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### United Nations Children's Fund

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### Summary of midterm reviews of country programmes

#### South Asia region

#### *Summary*

This regional summary of midterm reviews of country programmes conducted in 2009 was prepared in response to Executive Board decision 1995/8. The Executive Board is invited to comment on the report and provide guidance to the secretariat.

### Introduction

1. During 2009, three countries in the South Asia region undertook midterm reviews of country programmes: India, Maldives and Nepal.

### Midterm reviews

#### India

##### Introduction

2. The overall goal of the 2008-2012 Country Programme Action Plan (CPAP) between the Government of India and UNICEF is "to advance the fulfilment of the rights of all children and women in India to survival, development, participation and protection by reducing social inequalities based on gender, caste, ethnicity or region". This goal contributes directly to the overarching objective of the United

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\* E/ICEF/2010/15.

Nations Development Assistance Framework (UNDAF) of “promoting social, economic and political inclusion for the most disadvantaged, especially women and girls”, which in turn will support a goal of the country’s 11th Five Year Plan, a “new vision of growth that will be much more broad-based and inclusive”.

3. The midterm review (MTR) of the 2008-2012 country programme for India took a modular approach. It (a) updated the situation of children and women; (b) identified emerging issues; (c) reviewed strategies; (d) assessed programme results and achievements at state and national levels; (e) reviewed operations; and (f) made recommendations for the remainder of the programme cycle. Programme reviews between UNICEF and the Government were conducted in 15 states and contributed to the national review. The process was informed by discussions and analyses with stakeholders, along with evaluations, studies and findings from previous mid-year and annual reviews.

4. The national MTR meeting, in May 2010, was jointly chaired by the Ministry of Women and Child Development and the UNICEF India country office. The meeting included counterparts from relevant line ministries at state and national levels as well as key partners. Support was received from UNICEF Headquarters and the Regional Office for South Asia.

#### **Update of the situation of children and women**

5. During 2008-2010, despite the world food crisis, followed by the global financial meltdown and consequent economic recession, India’s economy maintained a healthy growth rate. The Government continued to increase allocations to social sector programmes, including health and education, in line with its commitment to “inclusive growth” in the 11th Five Year Plan.

6. India made rapid progress in the area of child survival. From 1990 to 2008, the under-five mortality rate declined 56 per cent, from 116 per 1,000 live births to 69 per 1,000 live births. The neonatal mortality rate, which fell only by 27 per cent during the corresponding period, remains a major impediment to achieving Millennium Development Goal 4. The less than optimal levels of achievement on health indicators of mothers and adolescent girls are leading to a higher proportion of high-risk births and a high number of maternal deaths. With 20 per cent of children under the age of five wasted, 43 per cent underweight and 48 per cent stunted, India faces a significant nutritional challenge. Respiratory infections and diarrhoeal diseases together contribute to 36 per cent of deaths in children under the age of five. India has achieved the Millennium Development Goal target on improved drinking water, but sanitation remained a challenge, with more than 600 million people still defecating in the open. Polio has yet to be eradicated from the country, though it is now confined to 107 blocks in two states. The spread of HIV has been halted and reversed.

7. According to the Ministry of Human Resource Development, the number of children out of school has rapidly declined, from 25 million in 2003 to 8 million in 2009. India made notable progress in universalizing primary education, and the net enrolment ratio of girls increased at a much faster rate than that of boys. The sharp drop in attendance between primary and secondary schools, particularly among girls, and the quality of education are major challenges. Significant progress was made in improving birth registration, which now stands at 70 per cent. Although the

percentage of women marrying before the legal age has declined, an estimated 43 per cent still marry before the age of 18.

8. A large number of children are engaged in some kind of work that keeps them out of school. The declining child sex ratio, largely due to sex-selective abortion in some parts of the country, continues to be a big challenge. Pronounced inequities between marginalized groups and the general population still persist in all indicators. Children born in the poorest household are three times as likely to die before their fifth birthday as children born in the richest households.

9. The relative weight of India in terms of world child population will remain significantly high. In this sense, India's progress in achieving Millennium Development Goal targets related to children will largely determine the progress the world makes in achieving the Millennium Development Goals with equity.

### **Progress and key results at midterm**

10. UNICEF India recognizes the importance of a life-cycle approach in providing a continuum of care for young child survival and development. The primary objective is to achieve results for infants, young children, adolescent girls and mothers through effective interventions delivered at large scale with quality and equity through government flagship programmes.

11. In reproductive and child health, linkages were sought between routine immunization and maternal, neonatal and child health programmes. UNICEF supported the roll-out of units for Integrated Management of Neonatal and Childhood Illnesses and Special Care Newborn units, which provide advanced neonatal care at first-referral and district-hospital levels. Improved referral transport and perinatal services increased access to care for newborns in the crucial first 10 days of life, which is when two-thirds of all infants die. Increased institutional deliveries, a result of an effective government-funded conditional cash transfer scheme, and skilled birth attendants contributed to a reduction in maternal mortality. UNICEF-developed maternal death investigation tools and analysis of more than 3,000 maternal deaths led the Government to require maternal death audits in all districts. The programme review recommended increasing emphasis on maternal health throughout the life cycle, supporting the introduction of a second measles immunization opportunity and building partnerships with training institutions to scale up the Integrated Management of Neonatal and Childhood Illnesses model.

