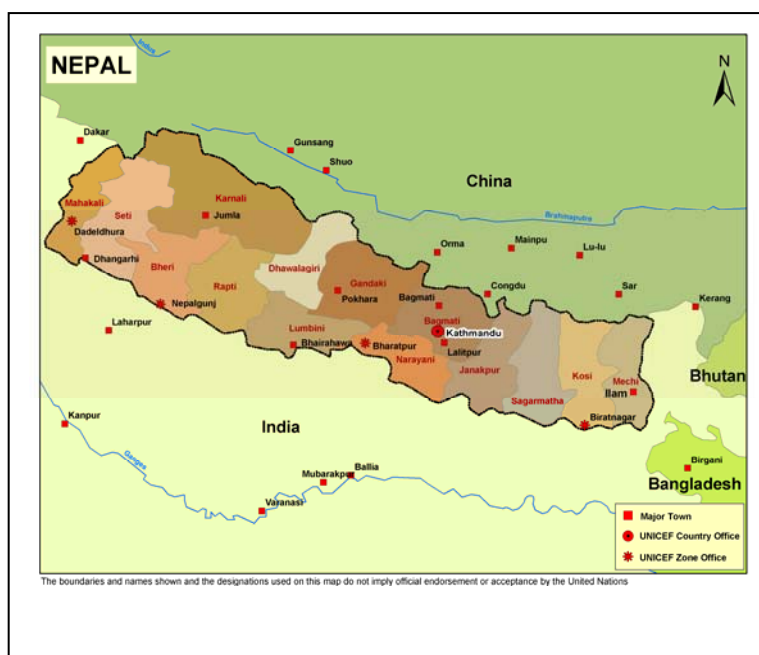


For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



UNICEF HUMANITARIAN ACTION NEPAL IN 2008



CORE COUNTRY DATA

Population under 18 (thousands)	12487
U5 mortality rate *	61
Infant mortality rate *	48
Maternal mortality ratio (1999-2005) *	281
Primary school enrolment ratio (2000-2006, net, male/female)	90/83
% U1 fully immunized (DPT3) *	83
% population using improved drinking water sources (rural/urban)	89/96
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	75
% U5 suffering acute malnutrition (wasting) *	13
% U5 suffering chronic malnutrition (stunting) *	49

Sources: *The State of the World's Children 2008*

* Nepal Demographic and Health Survey 2006

The 10-year Maoist insurgency in Nepal has affected the lives of millions of women and children in remote and poorly resourced districts, especially in already vulnerable households. In the most severely affected areas, the government's health and education systems have been put under extreme pressure, and progress in improving water and sanitation and preventing HIV/AIDS has been stalled. Issues related to child protection have become increasingly urgent. The effects of the conflict have been compounded by natural disasters, particularly flooding, in many parts of the country. It is estimated that over 3 million people will be assisted in these areas with the funds raised by the *Humanitarian Action Report*.

Summary of UNICEF financial needs for 2008

Sector	US\$
Health and nutrition	1,620,000
Water, sanitation and hygiene	450,000
Education	400,000
Child protection	3,500,000
Mine-risk education	100,000
Total*	6,070,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

The Maoist insurgency in Nepal began in 1996 and intensified over the following 10 years, eventually affecting the whole country. In April 2006, after a three-week 'people's movement', the incumbent government (led by the King) resigned, the Maoists declared a ceasefire, and a new interim government was established. At the request of the new government, the UN Secretary-General assigned a Personal Representative to support the peace process. In September 2006, a Comprehensive Peace Agreement was signed and the Maoists joined the government. Preparations for a Constituent Assembly are under way, and elections were expected in November 2007 but were postponed. However, varying levels of violence are still being experienced in the southern plains (*terai*), especially in the Central and Eastern Development Regions. In addition, the Maoists recently withdrew from the government. The political situation is still extremely precarious.

The armed conflict has severely affected children and women of all ages, but under-five children and women of childbearing age remain the most vulnerable. In a number of cases, children have been killed or injured as a direct result of the conflict, or detained by the Maoists or the State's security forces. A considerable number of children were abducted and recruited by the Maoists to carry ammunition and supplies or act as sentries and messengers; many more were abducted and subjected to political indoctrination. Others were separated from their families or orphaned. Some were pushed into the labour market, including into the worst forms of child labour, and the conflict increased the numbers of children migrating to urban areas to find work in the informal sector. Birth registration was also seriously hampered, making children more vulnerable to exploitation. Children's access to education and health services has been affected, as the already fragile capacity of the health and education systems to deliver accessible and effective services has been diminished further by the conflict: the number of health-care workers and teachers in rural areas declined due to harassment and attacks by the Maoists, and resources were restricted. Schools were targets of attack and grounds for Maoist recruitment and political indoctrination, discouraging many families from sending their children to school.

The conflict has also been associated with increased sexual violence and sexually transmitted infections (STIs), including HIV/AIDS. Both parties to the conflict used improvised explosive devices and landmines across the country. Nepal is amongst the 10 worst-affected countries in the world for victim-activated (VA) explosions. In 2006, VA explosions were reported in 51 of Nepal's 75 districts, with a high proportion of child casualties. The Mid Western and Far Western Development Regions of the country have been the most severely affected by the conflict. Post ceasefire, limited returns have been taking place, as many displaced are not yet ready to return due to security concerns and the absence of other essential conditions (food security, shelter, income opportunities, and social services).

