts to increasingly utilise improved sanitation and water supply facilities through coordinated district level WASH programmes.

Assess the effectiveness of existing short term arsenic mitigation options and explore the long term mitigation solutions at household and community levels.

Continue to collaborate and assist DWSS in developing district Water Safety Plans that also address issues of water quality particularly in diarrhea prone districts.

Scale-up the School WASH programme nationwide in close cooperation and coordination with the Department of Education while targeting UNICEF's resources to the most disadvantaged and marginalized VDCs in line with child-friendly school roll out plan.

Work with International Development Enterprises in promoting Sanitation Marketing together with PoU options through strong participation of the private sector.

Continue support as cluster lead to develop improved interagency collaboration, Government leadership and capacity on emergency preparedness and response, ensuring equitable access and use of emergency WASH services.

Strengthen activities related to DRR and Climate Change Adaptation aiming to integrate the efforts into the regular Government programme. UNICEF will work with the Ministry of Environment and Ministry of Physical Planning and Works to support the formulation and implementation of the WASH component of the National Adaptation Programme of Action on Climate Change (NAPA).

Collaborate with the Kathmandu Valley Water Supply Management Board to develop an inventory of around 500 ground water and surface water sources that could be used for regular and emergency situations.

Continue support to District Disaster Relief Committees and strengthen their capacity through formulation/revision of District Contingency Plans and their subsequent preparedness intervention.

Country Programme Component: HIV/AIDS

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Children, adolescents and pregnant women, specifically the most at risk and disadvantaged one have access and increased utilisation of relevant services for preventing HIV and mitigating impact of AIDS		2 FA3OT3, FA3OT4, FA3OT5, FA3OT6, FA3OT8, FA3OT9, FA3OT11, FA3OT2

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R	1,004,400.00	457,466.26	450,244.67	98.42
RR	367,500.00	396,159.11	387,438.96	97.80
Total	US\$1,371,900.00	US\$853,625.37	US\$837,683.63	

Results Achieved

UNICEF assisted the Government and partners to reduce Mother-to-Child HIV Transmission (MTCT) from 17.2% in 2010 to 8% in 2011. Similarly, the number of yearly new infections among adolescents (10-14 years) has gone down from 18 for boys and 14 for girls (2009) to 12 for boys and 6 for girls (2011). However, among 15-19 boys, annual new infections remain at 15 and among girls have increased from 18 (2009) to 19 (2011).

Among the estimated 1,092 HIV infected pregnant women and adolescents, 7.3% received Antiretrovirals (ARVs) in 2011 to reduce the risk of MTCT as compared to 3.29% in 2009. PMTCT utilization by ANC clients increased from 59% in 2010 to 72% in 2011. In 22 sites in 19 high HIV-burden districts, UNICEF has supported pregnant women attending ANC to access PMTCT—59 per cent received PMTCT compared to the national average of 11 per cent. To reach women not attending ANC, UNICEF supported community-based PMTCT in three very high HIV-burden districts reaching 68% of all pregnant women; 83% of pregnant women reached were tested for HIV and 100% of those testing positive received ARV. UNICEF support has led to PMTCT being successfully integrated into the Skilled Birth Attendant and Integrated Management of Childhood Illness national training package.

Out of an estimated 1,635 infected children, 223 boys and 156 girls (20%) are receiving Antiretroviral Therapy compared to 156 boys and 123 girls in 2010. While there is an increase in the number, the percentage remains the same as 2010 because the estimated number of children infected by AIDS has increased.

In 10 districts, the peer education programme was implemented to increase HIV comprehensive knowledge among adolescents. Ongoing behavioural monitoring found 100% of participating boys and girls now had comprehensive knowledge on HIV and AIDS.

In order to strengthen the national adolescent friendly health service (AFHS) programme, UNICEF in collaboration with the Government and GIZ supported the development of the national adolescent sexual and reproductive health communication strategy. An age and group specific HIV risk reduction and avoidance package has been developed with and for adolescents including training materials. UNICEF also supported a national consultation with young key affected populations (YKAP), where 100 participants gathered for the first time in Nepal to form a group. The consultation resulted in a national YKAP declaration being presented to the Government, with young people claiming their rights for survival, development, protection and participation specifically from an HIV perspective.