12. To eradicate polio, UNICEF supported routine immunization through innovative approaches like the "*Muskaan*" initiative in Bihar, which demonstrated the effectiveness of convergence at state level of interventions supporting polio eradication, routine immunization and nutrition. This success raised routine immunization coverage from 38 per cent in 2006-2007 to 53 per cent in 2009.<sup>1</sup> To interrupt circulation of the wild polio virus, the Government has developed the 107 Block Plan, targeting high-risk blocks in the states of Bihar and Uttar Pradesh, covering a population of 19 million. The plan addresses a range of factors contributing to polio transmission, such as undernutrition, poor hygiene and sanitation, diarrhoea and low routine immunization coverage. The new focus on migrant populations will limit propagation of the virus in the two endemic states as

<sup>1</sup> Immunization Survey of Bihar, 2009.

well as other states and neighbouring countries. Polio eradication will become a full-fledged programme in the remainder of the country programme.

13. The child development and nutrition programme component supported the delivery of evidence-based, high-impact interventions for young children, adolescent girls and mothers. Support to the Integrated Child Development Services programme — with the potential to reach 100 million children — remained a priority. UNICEF supported the adoption and roll-out of the World Health Organization child growth standards and the mother-child protection card in Integrated Child Development Services and the National Rural Health Mission. Convergence between these two programmes was strengthened through community-based initiatives and monthly village health and nutrition days. Rates of early initiation of breastfeeding increased from 25 per cent in 2006 to 41 per cent in 2008. Full vitamin A supplementation coverage increased from 32 per cent in 2007 to 67 per cent in 2009. UNICEF supported the expansion of nutrition rehabilitation centres and the implementation of integrated care for severely undernourished children, which are being scaled up with resources from the National Rural Health Mission. National guidelines were adopted on nutrition for HIV-affected children and deworming. In India, 89 per cent of salt consumed is iodized. The adolescent anaemia control programme is expected to reach 20 million adolescent girls by the end of 2010, and five states have endorsed action plans to scale it up with government resources. Emphasis on assessment and analysis for action will support the delivery at scale of essential nutrition interventions.

14. On child environment, UNICEF supported national and state governments in scaling up access to safe water and improved sanitation in households and schools. India has achieved the Millennium Development Goal target for access to drinking water. However, important water quality issues remain. The use of improved toilets in households increased from 28 per cent in 2006 to 31 per cent in 2008, with 14.5 million new toilet users per year. Hand washing with soap was introduced as a major intervention for improved child health and hygiene through the water, sanitation and hygiene (WASH) programme in schools. The availability of WASH facilities in primary schools improved, from 78 per cent in 2007 to 84 per cent in 2009, although availability of water and the condition of toilets remain a concern. Innovations developed by UNICEF and partners were scaled up, such as force-lift hand pumps for running water in schools, wise water management for the conservation and reuse of water in areas of scarcity, and menstrual hygiene management for adolescent girls' dignity and health. The acceptance of the methodology established by the World Health Organization/UNICEF Joint Monitoring Programme for Water Supply and Sanitation was an important step in recognizing the difference between availability and use of toilets, a key point to eliminating open defecation. Focus will be on supporting state governments to improve monitoring systems to assess sanitation coverage and use at the household level.

15. Recognizing the importance of a protective environment for children, UNICEF focused on child education, protection and HIV prevention and treatment. In education, UNICEF supported the Government's flagship Education for All programme, "*Sarva Shiksha Abhiyan*" (SSA), to ensure greater access to education, enrolment and improved learning for the most marginalized. Major elements of the Child-Friendly Schools and Systems Framework were integrated into SSA plans and schools, including early childhood education and school readiness, which ensured

greater retention and higher transition rates from primary to upper primary school levels. UNICEF supported the District Information System for Education, which provides online school report cards for more than 1.3 million primary and upper primary schools. Data is used to map disparities and formulate and monitor plans under SSA. An innovative initiative was the partnership in creating the National Multilingual Education Resource Consortium, which demonstrates the importance of mother-tongue instruction to improve retention in lower grades of primary education. UNICEF will support implementation of the landmark Right of Children to Free and Compulsory Education Act through socially inclusive child-friendly schools and systems.

16. In child protection, UNICEF supported the launch of the Integrated Child Protection Scheme, which aims to create a protective environment for children by strengthening institutional structures, building the capacity of caretakers, drafting appropriate legislation, and working on convergence of existing child protection laws. Child marriage rules were formulated in many states. Collaboration with the National Commission for the Protection of Child Rights gained momentum, as did joint advocacy with the education and communication programmes against corporal punishment. A strategy to address child labour in districts and states producing cotton seed, growing cotton and manufacturing carpets was developed in Andhra Pradesh, Gujarat, Karnataka, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh. Upcoming priorities will be to support the Ministry of Women and Child Development and the National Institute of Public Cooperation and Child Development to roll out the Integrated Child Protection Scheme, advocate for education and the Right to Education Act as a preventive measure for child labour, and develop partnerships with Government, civil society and the judiciary.

