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Short-duration country programme document

Nepal

Summary

The short-duration country programme document for Nepal is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of \$5,250,000 from regular resources, subject to the availability of funds, and \$13,700,000 in other resources, subject to the availability of specific-purpose contributions, for the year 2007.

* E/ICEF/2006/10.

The situation of children and women

1. Nepal's Millennium Development Goals progress report (2005) estimates that the country is unlikely to reach the goals for universal primary education and for halting HIV/AIDS, but is likely to do so for reducing poverty, child mortality, tuberculosis and increasing access to safe drinking water. The goals for hunger, gender and equality, and maternal health would require additional and very substantial efforts. The civil conflict continues to affect children, arguably more than any other group. School closures, abductions and conflict-induced insecurity and violence affect school attendance and dropout rates. In 2005, Nepal ranked tenth in terms of new civilian casualties of victim-activated explosions, and second in terms of the proportion of children among those victims. The conflict is taking a heavy toll on the availability and quality of services. Consequently, progress towards the achievement of the Millennium Development Goals is likely to be jeopardized in the absence of an early resolution.

2. Meanwhile, the infant and under-five mortality rates have continued to decline, from 72 and 100 per 1,000 live births, respectively, in 2000, to 59 and 76 in 2004. Reduction in neonatal mortality has lagged behind and, consequently, has increased as a percentage of infant mortality. In 2004, 80 per cent of infants received three doses of combined diphtheria/pertussis/tetanus (DPT3) vaccine, while measles, vitamin A and de-worming coverage exceeded 95 per cent in 2005. Maternal and neonatal tetanus elimination was validated by end-2005, following a campaign conducted between 2000 and 2004. In 2005, primary school gross enrolment was reported to be 148, up from 125 per cent in 2004 as a result of social mobilization. Nevertheless, it is estimated that schools in some conflict-affected areas are closed for up to a third of the school year.

3. The use by the insurgents of children as soldiers is a growing concern, but hard data are not yet available. Many children are moving out of conflict-affected areas into urban centres, both in Nepal and in India, where a less robust family environment can lead to higher risk of exploitation. The adult HIV/AIDS prevalence estimate for 2005 remains at 0.5 per cent, but conceals growing concentrated subnational epidemics among high-risk groups and masks a lack of epidemiological data.

The country programme, 2007

Summary budget table

(In thousands of United States dollars)

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Decentralized action for children and women	2 775	5 500	8 275
Nutrition and care	60	800	860
Health	500	2 530	3 030
Children's and women's environment	320	850	1 170
Education	280	2 700	2 980
Child protection	225	950	1 175
Communication, advocacy and participation	190	220	410
Cross-sectoral costs	900	150	1 050
Total	5 250	13 700	18 950

4. The challenging development environment caused by the increasing level of insurgency prompted, in early 2005, the postponement of the preparation of the Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF) by one year. As a result, the United Nations Development Programme, the United Nations Population Fund, UNICEF and the World Food Programme (WFP) proceeded with the preparation of one-year extensions of their current country programmes, which were already harmonized.

5. In line with the recommendations adopted at the midterm review (MTR) in 2004, the country programme will continue to pursue reduction of human poverty in line with the Government's Tenth Five-Year Plan/Poverty Reduction Strategy Paper, the UNDAF and the Millennium Development Goals. It was also agreed that, for reaching the most disadvantaged populations, flexibility is key to adapting implementation modalities to a changing context, particularly against the background of the insurgency. All focus areas of the UNICEF medium-term strategic plan for 2006-2009 are addressed in this short-duration programme. Greater emphasis will be placed on reaching conflict-affected children, including those who have moved to urban areas, and on emergency preparedness, particularly for a possible earthquake in Kathmandu Valley and pandemic influenza preparedness. Under the leadership of the United Nations Office for the Coordination of Humanitarian Affairs, the United Nations system in Nepal will continue to strengthen both its national and subnational capacity for emergency preparedness and response.

6. By the end of 2006, the country programme is expected to have achieved most of its objectives in health (including HIV/AIDS), nutrition, education, protection and early childhood development. In water and sanitation, a serious shortfall must be noted, which is largely due to unrealistic target-setting. This sector has also most strongly felt capacity constraints as a result of restrictions in movement of Government technicians due to the conflict. Overall, the country programme will slightly underperform in terms of the geographic areas covered. An important

constraint has been the difficulty of making village planning and implementation structures sustainable. Since 2006, a more sustainable approach based on women's federations is being emphasized. A new community-based methodology for targeting disadvantaged groups was also introduced in 15 districts. In 2007, these new approaches will be more widely applied while the programme expands its coverage.

