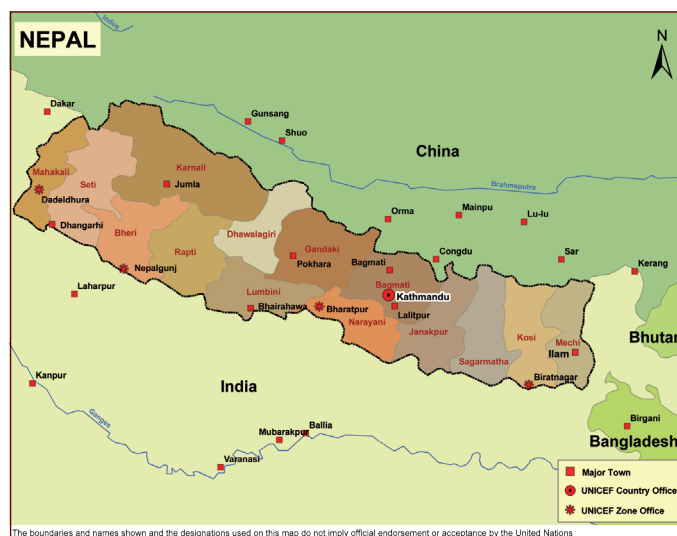


UNICEF HUMANITARIAN ACTION NEPAL IN 2009



Core Country Data	
Population under 18 (thousands)	12,606
U5 mortality rate	55
Infant mortality rate	43
Maternal mortality ratio (2000–2007, reported)	280
Primary school enrolment ratio (2000–2007, net, male/female)	91/87
% U1 fully immunized (DPT3)	82
% population using improved drinking-water sources (rural/urban)	88/94
Estimated no. of people (all ages) living with HIV, 2007 (thousands)	70
% U5 suffering acute malnutrition (wasting) and chronic malnutrition (stunting)	12/43

Source: *The State of the World's Children 2009*

The 10-year Maoist insurgency in Nepal, which ended in 2006, deeply affected the lives of millions of women and children in remote and poorly resourced districts, especially in already vulnerable households. In many areas, the Government's health and education systems were put under extreme pressure, and progress in improving water and sanitation and preventing HIV was stalled. Issues related to child protection became increasingly urgent. Although the conflict is now over, the transition to normality is taking time and many families remain extremely vulnerable. Furthermore, natural disasters, particularly flooding, affect much of the country. It is estimated that over 1 million people will be assisted in these areas with the funds raised by the *Humanitarian Action Report*.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	2,817,000
HIV and AIDS	100,000
Water, Sanitation and Hygiene	1,000,000
Education	500,000
Child Protection	3,600,000
Total**	8,017,000

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other underfunded emergencies.

** 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 AND WOMEN

Following 10 years of Maoist-inspired conflict, the signing of the Comprehensive Peace Accord on 21 November 2006 marked a new phase in Nepal's social, political, and economic development. Despite a certain degree of political progress during 2007, there was an escalation of violence in the *terai* (Nepal's southern plains, bordering India), as several groups and factions pushed for ethnic autonomy. Nevertheless, following much political negotiation, elections to the 601-seat Constituent Assembly were eventually held on 10 April 2008. The Communist Party of Nepal (Maoist) gained the most seats but not enough to form a government in their own right. The first meeting of Constituent Assembly was held on 28 May 2008, and resulted in the formal declaration of a republic. However, strikes (*bandha*) and other disruptions organized by political groups are still affecting security and normal life in many places, especially in the central and eastern districts of the *terai*.

Despite the political progress, many critical matters remain unresolved. Child malnutrition rates are persistently high. Acute malnutrition (or wasting) – an indicator of sudden and severe nutritional deficit – affects some 12 per cent of children, especially in the Mid-Western and Far-Western Development Regions. Treatment for severely malnourished children remains largely unavailable, with only a few facility-based or food-based rehabilitation initiatives currently available. Diarrhoea and acute respiratory infections (ARI) are the two leading causes of death among children under age five. Both conditions are exacerbated by generally poor sanitation and hygiene conditions and practices. In emergency contexts, women and adolescents are particularly vulnerable to sexual exploitation. In camps for the displaced, services such as antenatal care, safe delivery and voluntary counselling and testing (VCT) for HIV are difficult to access. There are also difficulties in providing uninterrupted antiretroviral treatment (ART) for HIV-positive women and children.