A population size estimation of Children affected by AIDS (CABA) was conducted with the objective of understanding the magnitude of the problem and to pursue evidence based advocacy. Out of estimated 24,000 CABA in Nepal, 1,714 boys and 1,462 girls (3,176 in total) received some form of external support as compared to 1,680 in 2009. There are 29 organizations providing support to CABA including livelihood assistance.

Most Critical Factors and Constraints

The current UNICEF Nepal programme structure is not well placed to advocate on HIV issues across all relevant sectors, limiting the possibility of ensuring a comprehensive and multi-sectoral HIV and AIDS response.

Some of the planned interventions could not take place due to limited resources. However, UNICEF was able to leverage commitment and resources at the national level for children, adolescent and women through Nepal's successful Global Fund Round 10 application (yet to be rolled out).

Due to the absence of a national level multi-sectoral coordinating body, CABA and HIV prevention among adolescents receives little attention, therefore UNICEF is continuously advocating for improving multi-sectoral coordination at national and district levels to uphold the rights of CABA and preventing HIV among adolescents.

HIV epidemic situation in Nepal has led to interventions that are targeted to reach the key affected population (KAP). Despite the fact that a significant proportion of the KAP are adolescents, targeted interventions are not designed or aimed to reach the younger segment of the KAP. UNICEF has partnered with NGOs to reach adolescents within KAP to increase their knowledge and skills for preventing HIV and also to establish a referral system with other services. These small-scale interventions, however, are not adequate to bring significant change.

Frequent transfers of trained staff from service sites remains one of the key constraints in providing quality PMTCT and Pediatric AIDS treatment. Training all the relevant service providers will help in minimizing the vacuum created by these transfers but requires additional resources.

"Lost to follow up" is high among PMTCT and ART cases. This has affected the PMTCT programme's impact. In order to improve tracking and follow up mechanisms UNICEF partnered with NGOs in a few districts. This strategy has proved to be effective and revealed that strong community mobilization and provision of small funds for conveyance is imperative to prevent lost to follow up.

Lack of decentralised services and absence of service delivery structures at community level continues to be a critical constraint. Most of the services are only available either at regional or district headquarters and are far beyond the reach of most infected and affected populations. A Community-based PMTCT programme was initiated in 3 districts with the objective of providing services at the community level and is showing promising results.

HIV is concentrated among Injecting Drug Users (IDU), Female Sex Workers (FSM), and Men having sex with Men (MSM). These groups are already stigmatised due to their socially unaccepted behaviours, which is exacerbated when they are infected or affected by HIV. In order to enhance service utilisation by these populations there is a strong need to address stigma and discrimination both at national and community level.

Key Strategic Partnerships and Interagency Collaboration

UNICEF works closely with the National Centre for AIDS and Sexually Transmitted Disease (STD) Control (NCASC) mainly for strengthening PMTCT and Paediatric ART services, the Family Health Division (Ministry of Health and Population) for adolescent HIV prevention and PMTCT in Adolescent Sexual and Reproductive Health services and the Central Child Welfare Board (CCWB) for acceleration of CABA services in the country.

In terms of support at the community level, UNICEF has partnered with civil society organisations for implementing protection, care and support for CABA and HIV risk reduction programme among adolescents from the key affected population.

Following the global MOU, UNICEF has a technical partnership with Family Health International (FHI) in the areas of PMTCT, Paediatric AIDS, Prevention of HIV among adolescents and protection and care for children affected by AIDS. Similarly, UNICEF also has a global MOU with Save The Children which is translated at national level mainly in collaboration to prevent HIV among adolescents and protection and care for CABA.

UNICEF and WHO led the proposal writing process on zero new infections and finalized the HIV and migration proposal on behalf of the Joint UN Programme on HIV and AIDS. Through the Joint UN Team on Aids (UNJTA), UNICEF has been partnering with other UN agencies including WHO, UNAIDS, UNFPA, IOM, UNODC, ILO and UNESCO.

UNICEF has continued to raise a collective voice and action for CABA through a public private partnership forum Universal Access for Children affected by AIDS (UCAAN) which was initiated by UNICEF, USAID, Nepal Association of People living with HIV and AIDS (NAPN) and the Government in 2007.