Child malnutrition rates remain persistently high. Acute malnutrition (or wasting) – an indicator of sudden and severe nutritional deficit – has increased over the past five years, from 11 per cent in 2001 to 13 per cent in 2006. In particular, the Far Western Development Region shows a disproportionately high acute malnutrition rate of 17 per cent. A prevalence rate of 10 per cent or less is the conventionally accepted threshold for a nutrition emergency. Treatment for severely malnourished children remains largely unavailable in Nepal. A few facility-based or food-based rehabilitation initiatives are currently available, but coverage is very limited.

Nepal lies in an earthquake-prone region, and parts of the country are also vulnerable to landslides, drought and other natural disasters. Some regions have become increasingly affected by flooding, which carries greater risk of vector-borne diseases, including *Plasmodium falciparum* malaria. Since 1971 more than 4 million people have been affected by floods and landslides. Prepositioning of drugs and preventive measures for vector-borne diseases, supplies for safe drinking water, and education materials has shown to be effective, as was demonstrated by UNICEF's ability to immediately respond to such situations in August/September 2006 and in July/August/September 2007.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

UNICEF has been working closely with sister UN agencies (most notably ILO, OHCHR, UNAIDS, UNDP, UNESCO, UNOCHA, WFP, WHO), local and international NGOs and bilateral agencies to respond to the needs of Nepalese children and women affected by the conflict. There are several coordination mechanisms, including a working group for children associated with armed forces and armed groups (CAAFAG), a mine action working group, Education for All, and the Emergency Health and Nutrition Working Group.

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In health and nutrition, community-based integrated management of childhood illnesses is being expanded to four emergency-affected districts. Health facilities that were damaged during the conflict have been mapped and will soon receive minor rehabilitation. Therapeutic feeding for severe acute malnutrition has been provided in remote areas, and in areas affected by cholera outbreaks. A pilot project for community-based therapeutic care for severe acute malnutrition is being started in three districts. UNICEF responded to the flooding emergency during the 2007 monsoon by providing essential supplies, such as insecticide-treated nets, tarpaulins and oral rehydration salts. With respect to HIV/AIDS, UNICEF has provided drugs and commodities for prevention of mother-to-child transmission (PMTCT) and treatment of children living with HIV/AIDS. UNICEF has supported the government in setting up seven pilot PMTCT sites, and treatment for children living with HIV/AIDS. UNICEF has also been working with the government to train school teachers and peer educators in life skills-based education that is aimed at in-school and out-of-school youth to reduce their vulnerability to HIV/AIDS.

Sanitation and hygiene promotion was conducted in 1,000 schools and the 'handwashing-with-soap' campaign was expanded to over 2 million people through mass media and interpersonal communication campaigns. Point-of-use water treatment promotion was started and has reached an estimated 500,000 people and 60,000 children in 200 schools. Some 120,000 tube wells were tested for arsenic. Over 15,000 hygiene kits were distributed during the monsoon floods and female community health volunteers were trained to demonstrate and distribute soap for handwashing and water purification tablets and solution to over 600,000 flood-affected people. UNICEF provided information materials and calcium hypochlorite for water treatment after a cholera outbreak in the Kathmandu valley. Plans are under way to rehabilitate some 60 water supply schemes damaged by floods and landslides.

In the education sector, UNICEF continued its support to the national 'Welcome to School' campaign, which is now well established. The focus is on enrolment of lower-caste children, especially girls, in 30 districts, where UNICEF also provides technical support for data management and micro-planning to cope with the increased enrolment resulting from the campaign. An extensive programme to improve quality and retention is also being implemented. In non-formal education, UNICEF supported the child-centred out-of-school programme, after which children can be mainstreamed into the formal school system. UNICEF is taking leadership of the education cluster for emergency education to coordinate emergency responses for conflict- and disaster-affected children. UNICEF is also working with the government and partners to strengthen and expand peace education initiatives for formal and non-formal education settings.

With respect to protection, UNICEF currently supports 406 community-based paralegal committees in 23 districts. These committees advocate for the rights of children and women, and actively mediate in cases related to abuse, exploitation and violence against them. They are also involved in the reintegration of children affected by armed conflict. UNICEF and the Office of the High Commissioner for Human Rights (OHCHR) are the co-chairs of the Nepal Task Force on the Monitoring and Reporting Mechanism on children affected by armed conflict violations (UN Security Council Resolution 1612), with coverage now extending to 43 districts across all five Development Regions. The Task Force has created a database of all reported cases of children affected by armed conflict. A reintegration package for CAAFAG has been developed by UNICEF and other members of the CAAFAG working group, and the knowledge and capacity of community-based organizations has been reinforced in respect to their support for the reintegration of these children. A national surveillance system and reporting on victim-activated explosions is operational. UNICEF, together with the mine action working group, has supported the establishment of a National Mine Action Authority (NMAA) at government level.

