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Draft country programme document**

Nepal

Summary

The draft country programme document (CPD) for Nepal is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$20,214,000 from regular resources, subject to the availability of funds, and \$48,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2008 to 2010.

* E/ICEF/2007/13.

** In accordance with Executive Board decision 2006/19 (E/ICEF/2006/5/Rev.1), the present document will be revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the Board session. It will then be approved by the Executive Board at its first regular session of 2008.

*Basic data†
(2005 unless otherwise stated)*

Child population (millions, under 18 years)	12.4
U5MR (per 1,000 live births)	74
Underweight (% , moderate and severe, 2001)	48
Maternal mortality ratio (per 100,000 live births, 1990-96)	540 ^a
Primary school attendance (% net, male/female, 2003)	83/73
Primary schoolchildren reaching grade 5 (% , 2004)	61
Use of improved drinking water sources (% , 2004)	90
Adult HIV prevalence rate (%)	0.5
Child work (% , children 5-14 years old, 2003/04)	31
GNI per capita (US\$)	270
One-year-olds immunized against DPT3 (%)	75
One-year-olds immunized against measles (%)	74

† More comprehensive country data on children and women are available at www.unicef.org.

^a WHO/UNICEF/UNFPA 2000 MMR estimate is 740 per 100,000 live births, which is adjusted for misclassification and underreporting.

The situation of children and women

1. Nepal has a population of over 27 million, of which 16 per cent is urban and 45 per cent under 18 years. Its physical geography ranges from the southern terai plains at less than 100 m to the northern high mountains that rise to 8,850 m. Due to limited communication people lived in relatively isolated communities preserving their own language and culture. More recently, these divisions have become less distinct. Nepal is demarcated into 75 administrative districts. Natural disasters such as floods, landslides and earthquakes occur frequently. Out of 177 countries, Nepal ranks 136 on the Human Development Index (HDI).

2. Following ten years of conflict ending in 2006, the signing of the Comprehensive Peace Accord on 21 November 2006 marked a new phase in Nepal's social, political, and economic development. On 23 January 2007 the United Nations Security Council established the United Nations Mission in Nepal (UNMIN) with a mandate to support the peace process including support to Constituent Assembly elections. Specific mention was made of women, children and traditionally marginalized groups. Social disparities among castes and ethnicities and the low quality of services are thought to be root causes of the conflict. Additionally, women face social discrimination and chronic economic insecurity. The Peace Agreement has raised hopes among these marginalized groups.

3. In June 2005, the Committee on the Rights of the Child in its Concluding Observations reiterated the grave concerns about the widely prevailing discrimination against girls and children belonging to marginalized and vulnerable groups, and noted the extremely negative impact of the armed conflict. It is widely understood that the conflict has exacerbated the pervasiveness of both child labour and trafficking. Only 34 per cent of births of children under-five years of age were registered. In the post-conflict situation many of these concerns remain. Security Council Resolution 1612 documented 1,995 cases of Children Associated with

Armed Forces or Armed Groups (CAAFAG). In 2007, the Government ratified the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict, though proper implementation of the protocol will be challenging. There has actually been an increase in the number of improvised explosive devices affecting civilians, especially children, since the ceasefire. The upcoming Constituent Assembly elections and related electoral processes pose new child protection risks, as the parties to conflict have used children for political purposes.

4. Despite the conflict many indicators have been improving. Nepal's Millennium Development Goals progress report (2005) estimates that the country is likely to reach by 2015 the goals for reducing poverty, child mortality, tuberculosis, and increasing access to improved drinking water, but is unlikely to do so for universal primary education or halting HIV/AIDS. The goals for hunger, gender equality, and maternal health would require additional and very substantial efforts. A UNICEF-supported study found that the share of basic social services in the government budget increased from 14 per cent in 2003 to 17 per cent in 2005. The prospects for achieving the Millennium Development Goals improved with the signing of the Comprehensive Peace Accord.