Internally UNICEF's HIV Programme is working closely with the Child Protection Programme to incorporate HIV into various training packages and intervention modules for vulnerable children. The HIV Programme is also supporting the Health Programme to incorporate HIV and PMTCT in relevant guidelines and training packages. The HIV and Nutrition Programmes have jointly supported the Government to develop the national guideline on HIV and Nutrition.

Humanitarian Situations

Mapping of PMTCT and ART sites has been completed to address humanitarian situations, and post exposure prophylaxis flex were printed and distributed in ARV sites and prepositioned for humanitarian action. ARV medicine and post-exposure prophylaxis kits are also propositioned in NCASC as a part of humanitarian action (preparedness).

This year no serious disaster occurred in the country that required special action in HIV and AIDS.

Summary of Monitoring, Studies and Evaluations

An operational research was conducted with the objective of promoting PMTCT by integrating stigma-reduction programming into health services and community settings. The results indicate that service providers highly stigmatise HIV infected persons accessing services. The research will be used to develop a stigma reduction package for all level of service providers as well as for communities and HIV positive women.

A cost analysis of CB-PMTCT was conducted in 2010 and the report finalised and disseminated in 2011. The findings have contributed to the expansion of CB-PMTCT in other districts supported by the Government and Plan Nepal.

Throughout the year UNICEF has held interactions with adolescents to better understand their situation and to feed this knowledge into on-going programmes to make them more effective. A mapping of the adolescent programme and materials was also conducted and clearly revealed the lack of age and sex appropriate HIV risk reduction and avoidance packages.

The peer education training and interaction programme included pre and post tests to measure the efficacy of the programme. UNICEF also commissioned an analysis of secondary data to assess HIV service utilisation among adolescent from the key affected population (KAP). The analysis has highlighted data gaps especially in terms of data disaggregation by age, sex and KAP groups.

UNICEF and UNAIDS supported the Government in conducting a population size estimation of children affected by AIDS. This effort to establish the population size of CABA is the first in South Asia. The exercise has helped to determine the magnitude of the problem, to understand the needs of these children, and to intensify evidence-based advocacy for influencing programmes and budget allocation for CABA in Nepal.

In the context of an equity-based response to child protection and HIV and AIDS in South Asia, UNICEF ROSA commissioned a review to identify and analyse existing data and to detect data gaps and limitations with the aim of proposing recommendations to strengthen the generation and use of evidence to inform programming in both child protection and HIV and AIDS. In Nepal, a roadmap for strengthening generation and use of data has been prepared based on the findings of the review.

In 2011, the Government conducted the fourth and fifth rounds of integrated bio-behavioural surveillance among female sex workers and injecting drug users in Kathmandu and Pokhara. Mapping and size estimation of female sex workers, injecting drug users and male sex workers, transgenders and their clients was also conducted this year. The survey results will be used to refine programme interventions.

Future Work Plan

UNICEF will provide technical support to NCASC for: implementation of PMTCT as planned in GFATM Round 10 and integration of PMTCT services into current maternal, neonatal and health services; establishing quality assurance mechanism in PMTCT and Paediatric HIV and AIDS services; and strengthening monitoring, data collection and processing.

UNICEF will assist the Government to intensify the follow up mechanism for HIV positive pregnant women and HIV infected and exposed children.

Targeted intervention guidelines and standard operating procedures will be revised to incorporate programmatic strategies for reaching most at risk and especially vulnerable adolescents.

UNICEF will initiate and prepare steps to make social protection programmes HIV sensitive.

UNICEF will provide technical support in strengthening and scaling up adolescent friendly health services.

Based on lessons learned, HIV and AIDS will be mainstreamed in the next country programme (2013-2017). The HIV Section will therefore synchronize current programme interventions with other UNICEF Programmes to ensure a smooth transition.

Country Programme Component: Cross-sectoral costs

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Cross-Sectoral	2	FA6OT9

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	32,101.04	25,510.94	79.47
OR-R	961,610.00	274,268.04	254,619.80	92.84
RR	295,000.00	793,890.00	790,353.70	99.55
Total	US\$1,256,610.00	US\$1,100,259.08	US\$1,070,484.44	

Results Achieved

Cross-sectoral costs cover cross-sectoral staff salaries including the Partnerships, Advocacy and Communication for Development teams as well as programme review and monitoring (Strategic Result Area Level 3) costs, travel and training as well as operational support for country and field office management and administration.