17. On children and HIV, UNICEF collaborated with the National AIDS Control Organization and rolled out early infant diagnosis, which facilitated early treatment with antiretroviral therapy. The programme supported the introduction of a more effective regimen for prevention of parent-to-child transmission. This was possible through advocacy efforts involving the Joint United Nations Programme on HIV/AIDS, the World Health Organization and UNICEF, which subsequently helped secure funds to implement the policy from the Global Fund to Fight AIDS, Tuberculosis and Malaria. In collaboration with the Federation of Obstetrics and Gynaecological Societies of India, UNICEF supported an innovative project to establish prevention of parent-to-child transmission services in the private sector, which resulted in a policy document. The programme will support research to better understand vulnerabilities to HIV in adolescents and youth, including children living on the street.

18. The integrated district approach supported decentralized programme planning and convergence and improved governance at the district level. The aim was to promote participatory planning, increase demand for and access to quality services, and use the integrated districts as a testing ground for evidence-based, high-impact innovations. Lessons learned have influenced government policies and programmes. The decentralized village planning model was rolled out in 17 districts of 14 states, covering a population of 35 million. The Planning Commission adopted this model in its district planning manual. More focus will be given to measuring results and documenting lessons learned and better practices. UNICEF will continue to partner with the Planning Commission, state governments, the United Nations Development Programme, the United Nations Population Fund and the Office of the Resident

Coordinator in the United Nations Joint Programme on Convergence for Millennium Development Goals, aiming for equity at the district level.

19. In social policy, planning, monitoring and evaluation, UNICEF supported the analysis of state and district government budgets, focusing on allocations, expenditures, utilization and constraints in key flagship programmes. For the first time, the Union Budget of 2008-2009 included “Statement 22”, transparently listing the allocations made for children. UNICEF conceptualized a survey to measure outcomes for children to provide data on key indicators at national and state levels at six-month intervals, which was approved by the Planning Commission.

20. In preparation for the national census in 2011, UNICEF supported the training of 54,000 master trainers, who, in turn, will train the 2.8 million enumerators who will conduct the census. Inclusive programming was strengthened and road maps were developed to define strategies and desired results. Knowledge management was strengthened through an internship programme that involved hundreds of post-graduate students from Indian and foreign universities, who documented cases studies on inclusion and capacity building. UNICEF will support the Government to ensure that children are central to the policy debate through knowledge generation and strategic partnerships, as reflected in the 11th Five Year Plan.

21. In behaviour change communication, an important achievement was the continued broadcast of the innovative entertainment-education serial “*Kyunki ... Jeena Issi ka Naam Hai*” (“Because ... This Is What Life Is”), which has reached 145 million viewers, increasing knowledge among women on safe motherhood and child health, nutrition and hygiene issues. The success of *Kyunki* proved that Indian television can make viable soap operas that deal with social issues. Community radio stations were established in four integrated districts with a total population of 5 million to bring about behavioural change and promote the engagement of community members — particularly women and excluded groups — in areas with limited media reach. The behaviour change programme will shift from a predominantly production-driven approach to a more strategic one; thus, Programme Communication will be renamed Communication for Development.

22. In emergency preparedness and response, UNICEF contributions to the National Disaster Management Authority core group resulted in a number of policy documents, including guidelines on minimum standards for water, hygiene and sanitation in relief camps. In 2008, flooding on the Kosi River and elsewhere affected 28 million people, while in 2009 over 6.3 million people were affected by cyclone Aila and 1.2 million by the floods in Andhra Pradesh and Karnataka. UNICEF and partners supported the Government in assisting displaced families and restoring health, water and sanitation systems. Additionally, UNICEF focused on active surveillance and efforts to improve safe motherhood and health, nutrition, hygiene, sanitation, safety and protection of children affected by these disasters. UNICEF will ensure coordinated inter-agency preparedness and response through the United Nations Disaster Team, under the established policy and authority in respect to disaster response.

23. Advocacy and partnerships is an important strategy. A strong partnership with the National Commission for the Protection of Child Rights led to the creation of a joint platform for public and media discourse on the right to education and the elimination of child labour. High-profile advocacy events to mark the World Day against Child Labour were held in 2008 and 2009, for which the Commission,

UNICEF and the International Labour Organization came together with high-level representatives of government and civil society. UNICEF supported the Government in finalizing the combined third and fourth report on the Convention on the Rights of the Child, while convening non-governmental organizations (NGOs), community-based organizations, research institutes, academic organizations and children to review implementation of the Convention.

### **Resources used**

24. The 2008-2012 country programme was approved by the Executive Board in 2007 with a total of \$162 million of regular resources and \$350 million of other resources. Based on the other resources funding already received or anticipated for 2010-2012, the country office has requested an increase of \$150 million in the other resources ceiling. This will reinforce social policy; planning and monitoring and evaluation; advocacy and partnerships; and communication for development, in line with the country programme shift.