5. The net primary school enrolment is estimated at 78 per cent and girls represent around 46 per cent of enrolled primary students. In conflict-affected areas, enrolment is much lower than the national average. Children are reportedly out of school for nearly a third of the year, due to school closures, displacement, fear of violence and abduction. In 2005, enrolment surged following mobilization campaigns, but in 2006 it dropped, along with attendance and retention. Only 61 per cent of children entering the first grade eventually reach grade five. Early childhood development centres expanded rapidly from 5,000 to 16,500, mainly in urban areas. Children of marginalized communities face financial obstacles to access. The Government has realized the importance of parenting orientation, and is developing a programme based on UNICEF's, Plan International's and the Save the Children Alliance's programmes.

6. According to the 2006 Nepal Demographic and Health Survey (NDHS), infant and under-five mortality rates have declined from 64 and 91 per 1,000 live births, respectively, in 2001, to 48 and 61 in 2006. These good results emanate largely from effective low-cost interventions, such as immunization, community-based pneumonia treatment and vitamin A supplementation combined with de-worming. Thanks to community mobilization campaigns and strong support by all parties to the conflict such interventions continued mostly uninterrupted. Nepal was polio free from 2000-2004, but in 2005 and 2006 some polio cases were imported from India. Reduction in neonatal mortality lags behind and has increased as a percentage of under-five mortality. The NDHS estimates that the maternal mortality ratio is 281 per 100,000 live births for 2000-2006. Total fertility rate dropped from 4.6 in 1996 to 3.1 in 2006. In 2005, the World Health Organization (WHO) validated maternal and neonatal tetanus elimination. Less than 20 per cent of deliveries are assisted by a health professional. General malnutrition of under-fives remains high, with 51 per cent stunted and 10 per cent wasted, though micronutrient nutrition has improved. According to the Central Bureau of Statistics, 81 per cent of Nepal's population have access to improved drinking water sources and 39 per cent to latrines or toilets. Latrine and toilet installation is accelerating.

7. HIV prevalence is estimated at around 0.5 per cent in the adult population, but over 5 per cent among injecting drug users and female sex workers. As peace returns, large numbers of migrants could return exposing their families to increased risks. Uniformed services have significantly expanded during the conflict and rates of sexually transmitted infections in their ranks add to the risk of HIV/AIDS spreading into the wider population. UNICEF estimates that AIDS has orphaned 13,000 children in Nepal, and that 111,000 children may be affected by their parents' HIV infection. There is widespread lack of correct knowledge about HIV/AIDS prevention. Condom use remains very low, although it is quite extensive among urban and in-school teenagers.

Key results and lessons learned from previous cooperation, 2002-2007

Key results achieved

8. The centrepiece of the country programme was the Decentralised Action for Children and Women (DACAW) programme, which focused on strengthening community action processes and developing responsive local services. The coverage objectives were largely achieved, but the civil conflict prevented local government from involving itself sufficiently in planning and implementation. The community based component was able to compensate for this gap and ensured continuity in programme delivery, as the parties to the conflict often allowed community groups to operate uninterruptedly. A study done in 2004 showed that the community mobilization approaches used in DACAW resulted in significantly better outcomes at the community level than in comparable communities not involved such process. Children from marginalized groups were doing much better in DACAW areas. The most striking differences were evident in primary school enrolment, birth registration and utilisation of maternal health services. UNICEF has fallen somewhat short in its ambitions to reach the marginalized. In 2006, a new methodology was developed for mapping marginalized groups. Sustainability was built into the programme design, but only seriously addressed as of 2005. Therefore, the targets set in this respect will not be met, but considerable catching-up was evident by mid-2007. The Ministry of Local Development decided in April 2007 to allocate \$2.3 million to remote areas where it will implement the approach without UNICEF financial support, thus strengthening its sustainability. In November 2006, the Norwegian Embassy commissioned a review of the DACAW programme that concluded that the programme contributed to achievement of the Goals and was especially strong in participation, empowerment and non-discrimination. This had contributed to conflict mitigation and had, probably, limited displacement. The integrated approach and partnership modalities were also major strengths.