Most Critical Factors and Constraints

Not applicable.

Key Strategic Partnerships and Interagency Collaboration

Not applicable.

Humanitarian Situations

Not applicable.

Summary of Monitoring, Studies and Evaluations

Not applicable.

Future Work Plan

Not applicable.

Effective Governance Structure

This year was the fourth in the five year 2008-2012 Country Programme signed with the Government of Nepal. In seeking to meet the office objectives and priorities set in the Annual Management Plan, the Office has pursued the following initiatives:

- a) All staff have clarity on what is required of them in their individual roles as members of statutory committees to provide quality and professional advice for continually improving the value for money of our work for children and women.
- b) At the senior level, the Office continued to seek greater involvement from Head of Sections in Early Warning Early Action (EWEA) which has allowed the office to achieve the standard for emergency preparedness. Following the significant work done by the team, the assessment of Nepal EWEA in 2011/2012 by HQ in collaboration with the regional office showed that the office has reached almost full compliance by scoring 97 over 107 points required for full compliance. With APSSC's support, the office successfully conducted a simulation exercise testing the Business Continuity Plan as well as its emergency readiness to respond to a large scale emergency. The APSSC observers' team was requested to provide feedback on Communication and coordination aspects, Leadership and delegation of tasks, Reference to CCCs and other UNICEF/IASC emergency guidance, Organization of meetings. The BCP and EWEA were revised to incorporate the lessons learned accordingly.
- c) Regular knowledge sharing sessions have been held as initiative to spread management knowledge and awareness across the Office. For example, all professional staff have been trained on how to incorporate behavioural monitoring plans into Intermediate Results reporting. To get an indication of how the Common Services Unit (established in 2010 for both regional and country offices) is performing, a client satisfaction survey was conducted during the first quarter. Though the results showed an overall good performance, key work processes have been polished in order to increase efficiency in service delivery and operational management.
- d) The management of office performance continued to be based on the review of key performance indicators. In fulfilling its oversight role, the CMT examined openly and honestly the effectiveness of KPIs reported against organizational benchmarks and took necessary steps required to overcome the constraints in reaching stated levels. With commitment from senior management toward a performance culture, all management indicators were at satisfactory level over the year.
- e) As part of its regular performance review, the Country Management Team (CMT) continued to monitor compliance to audit recommendations related to Office Governance and Operations management which were rated satisfactory by the 2008 internal audit.

Strategic Risk Management

- a) In accordance with Enterprise Risk Management (ERM) plan developed in 2010, the Office monitored the implementation of the mitigation strategies in the areas of greatest risk that could impair the delivery of the operational results and damage the reputation of the Office.
- b) The Office's Risk Profile, Action Plan, Risk and Control Library including risks identified during the 2010 Risk Control Self-Assessment continued to be monitored by a Working Group and reviewed by the CMT twice a year. With regard to the recommendation of the GMT to simplify the ERM/RCSA implementation process, the Office has given top priority to the functioning of its ERM working group as it prepares VISION implementation and for the next Country Programme.
- c) & d) Business Continuity issues were addressed through a simulation exercise organised during the first quarter of 2011 to test Office readiness to respond to a large scale emergency. The Business Continuity

Plan was updated accordingly. The Office has established a Memorandum of Understanding with UNESCO who provided rent free space for placing a container (size 8ft x 8ft x 20ft) as an alternate Data Centre equipped with a generator, a solar panel, and IT / telecommunication equipment.

e) Mechanisms are in place to ensure timely activation of BCP and response to changes in the internal and external operating environment.

Evaluation

The multi-year Integrated Monitoring and Evaluation Plan (IMEP) was updated following the extension of the Country Programme for 2011-2012 and revision of results through a results simplification process towards the end of 2010. The IMEP guided and informed the two year Work Plan finalized early 2011. Normally, the CMT review and endorse the IMEP, except in 2011 since it was prepared in conjunction with the revision of CPAP for the extended period 2011-2012. Implementation of IMEP is monitored and reviewed by the M&E and Knowledge Management Advisory Group of UNICEF Nepal.