### **Constraints and opportunities affecting progress**

25. As things stand at midterm, India faces challenges in achieving most of the Millennium Development Goals. The Government needs assistance to accelerate progress to reduce poverty and inequities, such as those between the rich and the poor, urban and rural areas, men and women, as well as among various social groups and ethnic communities.

26. Progress towards Millennium Development Goal targets remains a challenge in the context of systemic and human resource constraints, such as persistent vacancies, suboptimal supervision, frequent staff turnover and insufficient technical and social development training within the Government and UNICEF.

27. Convergence across sectors in the Government and in UNICEF is another constraint. Convergence is not built into the role of government functionaries, and dovetailing of resources from various national flagship programmes is a systemic challenge. To address this, UNICEF simplified the results structure and introduced two-year rolling workplans, which will help achieve more flexible and adaptive planning, funding and commitment. This simplification will increase convergence in formulating shared intermediate results supported by more than one programme.

28. Two emerging issues pose serious concerns for the well-being of children and require further analysis and attention: children living in urban areas affected by poverty and deprivation, and children affected by violence. The remainder of the country programme will focus on generating a knowledge base to understand these issues, review the policy gaps and advocate for necessary programme and policy response.

29. Cooperation between the Government and UNICEF presents great opportunities to accelerate progress towards achieving the Millennium Development Goals with equity. The enactment of the landmark Right of Children to Free and Compulsory Education Act can ensure every child's right to free and quality education, and it demonstrates India's commitment to fulfil this right. The launch of the Integrated Child Protection Scheme will ensure a holistic approach to providing a safe and secure environment for children. The adoption of the WHO child growth and development standards in India's flagship programmes recognizes the right of

every child to grow and develop to his or her full potential. The universalization of the Integrated Child Development Services scheme ensures India's commitment to address early childhood care and development, with emphasis on the most vulnerable children: the youngest, the poorest and the excluded. These are promising developments, and there is no doubt that India can mobilize financial and human resources to accelerate progress in achieving the Millennium Development Goal targets with equity.

30. UNICEF India succeeded in nurturing and expanding partnerships with major donors, including IKEA and the United Kingdom Department for International Development, which created flexible and predictable multi-year funding. Together with funding from other partners,<sup>2</sup> this has increased funding for thematic issues and for the country programme as a whole, instead of discrete projects. UNICEF is engaging with private corporations beyond resource mobilization as they seek UNICEF expertise in social development initiatives.

### **Adjustments made**

31. The MTR reconfirmed the validity of the country programme's objectives and strategies. Interventions to ensure young child survival and development will continue to focus on accelerating reduction of undernutrition and neonatal, infant and maternal mortality; improving hygiene and sanitation; and eradicating polio. The interventions addressing undernutrition shall be within the national policy framework, particularly those regarding ready-to-use therapeutic foods and the use of sprinkles. To such effect, UNICEF will provide critical supplies to fill gaps in national flagship programmes.

32. This requires establishment of a protective environment for children. Opportunities provided by the roll-out of the Right to Education Act and the Integrated Child Protection Scheme will be prioritized. The children and HIV programme will join this effort to ensure the protection of children and women's rights.

33. Two additional areas of emphasis will be (a) the focus on adolescent girls, to help break the intergenerational cycle of multiple deprivations, undernutrition, ill health and poor development;<sup>3</sup> and (b) equity and inclusion by design, to support the reduction of disparities and exclusion.

34. To ensure greater commitment and allocation of adequate resources, UNICEF will continue to advocate for stronger child-centred social policies, taking the upcoming 12th Five Year Plan (2013-2018) as an opportunity to place children at the centre of planning, poverty alleviation and governance.

35. To maximize resources and results effectively and efficiently, four strategies will be strengthened:

(a) A systematic capacity-gap analysis will guide future investments in capacity building and system strengthening. All interventions should be designed for integration into existing, permanent national structures.

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<sup>2</sup> Partners include H&M, the ING Group, the Bill and Melinda Gates Foundation and the World Bank.

<sup>3</sup> *Accelerating Efforts to Advance the Rights of Adolescent Girls: A UN Joint Statement*. Geneva, 3 March 2010.

(b) All programmes will strive to achieve greater convergence at national, state and district levels for common goals, building on successful experiences and good practices. This will include engaging with diverse government ministries and departments.

(c) UNICEF will broaden its partnership base to include media, donors, international and national private corporations, NGOs and community-based organizations.

(d) A stronger base of evidence will be developed to improve understanding of the underlying factors that cause persistent deprivation and exclusion. UNICEF engagement in knowledge management is critical for influencing policy frameworks, designing programmes and allocating budgets. Rigorous evaluation of programme innovations will inform mainstreaming and scaling-up of efforts.

## **Maldives**

### **Introduction**

36. The Maldives country programme for 2008-2010 was reviewed in July 2009. The midterm review process was conducted jointly by the Government and UNICEF in close consultation with sector ministries and other implementing partners. The deliberations focused on policy and implementation issues, taking into consideration the prevailing challenges, constraints, opportunities and lessons learned.