9. Since May 2006, fifteen organizations, including the International Committee of the Red Cross, Office of the United Nations High Commissioner for Human Rights (OHCHR) and the Children as Zones of Peace coalition, have participated in the implementation of a national strategy for the release, return and reintegration of CAAFAG, coordinated by UNICEF in close collaboration with UNMIN. The child protection programme established 23 district protection systems, as part of which 450 paralegal committees will be functional at the community level by end 2007, compared with only seven in 2001. Apart from their proven effectiveness in preventing and ending domestic violence, exploitation and trafficking, these

committees are also playing an important role in post-conflict reconciliation. UNICEF, in close collaboration with OHCHR, has actively supported the development of a new Child Act and an Adoption Act to be endorsed by the end of 2007. An intensive “Inform, But Do Not Touch!” public information campaign on mines was launched in 2006.

10. Between 2002 and 2007, a comprehensive package to support school improvement, strengthen community management, improve education management and introduce child friendly methods was introduced in 7,900 schools in 30 districts. Following a successful pilot in 14 districts, the Government mainstreamed the Welcome to School campaign in 2005. Thus 500,000 children were newly enrolled in 2005 alone, against an anticipated 160,000 and the campaign has now become a national annual event. UNICEF supported 99,788 out-of-school children in 15 districts with non-formal education programmes, of which more than 60 per cent were girls and an average of 30 per cent of the completers transitioned to the formal system. The Ministry of Education and Sports developed a gender strategy for female teachers and girls’ primary education. UNICEF provided funding and technical assistance. The report on Gender and Social Inclusion showed that there was a significant increase in the gender parity index in primary schools.

11. The child health programme was very successful in increasing routine coverage of three doses of combined diphtheria/pertussis/tetanus (DPT3) vaccine from 80 per cent in 2001 to 93 per cent in 2006. Confirmed cases of measles declined from 1,697 in 2004 to two in 2006 after a successful campaign. Polio eradication is only being held back by cases imported from abroad. These achievements were only possible with extensive community and civil society mobilization which persuaded the parties to the conflict to facilitate these interventions. In partnership with the Australian Agency for International Development, CARE, the Japan International Cooperation Agency, PLAN, the United States Agency for International Development and WHO, the Ministry of Health and Population introduced community-based Integrated Management of Childhood Illness Programme in 52 districts, of which UNICEF supported 15. In intervention areas, 60 per cent of expected pneumonia cases among children under-five are treated compared to only 25 per cent elsewhere, saving yearly around 10,000 lives. In 2007, UNICEF supported introduction of zinc treatment for diarrhoea.

12. The nutrition and care programme ensured that more than 90 per cent of children aged 6-59 months nationwide received vitamin A supplements every six months, averting more than 22,000 deaths and preventing 2,000 children from going blind annually. Over 85 per cent of children aged 12-59 months nationwide were dewormed, reducing anaemia in preschool children from 78 to 48 per cent. In 2003, community-based distribution of iron supplements to pregnant women through Female Community Health Volunteers was piloted and this led to a national micronutrient intensification programme in 46 districts. By 2006, around 65 per cent of women were taking iron supplements during pregnancy against 25 per cent in 2002.

13. The children’s and women’s environment programme provided technical support to the Government’s National Sanitation Policy and National Policy on Arsenic. In 13 districts, 750,000 wells were tested for arsenic of which 2.4 per cent were contaminated. Partnerships with NGOs are under way to help families avoid or

filter the contaminated water. Over 900 schools received support for School Sanitation and Hygiene Education and over 600 schools now have child-friendly toilets and water supplies. Under the School-led Total Sanitation Initiative more than 100 schools committed to installing toilets in every house in their community since 2006. Hand washing with soap and point-of-use water treatment promotion activities were introduced in four districts reaching an estimated 190,000 households and over 500 schools. Presence of soap in households increased around 35 per cent and hand washing with soap after defecation increased 15 per cent. Evacuation sites were identified and five deep wells were upgraded to provide safe drinking water for 200,000 people within 24 hours in case of a major disaster in Kathmandu Valley.