3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordination and partnership

UNICEF collaborates closely with the UN Country Team (UNCT), local and international NGOs, and bilateral agencies. The Consolidated Appeal Process has been particularly fruitful in terms of coordination. The decentralized character of UNICEF's implementation modalities requires continued close coordination with district authorities and civil society.

Regular programme

The Country Programme 2008–2010 focuses on community-centred initiatives in 23 districts to improve the lives of children and women. Nationwide interventions include support to the national immunization and vitamin A programmes. The Country Programme has been adapting its implementation modalities to operate effectively in the context of conflict and post-conflict situations, and humanitarian activities are woven into the regular programme. UNICEF will target additional areas whenever they are particularly affected by the conflict or natural disasters.

Health and nutrition (US\$ 1,620,000)

Some 3 million people, with emphasis on children and women in districts affected by conflict and/or natural disasters, will benefit from the following key activities:

- Preposition essential drugs and medical equipment for timely emergency response to address increased risk of child mortality and morbidity, including for water- and vector-borne diseases;
- Introduce neonatal health interventions into community-based health activities;
- Promote breastfeeding and complementary feeding practices;
- Map hard-to-reach areas and help establish additional vaccination centres;
- Provide technical assistance on emergency health and nutrition to the Emergency Health and Nutrition Working Group, co-chaired by UNICEF and WHO;
- Support scale-up of community-based therapeutic care for children suffering from severe acute malnutrition;
- Procure ready-to-use therapeutic food for home treatment by caretakers and for therapeutic feeding (i.e., F-75 and F-100 therapeutic milk) for the rehabilitation of severely malnourished children in health facilities;
- Introduce emergency nutrition surveillance to monitor increased risk of malnutrition during emergencies, hence triggering emergency interventions and coordination;
- Procure post-exposure prophylaxis kits for women and girls to reduce risk of HIV transmission, including training of service providers on psychosocial counselling and referral;
- Procure paediatric antiretroviral drugs to ensure continued supply during emergencies.

Water, sanitation and hygiene (US\$ 450,000)

Some 600,000 people (150,000 under-five children) at risk of diarrhoeal disease caused primarily by contaminated water and poor hygiene practices following floods and heavy monsoon rains in nine hill and 11 *terai* districts will be reached through the following activities:

- Train female community health volunteers, Nepal Red Cross volunteers, and health workers in the promotion of handwashing with soap, and in the promotion and demonstration of options for household treatment of drinking water;
- Distribute samples of soap and sodium hypochlorite (disinfection) solution;
- Conduct a promotion campaign on household treatment of drinking water and handwashing with soap through radio messages and printed posters, brochures and flyers;
- Rehabilitate water supply schemes damaged by floods and landslides;
- Preposition relief items for shelter, hygiene, sanitation and drinking water purification;
- Translate, print and distribute instruction flyers to be used with relief items.

Education (US\$ 400,000)

A total of 60,000 displaced, conflict- and disaster-affected children will benefit from the following activities:

- Implement the schools as 'zones of peace' programme in seven districts with continued unrest;
- Develop, pretest and print peace education modules, including psychosocial training modules;
- Preposition stocks of basic emergency education supplies and equipment for 6,000 children;
- Strengthen UNICEF's cluster leadership for emergency education response.

Child protection (US\$ 3,500,000)

Although it is difficult to be exact, there are approximately 10,500 children associated with armed forces and armed groups (CAAFAG). In 2006, the Office of the High Commissioner for Human Rights (OHCHR) estimated that about 30 per cent of the People's Liberation Army (Maoist) were children. CAAFAG and other conflict-affected children will benefit from the following activities:

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- Enhance the capacity of the Nepal Task Force on the Monitoring and Reporting Mechanism on children affected by armed conflict to report on grave violations, as specified in UN Security Council Resolution 1612, and identify other critical rights violations that can be monitored;
- Implement the national strategy for reintegration of CAAFAG and other children affected by the conflict;
- Design a strategy to mainstream and address issues related to children affected by armed conflict within a national child protection framework;
- Strengthen the capacity of community-based organizations, including paralegal committees, to support the reintegration of children affected by armed conflict, including CAAFAG, into communities.

Mine-risk education (US\$ 100,000)

Through reduced humanitarian and socio-economic threats posed by improvised explosive devices (IEDs), landmines and other explosive remnants of war, people affected will benefit from the following key activities:

- Support the National Mine Action Authority (NMAA) to design a national strategy, and provide effective coordination of activities in collaboration with the UN Mission in Nepal (UNMIN) and the UN Country Team (UNCT);
- Develop new communication approaches, training methods and tools for mine-risk education, in conjunction with the national technical committee and the joint working group;
- Assist NMAA, UN agencies and NGOs in the development and consolidation of national systems to assess explosive device risks and needs;
- Advocate for compliance with legal instruments in relation to the protection of civilians from explosive devices that have indiscriminate effects;
- Support NMAA and the joint working group in the development and implementation of a national strategy for victim assistance;
- Enhance the capacity of the government, UN agencies, NGOs, and the Nepal Red Cross to meet emergency risk reduction needs in an appropriate, effective, and timely fashion.