There were three evaluations conducted by UNICEF Nepal in 2011. All the three evaluations (ECD, UNGEI and CMAM) were conducted jointly with the Evaluation Office as part of global evaluations with Nepal selected as one of the country case studies. Since 2008, UNICEF Nepal has established work processes for the management and quality control of evaluations starting from designing the Terms of Reference (TOR), selection of evaluator/s, endorsement of reports and preparation of the management response plan. The quality control of TOR, methodology and tools and reports and selection of an evaluator are managed by the Planning M&E section with the support of the M&E Advisory Group members under the overall oversight of the Chief, Planning and Evaluation. This process has facilitated higher quality evaluation designs and impartiality of findings.

To facilitate coordination and capacity development in M&E, UNICEF Nepal has an internal mechanism called the M&E and Knowledge Management Advisory Committee. There have been a number of learning and capacity development opportunities provided to the Advisory Group and Committee. While identification of quality national evaluators continues to be a challenge, UNICEF Nepal has been in discussion with Government and partners and is exploring support for a Community of Evaluators and an Evaluation Society of Nepal to strengthen the network for sharing and capacity development of national evaluators. UNICEF Nepal is in dialogue with the National Planning Commission to strengthen their Results-Based Management strategy and to enhance the quality of major evaluations commissioned by the Government of Nepal. Knowledge and learning from these major evaluations in turn is expected to be used for review and planning of the next national development plan.

UNICEF Nepal maintains a good practice that CMT reviews the evaluation recommendations and endorses the management response plans prior to sharing the management response plan with the Evaluation Office and HQ's database. In addition, as one of its Knowledge Management initiatives, UNICEF Nepal created the internal database to register and track the implementation of the management responses to ensure the use of recommendations. Review by CMT on management response plans enhanced ownership of the evaluation recommendations and facilitated the realization of the importance of evaluations and the timely preparation of the management responses by the relevant programme and its partners.

Effective Use of Information and Communication Technology

a) UNICEF Nepal ICT team always strives to directly or indirectly get involved in Programme interventions. ICT for development has been a top priority and as a pilot project the ICT team provided support to the Health section to roll-out a SMS reporting system for the Measles Rubella campaign to be conducted in first quarter of 2012. UNICEF Nepal established a Facebook webpage to provide access to the general public on UNICEF programmes.

- b) To support roll-out of VISION, bandwidth was upgraded without any additional costs in collaboration with other UN Agencies. UNICEF actively participated in the UN Inter Agency ICT forum to harmonise joint contracts and Long Term Agreements with vendors.
- c) Laptops were distributed to all critical staff members so that they could work from home. . BGAN was installed in the residences of the Representative, Deputy Representative and Operations Chief. The Office deployed Websense to manage and monitor network bandwidth for usage of social networking sites and applications in the Country Office and all field offices. The Office developed a policy and Standard Operating Procedures on the use of Skype and Blackberry. Skype has helped staff members to minimise office telecommunication costs.
- d) In collaboration with other UN Agencies, local LTA exists for computer and printer maintenance and Internet service provider (ISP).
- e) Out-of-date hardware was disposed or sold through public auction after cleaning all data.
- f) All global roll-outs were implemented on time with latest software and hardware, which enabled Operations and Programme staff members to carry out their day-to-day official work smoothly with zero downtime. The Country Office and Biratnagar LANs were upgraded to CAT6. Training was provided to staff members on Windows 7 and VISION. The ICT team actively supported the relocation of the BCP site to UNESCO premises. The new BCP site was equipped with all telecommunications equipment including iDirect, BGAN and SAT phones. Daily backup of network folders are taken from the Country Office to the BCP site. All vehicles are equipped with MOSS equipment.

Fund Raising and Donor Relations

- a) All 54 donor reports were submitted on time during 2011 and met quality standards.
- b) The Country Office mobilised 117% of its ORR ceiling for 2011.
- c) No funds were received for the Humanitarian Action Report/Consolidated Appeals Process in 2011. US\$231,258 from Regular Resources and US\$28,158 from Other Resources were reallocated to support UNICEF's earthquake response in the Eastern Region of Nepal.
- d) And e) Funds utilisation is monitored monthly at the Country Management Team to avoid unnecessary funding source extensions and all expiring Programme Budget Allocations had a 96% utilisation level. Further oversight is provided by the Deputy Representative, Budget Officer and Fund-raising Committee.
- f) The Office Fundraising Committee oversaw several fundraising initiatives including maintaining close links with UNICEF's Funding Market Place in Geneva, first established in late 2011 where Nepal Toolkits for Education, Protection, and Health were posted. An HIV Toolkit was also prepared and accepted by Geneva. The Education Toolkit has already raised US\$1.6 million from the German and Swedish National Committees. A continued focus on high level, high value National Committee and Donors visits was sustained with 6 visits in 2011. New user-friendly funding brochures and electronic materials to increase programme visibility were produced. In addition, the Office sought to further enhance private sector funding possibilities within Nepal, enhancing the relationships already established with Nepal Telecom and NCell for communication initiatives.