14. For HIV/AIDS, UNICEF was strongly involved in the development of the National Strategic Plan on HIV/AIDS/STIs (2006- 2011) as part of coordinated United Nations assistance. UNICEF, in partnership with Family Health International and WHO supported the development of the national Prevention of Mother to Child Transmission (PMTCT) strategy and its initial implementation in facilities in six districts. Eighty-two per cent of the women who sought ante-natal care in these centres received pre-test counselling on HIV and PMTCT. Paediatric HIV/AIDS care and treatment was supported through technical assistance for strategy development, training of paediatricians, development of guidelines and provision of logistics and ARV drugs. UNICEF also supported the Ministry of Education and Sports to commence lifeskills based education (LSBE) for HIV prevention in 2003, including the development, printing and implementation of curricula and manuals. LSBE is reaching 315,000 in- and out-of-school youths. Youth-friendly centres were set up to support peer educators to reach out-of-school youth, including most-at-risk adolescents (MARA).

Lessons learned

15. UNICEF support to the national level Ministries and sectors had intended to address policy reform and development but, initially, did not coordinate closely enough with other international partners for maximum impact. However in the latter half of the 2002-2007 period decisive steps were taken to broaden partnerships, particularly in the education and health sector sector-wide approach (to development assistance) (SWAPs), which created good opportunities for leveraging. The new country programme will further expand involvement in such sector-wide approaches.

16. The Welcome to School campaigns taught that the focus on just 23 DACAW districts did not yield sufficient impact for Goals achievement. For timely results, a complementary strategy focusing on additional under-performing high-population districts was adopted. The new country programme will replicate the approach in other sectors.

17. Sustainability of the community mobilization approaches of the DACAW programme had been envisaged. However, in practice, the required steps were often not taken due to scepticism about their feasibility. More recently, a pro-active approach to sustainability has yielded good results. The new country programme will only support sustainable community mobilization approaches, with a gradual phase out of financial support.

18. Reaching marginalized communities was a high DACAW priority, but results took much longer to materialise in marginalized communities than expected. As the decentralized approach has particular relevance to the needs of the marginalized, its full potential remains to be realized because it has proved to be more difficult and time consuming than initially expected.

The country programme, 2008-2010

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources†</i>	<i>Total</i>
Decentralized action for women and children	8 634	19 800	28 434
Social policy	1 150	750	1 900
Child protection	950	3 150	4 100
Education	1 500	8 800	10 300
Health and nutrition	1 700	9 250	10 950
Water, sanitation and hygiene	1 400	2 850	4 250
HIV/AIDS	1 100	3 150	4 250
Cross-sectoral costs	3 780	250	4 030
Total	20 214	48 000	68 214

† At the time of the preparation of this document, it was not yet known if a Consolidated Appeal would be launched for 2008.

Preparation process

19. Following the end of the King Gyanendra's rule and the ceasefire in April 2006, the interim government decided to prepare an interim three-year plan for 2008-2010. In November 2006, a steering committee co-chaired by the National Planning Committee and the UN was established to guide the development of the 2008-2010 United Nations Development Assistance Framework (UNDAF) to align with the national development plan. In January 2007, a retreat for all stakeholders agreed on four UNDAF priority areas and technical working groups were established to develop country programme outcomes and outputs, together with delineated partnership arrangements and resource mobilization targets. In March, UNMIN developed its strategic framework for supporting peace and adjustments were made accordingly. Following the substantial work done for UNDAF, the finalisation of the UNICEF country programme proceeded smoothly. In June 2007, a meeting chaired by the National Planning Commission approved the UNICEF country programme strategy.

20. At the request of the Canadian International Development Agency, an environmental impact assessment of UNICEF programmes was carried out in 2006. The overall results were positive, but some room for improvement was noted, which was taken into account when preparing the new country programme.

Goals, key results and strategies

21. The overall goal of the 2008-2010 country programme is the realisation of the rights of all children and women through support to the interlinked objectives of peace, reconciliation, and achievement of the Goals. The country programme expects the following key results by the end of 2010: (a) a new born health care package developed, multi-year national implementation plan prepared and implemented; (b) an increase of 10 per cent of households in marginalized communities in ten districts using a household drinking water treatment method; (c) the bottom 20 per cent lowest performing primary schools in 15 districts are child friendly; (d) by 2010, 80 per cent of adolescents (10-18) in 25 districts and MARA in 8 districts have correct knowledge of HIV/AIDS; (e) 15,000 children affected by the armed conflict have been and reintegrated with the help of community-based programmes; (f) the national legislative framework for protection of children from violence, exploitation and abuse is aligned with international legal instruments; and (g) awareness, knowledge and skills of national government and civil society organizations strengthened to promote participation of children and young people and reflect their voices in national policy.