37. Due to the three-year programme cycle of the United Nations Development Group Executive Committee agencies,<sup>4</sup> the United Nations country team decided to keep the agency reviews brief and linked to the UNDAF review. All sector meetings considered the changing political and development context and related implications for programme implementation. The midterm review process was supported by visiting missions from the UNICEF Regional Office for South Asia in Kathmandu, Nepal, and the Asia Pacific Shared Services Centre in Bangkok, Thailand.

38. As part of the UNDAF development process, a joint situation analysis was commissioned by the United Nations country team to collate and review documentation on the country's progress towards achievement of the Millennium Development Goals. This analysis also updated the situation of children and women and highlighted major achievements and challenges in different sectors.

### **Update of the situation of children and women**

39. The most significant change that occurred in the country was the political transition to democratic governance following multi-party elections in November 2008, the first year of the country programme. The objective of achieving the Millennium Development Goals was not unduly affected by the change in government. However, the reduction in the number of ministries, from 21 to 14, resulted in key social sector ministries being combined and reconfigured as departments in larger ministries. This substantially reduced the capacity for social sector programme implementation. The financial downturn further affected the

<sup>4</sup> The United Nations Development Group Executive Committee agencies are UNDP, UNFPA, UNICEF and WFP.

ability of the Government to address critical social issues, including delivery of basic services.

40. Despite the major changes in government, the situation of children and women in the Maldives continued to improve during the programme cycle as a result of investment in capacity development of core partners. UNICEF assisted with the development of systems and methodologies for implementing sector interventions, including in health, education, protection, and monitoring and evaluation. Support was also provided in developing policy on social protection.

### **Progress and key results at midterm**

41. Regarding children's right to health, the country has achieved the targets of Millennium Development Goal 4 and is on track for Goal 5, with significant reductions in child and maternal mortality resulting from optimal rates of child immunization and antenatal care. Maternal and child mortality were reduced by more than half between 1999 and 2008, and the infant mortality rate fell from 26 per 1,000 live births in 2007 to an estimated 11 per 1,000 live births in 2008. Maldives made notable achievements in the control of communicable diseases as well. Exclusive breastfeeding for six months was promoted in all hospitals and health centres. About 81 per cent of children were exclusively breastfed up to age three months, but this rate dropped to 49 per cent at four to five months and to only 15 per cent at six months. Significant gaps remained in reducing child malnutrition and undernutrition.

42. Maldives has also achieved Millennium Development Goal 2, with net enrolment of 100 per cent for primary education and no gender disparity. The adoption of the child-friendly school concept has been very successful, with 96 per cent of preschools and 69 per cent of primary schools implementing the approach. Challenges included the professional development of teachers and children with special education needs. Goal 7 remains unmet in the Maldives, with a target on safe water and adequate sanitation yet to be achieved. UNICEF has supported the Government with technical training on water and sanitation systems as well as by providing rainwater harvesting and water treatment systems.

43. Child abuse remains a major concern in Maldives, as evident from the United Nations Secretary-General's *Study on Violence against Children* and case reporting figures produced by the Ministry of Health and Family. The child protection system, while facing increased demand for services, was severely constrained due to inadequate infrastructure, case management systems and resources, including trained social work professionals. UNICEF supported the development of the Maldives Child Protection Database and the drafting of the Juvenile Justice Bill and the Children's Act.

44. Maldives also faces a critical problem with regard to drug abuse, particularly among unemployed youth. Drug abuse represents a threat in itself, but also significantly raises the vulnerability of young people to HIV/AIDS. Drug abuse is linked to a rise in youth crime, juvenile delinquency and increased street violence, highlighting the need for strengthened drug prevention programmes, rehabilitation services, juvenile justice mechanisms and child-sensitive procedures in the justice system.

45. UNICEF successfully assisted the Government of Maldives in the formulation of a minimum social protection package to ensure that the country successfully meets all the Millennium Development Goal targets with equity. The package was incorporated into the National Strategic Action Plan.

46. UNICEF participation in the global child poverty study and research on the impact of the global financial, food and fuel crises raised awareness of critical issues facing families with children under the age of five. Likewise, the violence against children study and the micronutrient study both provided a solid foundation for evidence-based planning and decision-making on two crucial aspects of child development.

#### **Resources used**

47. At the midterm of the country programme, the country office had mobilized \$2.66 million against a revised approved ceiling of \$6.98 million, of which 41 per cent was regular resources. Other resources support came from thematic funds for education, child protection and policy and advocacy. Efforts to mobilize more resources were ongoing, with a particular focus on young child survival and development as well as education. Of the available resources, 48 per cent had been expended. The office also had \$5.64 million for tsunami carryover activities expiring by end-2009, of which 85 per cent had been expended by July 2009.