Management of Financial and Other Assets

- a) The last internal audit was carried in 2008, Operations management was rated satisfactory. Following a continuous and concerted focus by the CMT on closure of recommendations from the external audit carried

out in May 2009 by the China National Audit Office, the Office received a letter from UNICEF's Division of Financial and Administrative Management confirming closure of 18 of 22 audit recommendations. Almost all operations-related recommendations were implemented.

b) & c) Budget implementation was monitored every month in CMT and also through regular correspondence with programme sections by focusing on the status of budget utilization versus achievement of results by each programme. Necessary measures to improve the implementation status was discussed and agreed in the CMT. CMT monitors budget implementation on a monthly basis and in June and September allocations are adjusted and reallocated to match the programme needs taking into consideration and donor conditions.

d) Fund utilisation is monitored on monthly basis during the CMTs and through personal correspondences with programme sections. 99% of Regular Resources (RR), 98% of Other Resources (ORR), and 98% of Other Resources Emergency (ORE) were utilised; outstanding DCT over nine months were kept below the limit of 5% throughout 2011.

e) To achieve more efficient programme operations, the Office focused particularly on signing Long-Term Agreements that delivered excellent value for money and offered significant long-term cost savings and efficient benefits to the organization. Further cost savings were achieved by limiting travel especially international travel to essential only.

Supply Management

a) Supplies constituted around 25% of the total Country Programme in 2011, a reduction of 5% compared to 2010. Programme and Supply teams met every two months to review progress against Supply Plans and Requisition status, and to resolve any supply problems.

b) Long-Term Agreements (LTAs) signed in 2010 were extended until June 2012 for emergency supplies such as hygiene kits, child-friendly teaching-learning materials, and school kits.

c) Improvements have been observed in 2011 with regard to supply inputs through the timely signing of Work Plans. The quality of local supplies and procurement timeliness were discussed regularly with concerned programmes especially with the Health Section and the Government's Logistics Management Division (LMD).

d) The Country Office completed a Market Survey for Suppliers prequalification and selection of commodity by Categories with review and approval of Supplier Profile information. Rating of Suppliers was conducted and the supplier's data base updated – 103 companies were approved while 48 companies were approved with conditions and 52 companies were not approved. Supplier inspection was useful to check and verify if a Supplier had provided accurate information regarding experience and quality.

e) Commitments were made by Serum Institutes India Ltd to supply 438,700 Vials (of 5 dose) Measles Rubella (MR) vaccines for the Ministry of Health and Population in the fourth quarter of 2011 (due to arrive in the LMD warehouse in early January 2012). UNICEF will bear the freight cost of vaccines from Pune to Kathmandu by Air. These vaccines will be used for MR Campaign in February 2012.

f) Five common UN LTAs were extended for another year (International Courier Services, an Annual Management Contract for photocopier maintenance and repairs, Annual Management Contract for Generators Maintenance and repairs, Maintained Hotel Rosters within Kathmandu Valley, and Selection of Suppliers of Uniforms for Drivers and Ancillary Staff Members).

g) Emergency prepositioned supplies are stored in UNICEF regional offices. Government warehouses are managed independently by the Government. The Government requires further capacity development support for staff in warehouse management.

h) LTAs have been extended until July 2012 with Clearing and Forwarding Agents and also with Local Transportation for logistics and delivery to end users.

i) & j) An Annual Training Plan has been prepared for this purpose, although little progress has been achieved.

k) Prompt, timely and good services have been received from UNICEF's Supply Division (Copenhagen). Procurement services for the Global Alliance for Vaccines and immunization (GAVI)-funded shipment reached US\$5 million.

l) Due attention is given to the development of supply staff through VISION – Warehouse & Procurement stream training for 8 days so that VISION will be successfully rolled out from January 2012.

m) There are still significant opportunities for building capacity on warehouse management and logistics supplies including support to renovate warehouses. Because of space shortages, the Office was not always able to deliver goods as planned and needed to either pay demurrages or deliver when space became available.