22. Three intervention levels are envisaged: (a) national sector support and policy development; (b) district level support to improve service delivery; and (c) community mobilization to enhance knowledge and demand for quality services. The lower two levels will inform the policy level work. In 23 districts UNICEF will provide intensive and multi-sectoral support to the most marginalized communities using the mapping methodology recently developed. For communities outside the most marginalized ones, the government will gradually take over funding from UNICEF in five districts, on the basis of their relatively elevated HDI. In 10 other districts, a system of district block grants will be gradually implemented, in close collaboration with the United Nations Development Programme (UNDP) and in line with the Paris principles. In the eight remaining districts, which are remote and extremely poor, a mix of implementation modalities will be used depending on the local circumstances. More than 20 other districts will be targeted of sectoral indicators related to the Goals.

Relationship to national priorities and the UNDAF

23. The Government's three-year interim plan has peace building, development of infrastructure and the social and economic sectors, and youth employment and mobilization as priorities. Correcting geographic imbalances and social inclusion are cross-cutting themes. The four UNDAF priority areas are: consolidating peace (UNICEF key results (e) and (g)); quality basic services (UNICEF key results (a), (b), (c), and (d)); sustainable livelihoods; and human rights, gender equality and social inclusion (UNICEF key result (f)) which align with the three-year interim plan and put peace building and a rights-based approach to development at the centre stage. While UNICEF's contribution to the first, second and fourth priority area is comprehensive, its contribution to the third UNDAF priority (sustainable livelihoods) is limited to natural disaster mitigation.

Relationship to international priorities

24. The proposed country programme will contribute to government efforts to achieve all the Goals, the objectives of the UNICEF medium term strategic plan

2006-2009, the goals of *A World Fit for Children*, adopted by the General Assembly Special Session on Children, Security Council Resolution 1612 on monitoring and reporting on children affected by armed conflict, and follow-up to the recommendations of the Committee on the Rights of the Child.

Programme components

25. **DACAW.** UNICEF will provide the platform for convergence of sectoral interventions in 23 districts, emphasising the needs of marginalized groups. It will coordinate collaboration with United Nations agencies and other partners on the ground.

26. **Social Policy.** UNICEF support aims to strengthen the capacity of partners to implement policies, legislation and budgets that advance children and women's rights, particularly among the marginalized groups. Technical support will be provided to National Planning Commission for development of policies for child-based budgeting, income inequality, and cash transfers to poor families. The Ministry of Local Development will develop a system of district block grants replacing the current practice of disbursement by activity. Close collaboration with UNDP will ensure integration with its performance-based system for disbursing infrastructure grants. District monitoring mechanisms need to be harmonised accordingly. UNICEF will work with other United Nations agencies to support the mainstreaming of gender and social inclusion issues in local planning, budgeting and monitoring. Existing community mobilization strategies will be harmonised with UNDP's support in this area. The Women's Development Office will promote federations of women's community organizations. The methodology for mapping marginalized groups, which UNDP will also adopt, will be further developed. In partnership with Save the Children Alliance and other non-governmental organizations (NGOs), support will be given to the development of a national framework for children's participation. The Ministry of Local Development will take the lead in piloting child friendly local governance initiatives in selected districts and municipalities. Lastly, UNICEF will technically support replication of DACAW approaches in districts to be directly funded by the government.