#### **Constraints and opportunities affecting progress**

48. Overall, the major constraint to implementation arose from the rapid changes in the Government in the previous year, including the reduction in the number of ministries. These structural changes had a major impact on programme quality and speed of delivery. Among the new policies introduced were decentralization, public-private partnerships and establishment of an independent civil service commission. A further key development was a decision by the Government to replace the 7th National Development Plan, which was the basis of the UNDAF and CPAP, with the ruling coalition's manifesto as the development tool and reference guide for the country's development.

49. Across all sectors, the country faced acute shortages of human resources and institutional capacity to implement programmes. Frequent movement of technical staff between departments impeded implementation. There is a need to harmonize monitoring and evaluation systems at all levels and facilitate better use of data across sectors for more effective planning, decision-making and reporting. A major shortage of trained teachers poses a particular constraint to education, while a lack of leadership on various initiatives affects community mobilization in the young child survival and development programme. Child protection activities were affected by structural changes and the need for greater awareness among policymakers.

#### **Adjustments made**

50. Operational research, programme convergence, human and institutional capacity development, behaviour change communication and policy advocacy were emphasized as the core of the UNICEF focus for the remainder of the country programme period. The government policy on decentralization was a significant factor to be given due consideration across all sectors.

51. The Maldives' acute vulnerability to climate change underlines the need for continued focus on environmental education and awareness in communities, especially among children. Improved understanding of children's vulnerabilities and climate change risks is required among policymakers and implementing partners. An objective built into each programme is capacity development on disaster risk reduction and emergency preparedness and response interventions, which are part of the updated UNICEF Core Commitments for Children in Emergencies.

52. Greater emphasis has been placed on legal reform and the engagement of civil society and communities in planning, implementation and monitoring of activities. The country programme also focused on strengthening monitoring and evaluation mechanisms to ensure better coordination and utilization of data and information.

## **Nepal**

### **Introduction**

53. The goal of the Nepal country programme for 2008-2010 is the realization of the rights of all children and women through support to peace and reconciliation efforts and achievement of the Millennium Development Goals. The decentralized action for children and women (DACAW) programme drew upon the technical expertise of the sectoral programmes while ensuring coherent, community-based interventions at the local level in 23 of the country's 75 districts.

54. The midterm review took place in a profoundly changed context, with the recent end of the 10-year conflict, the 2008 election of a constituent assembly and the drafting of a new constitution in process. The Government led the MTR process with support from UNICEF. In July 2009, the National Planning Commission formed the MTR Steering Committee, which established six sector working groups chaired by officials of concerned line ministries. Each sector prepared a draft sectoral MTR report. For the first time in Nepal, children in five districts organized consultations and presented their views at the second MTR meeting, held in October 2009. The final MTR report, submitted in December 2009, incorporated the conclusions and recommendations endorsed by the Government.

### **Update of the situation of children and women**

55. In primary and secondary education, favourable trends in enrolment and grade promotion continued. Gender parity was nearly achieved at the primary level, but gender gaps are more pronounced at higher levels, as are socio-economic, regional, caste and ethnic disparities. Some progress was realized in reducing inequities, but the quality of basic education requires further improvement. The School Sector Reform Plan is expected to consolidate recent gains and address the remaining challenges.

56. Overall, Nepal has continued to make progress towards Millennium Development Goals 4 and 5, but disparities persist. Neonatal mortality and stunting are particular concerns. Community-based case management reduced early childhood morbidity during the reporting period, but immunization coverage slightly declined.

57. Though surveillance was limited, Nepal has a concentrated HIV epidemic, possibly more severe than first recognized. Estimates for 2007 placed the prevalence

among people aged 15-49 at 0.49 per cent. Sharing of needles and sexual transmission were the most common modes of transmission. The high-risk groups are seasonal labour migrants, intravenous drug users, female and male sex workers, and men having sex with men. Coverage of preventive services and convergence of maternal and child health programmes with the prevention of mother-to-child transmission (PMTCT) have increased but remain inadequate.

58. Violations of children's rights are evident, though Nepal lacked a systematic mechanism for estimating their prevalence. The National Labour Force Survey in 2008 found that one third of children aged 5-14 years were economically active. Violence within child marriage is common, and many children are without parental care. Inter-country adoption and the quality of care in residential institutions are poorly monitored and regulated. Children in conflict with the law face serious problems with the justice system. Some parts of the country experienced the emergence of new armed groups and escalating political violence and crime.

59. The majority of the population has access to an improved source of drinking water, though many "improved" sources are contaminated. Household water treatment is uncommon. The WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation in 2008 found that only 27 per cent of the population had access to improved, unshared sanitation facilities in 2006, and half of the population was practising open defecation. Very few schools had separate toilet facilities for girls and boys with adequate privacy. The Government and development partners had agreed to collaborate further and carry out a joint review and planning to harmonize the water and sanitation programme.

#### **Progress and key results at midterm**

60. The CPAP sets forth the cross-cutting priorities of gender, social inclusion, child participation and emergency preparedness and response. Other cross-cutting issues that arose during the MTR were capacity development; climate change; conflict sensitivity; the fuel, food and financial crises; and intersectoral collaboration and synergy. All programmes have made gender a priority in design and practice. UNICEF has begun to address weaknesses in its gender orientation by strengthening partnerships with boys and men, enhancing national capacity for gender analysis and participating in joint United Nations programmes related to gender.