Human Resources

a) The Office completed the recruitment of all newly created position within the proposed deadlines. The gender ratio was enhanced to 46% (F) - 54% (M) in the National Professional category. A UN trainee programme for individuals from marginalised groups in Nepal provided opportunities for 8 individuals to gain an 11 month work experience with UNICEF.

Human Resources (HR) continued to focus on staff development with corporate learning programmes such as the 7 Habits for Highly Effective People, Presentation and Communication Skills training, and support Staff Development Programmes and Nepali language classes. 13 group training events were held. Career Advancement sessions were held with staff, including Interview Clinics and personalized career counseling sessions. In addition, weekly learning and briefing sessions ("*Kurakani*") were offered covering topics of common interest to staff.

A one week Orientation programme for new and current staff was conducted to introduce staff to UNICEF, its Programmes and Operations. A new Nepal Country Office Welcome Package was introduced.

By mid-2011 the majority of staff submitted their individual learning plans. Previously submitted plans were updated and carried over into 2011. The completion rate of training plans is yet to reach 100%. All development requests were addressed and 27 staff participated in external individual learning activities.

A Competency Mapping exercise, which was designed to better assess the development requirements of staff and design a needs based office learning plan, was introduced in 2011.

Staff members have been trained on VISION modules. The training and implementation of VISION was well coordinated by the VISION coordinator, HR and super users, and feedback for end user training was positive.

b) The submission of 2010 and 2011 PERs were completed with a significant delay, which was mainly due to the shift to the new PAS/e-PAS format.

c) The first Office Staff Mobilisation Plan was created in August 2011 through consultation with all sections. TORs for emergency surge requirements still need to be finalised.

d) The Office has a Peer Support Volunteer (PSV) structure in place. However, staff are not taking advantage of the mechanism. Additional information sessions on the PSVs will raise awareness of the

system. The selection of new PSVs for the year 2012 is in process.

The HR team has offered a variety of counseling services for staff in the following areas: career development, job application preparation, and grievances.

Based on an informal feedback session on the Office's HR system, staff would like to receive more briefings on HR related topics in 2012, in particular field offices requested HR colleagues to visit them more frequently.

Staff were briefed on UNICEF's stress counseling system. HR with the support of senior management initiated a stress counseling system which will be introduced in 2012.

e) The HR Development Officer, as Co-Chair of the UN Learning Team on UN Cares, is actively involved in learning about new trends/campaigns on HIV/AIDS at the workplace. Staff have been sensitized on the issue of HIV/AIDS at the workplace, however, additional learning events on the subject matter are needed.

Efficiency Gains and Cost Savings

As in previous years, the Office has continued to participate in UN common services and costs sharing initiatives to ensure efficiency gains and costs savings. The Office has made every effort to keep operating expenses including travel costs against the approved budget at a reasonable level. As per the Deputy Executive Director's instructions in his memo dated 4 March 2011, the Office did not purchase any vehicle in 2011. The Office also continued to use cost saving technology solutions such as videoconferencing through Skype relevant to its operations. The Office will conduct a study in 2012 on greening initiatives to ensuring energy saving and reduction of UNICEF Nepal's carbon foot print.

Changes in AMP and CPMP

Building on 2011 achievements, the Office will continue to streamline excessive and duplicative management and coordination arrangements including making improvements in management systems in line with the introduction of VISION/IPSAS from January 2012. This will include refining and revising internal work processes to more accurately reflect the requirements of the new internal control framework.

The Office will implement new working modalities by providing VISION licenses only to those professional staff who require access to transactions processing. Other programme staff will be able to devote more time to quality programme implementation and monitoring rather than administrative work. To achieve this, more rigorous development of section work plans and individual key results areas will be a priority in 2012 to ensure that staff capacity to deliver both programme and operational results continue to improve.

2012 will be also the year for the preparation of the 2013 – 2017 Country Programme Management Plan. The Office will work toward tightening the link between its programme component structure and staffing in order to be more efficient and more effective in delivering results for children, adolescents and women in Nepal.