27. **Child protection.** UNICEF aim to strengthen government and civil society capacity to protect children and women against violence, exploitation and abuse. Continued support for return and reintegration of CAAFAG — assisted the 1612 monitoring and reporting system — and support to children otherwise affected by the conflict, such as victims of unexploded ordnance, will have highest priority. Existing community structures and programmes will be used wherever available in the communities to which the children return or live in. Psycho-social and reintegration components will be implemented in 25 districts. Communities will be sensitised to ensure acceptance and reconciliation to help the reintegration process. The district protection system, of which the paralegal committees are the community component, will be expanded to cover 50 per cent of the population in the 23 districts where it is currently functional, and will be initiated in five additional districts. Paralegal committees and other groups such as child clubs will be trained on awareness raising, reporting, early intervention, and mediation in children and women's rights' violations. To enhance paralegal committees' sustainability and effectiveness, networks will be promoted with local government, federations, schools, parent-teacher associations, health posts and other user groups. Technical support will be given to the development the child, adoption and birth

registration acts, rules and regulations for juvenile justice, and minimum standards of care. Advocacy will hopefully lead to early ratification of the Hague Convention on inter-country adoption and the Ottawa Treaty to ban the use of landmines. In 13 districts, UNICEF will support development of systems for greater access to child-friendly juvenile justice mechanisms such as juvenile benches, women and children units, mediation and diversion programmes, and alternative detention options.

28. **Education.** UNICEF aims to improve access to quality learning opportunities that are socially inclusive, and conflict and gender sensitive, enabling children to complete a basic education cycle and transition to lower secondary level. UNICEF will give technical and financial support to the sector wide reform programme that will make basic education compulsory. Support to the Joint Funding Arrangement will continue. UNICEF will ensure that the bottom 20 per cent lowest performing primary schools in 15 focus districts become child friendly. At the school level, support to the development of codes of conduct for schools as zones of peace will continue. National endorsement of these codes should follow. Implementation of the government's alternative education programme will be supported so that by 2010, half of the out-of-school children aged 5-14 years in 30 per cent of the communities in 23 districts will have access to it. The urban out-of-school programme in three municipalities will receive support to accommodate 60 per cent of the out-of-school working children aged 10-14. In the most marginalized communities in 15 districts, 80 per cent of parents and guardians of children aged 3-9 years will receive orientation on early childhood development and on the importance of primary education. Education offices in 23 districts will be trained on the Education Management Information system for evidence-based and participatory planning. By 2010, peace education will be integrated into the primary and secondary curriculum and developed for the non-formal education sector. UNICEF will continue to maintain a stock of emergency supplies and support disaster response preparedness activities.

29. **Health and nutrition.** UNICEF targets children, new-borns and mothers. UNICEF will focus on behaviour change communication and strengthening the system of female community health volunteers (FCHVs) in 15 districts by training them on newborn care practices and improved management of diarrhoea and pneumonia. By 2010, around 80 per cent of pregnant women in these districts will have access to postnatal care and improved knowledge on infant and young child feeding practices. Fifty per cent of the health facilities will have women, including those from marginalized groups, participating in their management committees to support implementation of the new guidelines on free health services for the poor and marginalized. Fifty per cent of severely malnourished children in ten districts will have access to community based therapeutic care, based on a pilot started in 2007. Support will be given to building the capacity of district health offices to prepare, implement and monitor integrated district health plans. To sustain the maternal and neo-natal tetanus elimination status, school immunisation services will reach 80 per cent in all 75 districts. All support required to maintain the number of indigenous wild polio cases at zero will be provided. By end 2008, with the United Nations Population Fund (UNFPA) and WHO, fifty facilities in eight districts will provide emergency obstetric care. Vitamin A distribution and deworming by FCHVs in all districts will continue. Iron supplementation for pregnant women will be supported in 15 districts. UNICEF intends to join the pooled funding arrangements of the SWAp. Support will be provided to development of national policies for free

health services for the poor and marginalized, and the newborn health care package. UNICEF will continue to maintain a stock of emergency supplies and support disaster response preparedness activities.