61. To strengthen social inclusion, UNICEF and partners supported interventions targeted to excluded groups and advocated for balanced representation on local development bodies. DACAW identified disadvantaged groups through disadvantaged group mapping, and UNICEF supported capacity development for disaggregated data collection and analysis. Regarding child participation, Nepal's network of child clubs provided children with a forum for discussion, capacity-building and influence in policy development, including in the constitution-drafting process.

62. DACAW led to improvements in access to quality early childhood development and basic education, health-seeking behaviour, child nutrition, birth registration and access to safe water and sanitation. DACAW supported strengthening of community action in local service delivery, local governance and the national decentralization policy. Community members assessed the situation of children and women, analysed problems and took action. This generated demand for

services, which DACAW helped to match with service providers, who in turn were supported to better serve their communities. Most local government bodies allocated block grant resources to DACAW-related activities to encourage inclusive and participatory district-level planning. The formulation of the Local Governance and Community Development Programme drew upon DACAW experience. DACAW contributed to a variety of policies, such as government decisions to replicate the child-friendly local governance initiative, disadvantaged group mapping in all districts and revision of block grant guidelines to encourage village development committees to allocate resources to children's and women's issues. Most of the expected results for DACAW are on track or have already been achieved.

63. The education programme sought to improve equity and access to quality learning opportunities, with a focus on early childhood development, primary education, peace education and emergency education. UNICEF interventions improved quality and coverage of early childhood development interventions for disadvantaged village development committees in 30 districts. Capacity strengthening of school management committees and district education offices accelerated social auditing and participatory planning. The child-friendly schools initiative improved access and quality. The Government was preparing a national framework for it, and school sector reform incorporated child-friendly principles. UNICEF support for non-formal education contributed to an increase of almost one third in the number of out-of-school children who accessed alternative learning opportunities in the DACAW districts and eight urban areas. UNICEF and partners facilitated the incorporation of peace, human rights and civic education into primary, secondary and non-formal education and supported the participatory development of codes of conduct in schools and districts.

64. The health and nutrition programme focused on child survival, maternal health, nutrition and development of the national health sector. National immunization days kept Nepal free of polio, and a measles campaign enabled progress toward measles control. The community-based integrated management of childhood illnesses programme led to reductions in the incidence of severe pneumonia and fatalities from diarrhoea. UNICEF and partners responded to the humanitarian needs of more than 3 million people during a diarrhoea outbreak.

65. In 2008 the Government and development partners launched a pilot community-based newborn care package. In eight districts, UNICEF supports 24-hour safe delivery services. Piloting has started for (1) community-based management of acute malnutrition, incorporating treatment and prevention, and for (2) micronutrient powder supplementation, linked with community promotion of proper infant and young child feeding. A comprehensive maternal nutrition package is planned. Progress has been made in vitamin A supplementation with deworming for children, iron-folate supplementation for pregnant women and the use of iodized salt. A number of policy developments demonstrated government recognition of nutrition as a national development priority. In 2009, Nepal joined the International Health Partnership and related initiatives. UNICEF also continues to promote attention to issues of gender, social inclusion, and water and sanitation in the development of the new health sector-wide approaches.

66. The CPAP introduced a programme dedicated to HIV/AIDS with components on PMTCT, paediatric AIDS treatment, adolescent HIV prevention, support for children affected by AIDS and the development of related policies and capacity. The

programme increased access to PMTCT services for pregnant women and improved the quality of services. A comprehensive national strategy and action plan targeting most-at-risk adolescents is under development, as is a national framework for protection, care and support.

67. UNICEF supported the Government in developing child protection systems. The UNICEF-supported paralegal committees are integral to the emerging protection system by providing a community-based mechanism to combat the violation of children's and women's rights. Almost 500 village development committees in the 23 DACAW districts have paralegal committees, and the Government intends to extend the network across the country. The 6,500 members, almost all women, resolved or referred 13,500 cases in 2008. UNICEF supported the Government and judicial authorities with the development of a child-friendly system of justice. Community-based reintegration services were provided to more than 10,000 children affected by conflict or vulnerable to it, and a national plan of action for children affected by armed conflict was developed. The Government is drafting a new child rights (promotion and protection) act, which is expected to bring national legislation into closer alignment with the Convention on the Rights of the Child. The subcluster on child protection enhanced emergency response capacity, which was evident during the 2008 floods.

68. The WASH programme and its partners supported the installation and rehabilitation of water supply schemes reaching 8,000 households, extensive arsenic testing and provision of alternative safe water sources or technology for 7,500 households. The school sanitation and hygiene education initiative, the school-led total sanitation initiative, community declarations of open-defecation-free status and events in recognition of Global Handwashing Day contributed to significant progress in sanitation and hygiene. The programme helped to expand the capacity of local water and sanitation user committees and WASH-related NGOs and private enterprises. The WASH cluster supported emergency capacity development, pre-positioned WASH supplies for 100,000 people in four locations and contributed to WASH response for 8,000 flood-affected families. WASH partners reached a common understanding in favour of developing a sector-wide approach.