Summary Notes and Acronyms

Not applicable.

Document Centre

Evaluation

	Title	Sequence Number	Type of Report
1	Endline study on key knowledge and practices on avian and pandemic influenza	2011/001	Study
2	A Political Economic Analysis of Education in Terai Districts	2011/002	Study
3	Scaling Up Early Child Development in Nepal: Scaling Up Community- and School-Based Early Childhood Development Centers in Nepal	2011/003	Study
4	Formative research on Zinc treatment along with ORS for diarrhea	2011/004	Study
5	Operational Research on HIV related stigma and discrimination	2011/005	Study
6	Secondary data analysis of adolescents VCT uptake	2011/006	Study
7	Size estimation of Children Affected by AIDS in Nepal	2011/007	Study
8	Nepal Effective Vaccine Management (EVM) Assessment	2011/008	Study
9	Findings from the Multiple Indicator Cluster Survey 2010 in the Mid and Far-Western Regions, Preliminary Report, Nepal	2011/009	Survey
10	Endline survey on Newborn Vitamin 'A' dosing piloting in Nawalparasi, Tanahun, Banke and Sindhuli in partnership with Micronutrient Initiative, Canada	2011/010	Survey
11	CMAM formative research report of five pilot districts – Bardiya, Achham, Mugu, Jajarkot and Kanchanpur	2011/011	Survey
12	Post intervention 3 months coverage survey on Community Promotion of Infant and Young Child Feeding linked with Micronutrient Powder distribution (IYCF/MNP) in Makawanpur and Palpa.	2011/012	Survey
13	Evaluation of Chatting with my Best Friend (Saathi Sanga Mann Ka Kura) radio programme	2011/013	Evaluation
14	Evaluation of UNICEF's Early Childhood Development Programme with Focus on government of Netherlands funding (2008-2010), Nepal country case study report	2011/014	Evaluation
15	Study on the Effectiveness of Alternative Schools in Nepal	2011/015	Study

Other Publications

	Title
1	Findings from the Multiple Indicator Cluster Survey 2010 in the Mid and Far-Western Regions, Nepal
2	Child Poverty and Disparities in Nepal – Towards escaping the cycle of poverty (Nepal Report 2010)
3	Child Friendly Local Governance National Strategy-2068 and Child Friendly Local Governance -2068
4	Job-aid on breastfeeding
5	Television Adverts on Hand washing with soap and water
6	Radio and Television Adverts on Polio
7	Fundraising Toolkit
8	Community Child Protection Flip Chart
9	Mobilization communities child protection leaflet
10	Paralegal Brochure
11	Mobilizing communities for child protection
12	Para Legal Training Manual
13	PLC Tin truck with PLC/Law books and Medicines
14	Mine Risk Education Flip Chart
15	Mine Risk Education Leaflet
16	Female Community Health Volunteers (FCHV) video documentary
17	Saving Lives: Community-based Management of Acute Malnutrition (CMAM) video documentary
18	Scaling Up Nutrition in Nepal (Video Documentary)
19	Infant & Young Child Feeding (IYCF) Job Aid
20	National Sanitation and Hygiene Master Plan
21	WASH Sector Assessment Report
22	Joint WASH Sector Status Report
23	Child Gender and Differently Abled Friendly options for School WASH Facilities
24	School Sanitation and Hygiene Education Guideline
25	National Guidelines on HIV and AIDS and Nutrition
26	HIV and AIDS Pocket Handbook for Service Providers – PMTCT and Pediatric HIV Care and Treatment
27	Pediatric dosing in resource constrained settings
28	Fourth edition National Guidelines Prevention of Mother to child Transmission of HIV in Nepal
29	The national guidelines for the management of HIV and AIDS in children in Nepal -3rd Edition
30	A study on Gender Responsive budgeting
31	Child Friendly National Framework
32	Mainstreaming Madrassa in Education
33	School as a Zone of Peace National Framework Implementation Guideline
34	Printing of Quality Education Materials Urdu)

Lessons Learned

	Title	Document Type/Category
1	Community Based -Prevention of Mother-to-Child Transmission (CB-PMTCT) of HIV	Innovation
2	'Aligning-for-Action' establishes a sanitation promotion system for the country: an innovation in Mid-western region to make diarrhea epidemics history	Innovation

Programme Documents