30. The **water, sanitation and hygiene programme** aims to increase access to sustainable and safe drinking water, sanitation facilities and improved hygiene practices in schools and communities, contributing to a reduction in disease. By 2009, UNICEF will have tested all drinking water sources for arsenic in 20 terai districts. All households with contaminated sources will be made aware of how to remove or avoid arsenic. Teachers, child clubs, students and community organizations will be mobilized to promote in 600 school catchment areas in five districts installation of sanitary toilets in all households, and introduce hand washing with soap and point-of-use water treatment by 2010. In support of the education programme, safe drinking water and sanitary, child-friendly toilets will be installed in 450 schools located in marginalized communities. The child clubs and students will manage the upkeep of the toilets and learn how to purify their drinking water and when to wash their hands with soap. In five districts, UNICEF will work with partners to strengthen water user federations to raise issues of public interest, advice on allocation of district resources for marginalized communities and support their members. UNICEF will support the development of a sector-wide approach to enhance government capacity to plan the sector. Accordingly, a study will be commissioned on the required changes in policy, legislation and organizational structure. UNICEF will continue to maintain a stock of emergency supplies and support disaster response preparedness activities.

31. As part of the Joint United Nations Programme and Team on HIV/AIDS, UNICEF aims to support the implementation of the National Strategic Plan on HIV/AIDS (2006 — 2011) to reduce the spread of HIV among 0-18 year olds, and mitigate its impact on children and their families. UNICEF is in line with the Global “Unite for Children — Unite Against AIDS Campaign” and will operate in keeping with the agreed roles in the division of labour in Nepal. By 2010, 80 per cent of MARA in 25 districts and municipalities will have access to comprehensive prevention and services and have correct knowledge of HIV/AIDS and how to protect themselves. Through community based strategies integrated into safe motherhood, maternal and newborn health and family planning programmes, by 2010 eighty per cent of all pregnant women attending ante natal care services in 16 districts will have access to PMTCT services. All HIV exposed infants will receive cotrimoxazole prophylaxis and all identified HIV+ infants will receive treatment and care, including antiretroviral therapy when necessary. UNICEF will strengthen the existing protective framework for children so that an increased proportion of children affected by AIDS will receive adequate care and protection from family, community and the government.

32. Programme communication, advocacy, planning, monitoring, evaluation, and other cross-cutting programmatic elements are integrated into the respective programmes.

Major partnerships

33. The intensive preparation of UNDAF has laid the foundation for much closer United Nations cooperation. Joint programmes will be developed with UNFPA and WHO for maternal and neonatal health, with the World Food Programme (WFP) for

nutrition and quality education; and with UNDP for district governance and community mobilization. A joint United Nations presence (UNDP, UNICEF, UNFPA and WFP) in four districts will be supported. In the health and education sectors, UNICEF will strengthen its partnerships through the External Development Partners and Education for All Forums. The Joint United Nations Programme on HIV/AIDS is the coordinating body for the United Nations agencies working on HIV/AIDS. UNICEF is the lead agency for PMTCT, paediatric AIDS treatment and children affected by HIV/AIDS. UNMIN will coordinate interventions on the peace process and UNICEF is actively involved in various mechanisms for this purpose. UNICEF will take advantage of the strengthening of democratic institutions to further develop its long-standing partnerships with local NGOs, media and civil society.

Monitoring, evaluation and programme management

34. As part of the UNDAF preparations, monitoring and evaluation matrices have been developed. Studies and evaluations will be conducted jointly with the Government and other United Nations agencies to improve effectiveness and ownership of programme results. A joint United Nations evaluation on gender and social inclusion strategies is planned in 2009. Jointly with the Asian Development Bank, the German Agency for Technical Cooperation, the Netherlands Development Organization, and UNDP, UNICEF will support MLD and NPC to implement the District Poverty Monitoring and Analysis System (DPMAS) in selected districts. The four UNDAF technical working groups will continue to meet periodically to assess progress towards the country programme outputs and prepare annual progress reports for the Resident Coordinator, with technical input of the United Nations monitoring and evaluation group. The government and UNICEF will annually review progress of workplans and a midterm review has been planned for the second half of 2009. In line with the high priority UNMIN attaches to maximizing United Nations presence outside the major urban centres to support the peace process UNICEF will place professionals in up to 13 districts, in addition to its current presence in four districts. In Kathmandu, capacity in social policy analysis and development will be strengthened. The staffing structure to manage the separate HIV/AIDS programme will be strengthened and consolidated.