69. The policy, advocacy and partnerships programme (formerly the social policy programme) includes components on policy and institutional support, child rights promotion (renamed communication and advocacy for development), and monitoring and evaluation (renamed planning and monitoring and evaluation). It supports research, policy dialogue and action in child poverty, child participation, social budgeting and social protection. For example, evidence-based advocacy contributed to a decision by the Government to include a pilot child grant in the 2009 national budget; UNICEF and partners supported the formulation of the Local Governance and Community Development Programme; and UNICEF convened a task team that ensured harmonized support for social protection. UNICEF support to emergency preparedness and response helped the Government to strengthen its emergency leadership capacity while also strengthening the capacity of CPAP programmes and UNICEF partners. Experience with a UNICEF-supported initiative to develop a decentralized information system contributed to government formation of a monitoring and evaluation steering committee and a technical committee, which are expected to strengthen national capacity to produce and analyse disaggregated data.

**Resources used**

70. The country programme has received \$18.3 million in regular resources and mobilized \$31.1 million in other resources. To respond to the Koshi River flood and implement the programme serving children associated with armed forces and armed groups, UNICEF raised \$8.6 million for emergency response and post-conflict reintegration. At midterm, the CPAP was funded at 72 per cent of the approved ceiling. The policy, advocacy and partnership programme and child protection programme were fully funded. A large share of funding in the education, WASH and HIV/AIDS programmes was transferred to DACAW, where sectoral interventions were implemented; as a result, these sectoral programmes were funded at relatively low proportions of their ceilings. CPAP expenditure was 48 per cent of the ceiling.

**Constraints and opportunities affecting progress**

71. Political and security issues related to the fragile post-conflict environment and the absence of locally elected bodies were pervasive constraints. Traditional values regarding the role of women and children constrained progress towards child participation and gender equality. Discrimination on the basis of caste and ethnic and regional identity presents a deeply entrenched obstacle to social inclusion. Reaching the most disadvantaged households proved exceptionally difficult. Remoteness and geographical barriers exclude many communities from government services and make them difficult to reach with humanitarian and development programmes.

72. Nepal suffers from frequent national disasters, and climate change may exacerbate their frequency and intensity. Human and institutional capacities are limited, especially at the local level, and inadequate funding hampers the delivery of some important programmes. Many policy and legislative constraints remain to be addressed. Availability of regular and reliable data on children is limited, particularly at the subnational level. Coordination among UNICEF programme partners from central to community level is a challenge. The Government and UNICEF planned to conduct in 2010 a multiple indicator cluster survey to collect, for the first time, subnational data in the disadvantaged regions. At the same time, the end of the 10-year conflict, the 2008 election of a Constituent Assembly and the drafting of a new Constitution brought extraordinary opportunities for advancements in respect for human rights, economic progress and political cohesion. The Local Governance and Community Development Programme and the new United Nations joint programmes present opportunities to scale up successful CPAP interventions, and the Government is establishing structures to advance inter-sectoral coordination.

**Adjustments made**

73. The MTR confirmed the continuation of ongoing initiatives with a few changes in direction or emphasis. These included mainstreaming conflict sensitivity, promoting more equal representation and child participation in local development bodies, supporting an assessment of child clubs and expanding their linkages with other community-based organizations. Also recognized was the need to continue advocating clear and appropriate allocations of roles and responsibilities among duty bearers at all levels, supporting the implementation and evaluation of the new policies related to children's rights. Other recommendations included analysing the geographical footprint of the CPAP, strengthening WASH interventions in the most

deprived areas, promoting local resource mobilization and public-private partnerships, and ensuring coordination among CPAP programmes and national institutions.

74. Further recommendations included ensuring equity in child and maternal health interventions, strengthening the continuum of maternal and neonatal care, exploring ways to reach the most excluded groups, seeking greater partnerships with men and boys, programming more strategically for adolescent girls, mainstreaming community-level emergency preparedness and raising awareness of the human impacts of climate change. Technical changes in the CPAP involved changing the name of the social policy programme to policy, advocacy and partnerships to better capture the programme's work and its connection to focus area 5 of the medium-term strategic plan. The Government and UNICEF agreed to review and adjust the other resources ceiling in the health and nutrition programme to enable additional nutrition programming. Annual UNDAF reviews will replace the annual reviews.

## **Conclusion**

75. As 2015 draws near and, with it, expected achievement of the Millennium Development Goals, the experiences of India, Maldives and Nepal point to the critical need to address subnational disparities in order to help national Governments reach the Millennium Development Goals with equity. As noted, the importance of India's successful achievement of Millennium Development Goal targets in the global effort to achieve the Goals cannot be overestimated.

76. The importance of upstream policy advocacy, monitoring and partnerships and the need for a stronger evidence base to better understand the underlying factors that cause disparities and social exclusion were evident in the adjustments of all three countries.

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