7. In 2007, the programme structure will be the same as it has been since the MTR, except that child protection will become a separate programme reflecting the need to expand the scope of intervention areas, partially as a result of the conflict. The Decentralized Action for Children and Women (DACAW) programme will continue its focus on 23 districts.

8. In 2007, parenting orientation will reach 40 per cent of caregivers, and 50 per cent of children 3-5 years old will be enrolled in early childhood development centres in 15 DACAW districts. The percentage of underweight children under three years old in programme areas will be reduced to 15 per cent, from 17 per cent in 2005. In 2007, the programme will ensure that Female Community Health Volunteers will effectively implement interventions to reduce micronutrient deficiencies in four additional districts, covering a total of 15 districts. Monitoring and logistics support will also be provided to maintain high national coverage of vitamin A supplementation and de-worming, which save at least 12,000 lives annually.

9. The community-based Integrated Management of Childhood Illness programme will ensure early detection and treatment of pneumonia in five additional districts. In collaboration with the United States Agency for International Development and Plan International, UNICEF will introduce zinc supplementation and low-osmolar oral rehydration salts for diarrhoea treatment by community health workers. The "reaching every district" strategy will be expanded to ensure DPT3 and measles coverage of at least 80 per cent in 60 out of 75 districts by the end of 2007. The MTR identified the need to address neonatal health, and this is reflected in a joint effort with the United Kingdom Department for International Development to improve the quality and coverage of antenatal and post-natal care, skilled attendance and emergency obstetric and newborn care services in eight districts. By the end of 2007, the number of tertiary facilities offering comprehensive prevention of mother-to-child transmission "plus" will have increased from six to nine. All women and children identified as HIV positive in these nine centres will be receiving antiretroviral treatment.

10. The children's and women's environment programme will improve hygiene and sanitation in at least 100 primary schools, benefiting 30,000 children and their families. Using the Public-Private Partnership approach in the Hand Washing with Soap initiative will contribute to an increase of 10 per cent in the number of households (80,000 people) washing with soap after defecation in four pilot districts. Access to safe drinking water will be created for over 8,000 deprived households, particularly in conflict-affected districts. In collaboration with the Asian Development Bank, the World Bank and WaterAid, UNICEF will continue to assist the Government in developing a district management information system for monitoring the Millennium Development Goals in water and sanitation. The programme will lead the preparation of a multi-agency water and sanitation disaster preparedness and response plan for Kathmandu Valley.

11. The education programme will continue its support to the highly successful “Welcome to School” campaigns, emphasizing quality aspects. The Schools as Zones of Peace initiative, successfully piloted in one district, will be expanded to at least 75 per cent of the primary schools in two additional districts. The alternative education programme will focus on conflict-affected children in both rural and urban areas. The life skills-based education curriculum, which also aims to prevent HIV/AIDS among young people, will be integrated into the national teacher training package.

12. The child protection programme will further expand the system of paralegal committees in 23 districts to carry out preventive action, protecting an additional 280,000 children and women against violence and abuse. By end-2007, at least three major urban municipalities will have developed specific programmes to improve social protection of at-risk urban working children above 14 years of age. In partnership with the International Labour Organization and the Asian Development Bank, a better system will be developed to assist children without primary caregivers and to improve the juvenile justice system. In close collaboration with the United Nations country team, a national mechanism for monitoring the six core violations mentioned in Security Council Resolution 1612 (2005) on children affected by armed conflict will be in place by the end of 2007. New interventions will be developed to reduce and prevent accidents caused by improvised explosive devices, mines and unexploded ordnance.

13. The communication, advocacy and participation programme will continue to engage in radio peer-communication between young people, particularly around the prevention of HIV/AIDS.

14. UNICEF will continue to work closely with United Nations agencies, bilateral donors, international non-governmental organizations and Nepalese civil society, and will remain a key partner in the coordinated United Nations response on HIV/AIDS, in support of updated National Strategic Plan on HIV/AIDS 2007-2011. In 2006, UNICEF and WFP started implementation of a joint programme to reach the most disadvantaged populations in nine remote districts. This collaboration will be strengthened in 2007. Closer working modalities with the Poverty Alleviation Fund in DACAW districts should begin to have impact in 2007. In 2006, UNICEF started negotiations with the Government for accession to the Joint Funding Agreement, joining other major Education for All partners in pooling part of its resources for education.

15. Collaboration with United Nations agencies, including joint field trips and coordinated efforts to build national capacity, will be strengthened in monitoring and evaluation. No major evaluations will take place in 2007, since they were planned for 2006 to provide input for the preparation of the CCA/UNDAF for 2008-2012. The programme management structure of UNICEF Nepal will be revised in the light of staff security and programme affordability.