The conflict has shattered most child protection systems and much of the social structure. Despite efforts to recover and rebuild their lives, children are especially vulnerable to violence, abuse and exploitation. Obligations towards children contained in the peace agreement remain partially unfulfilled. Most critical has been the failure to formally discharge the 2,973 combatants who have been verified by UN monitors as underage. Both parties to the conflict have used explosive devices across the country.

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 growing risk of vector-borne diseases including *Plasmodium falciparum* malaria. Since 1971 more than 4.5 million people have been affected by floods and landslides. Prepositioning of drugs and supplies has been effective, as demonstrated by UNICEF's ability to respond to the flooding in August/September 2008.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

UNICEF has been working closely with sister UN agencies – most notably the International Labour Organization (ILO), the Office for the Coordination of Humanitarian Affairs (OCHA), the Office of the High Commissioner for Human Rights (OHCHR), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Food Programme (WFP) and the World Health Organization (WHO) – local and international NGOs and bilateral agencies as well as with national coordination mechanisms and sectoral working groups to respond to the needs of Nepali children and women affected by the conflict and other national emergencies as well.

In health and nutrition, UNICEF operationalized the Inter-Agency Standing Committee (IASC) nutrition cluster and coordinated the development of contingency plans for various emergency scenarios. In collaboration with the Ministry of Health, WFP and other relief partners, UNICEF supported the provision and distribution of essential medicines, such as oral rehydration salts (ORS), zinc tablets and vitamin A capsules, and insecticide-treated mosquito nets (ITNs) to 8,000 families out of more than 10,000 families affected by the 2008 floods in the eastern region of Nepal. UNICEF also supported measles and polio immunization for children in camps for the displaced. Working with Concern Worldwide and Action contre la Faim (ACF), UNICEF developed an implementation plan to pilot community-based management of acute malnutrition (CMAM) in three districts, reaching 3,600 children suffering from severe acute malnutrition with community-based treatment. UNICEF also continued to support existing nutrition rehabilitation centres offering inpatient rehabilitation for severe acute malnutrition and providing therapeutic foods. HIV and AIDS follow-up was carried out to identify children and women in emergency situation on antiretroviral treatment, and ensure post-exposure prophylaxis (PEP) kits are available in health facilities.

Sanitation and hygiene promotion has continued. Some 104 government and NGO partners and over 6,700 frontline workers/volunteers have gained knowledge and skills on promotion of proper handwashing with soap and the use of water purification products. More than 500,000 people were expected to receive hygiene and sanitation messages from these

trained volunteers/frontline workers. UNICEF has prepositioned stocks of emergency relief materials for over 100,000 people. Water purification products, buckets and hygiene kits were distributed to 8,000 flood-affected families. In addition, UNICEF installed over 500 tube wells, 900 latrines, and 300 bathing facilities for women. Solid waste management was established in camps, and basic hygiene was promoted by over 100 volunteers. Water purification tablets were distributed and their use demonstrated.

In the education sector, UNICEF scaled up the schools as 'zones of peace' programme to 10 conflict-affected districts and, through NGO partners, is currently training teachers and community leaders to negotiate codes of conduct to maintain access to education for nearly 50,000 children. UNICEF, with education cluster co-lead Save the Children, provided training in emergency preparedness and response for district education officers, Nepal Red Cross volunteers, and education cluster agencies in 10 districts. Districts completed capacity-mapping and planning exercises; these have helped in mounting a quick response to the 2008 flood emergency. UNICEF also stockpiled 6,000 child kits, 200 school kits, 100 UNICEF 'school-in-a-box' kits, and 300 tin-trunk libraries. Some 6,000 child kits, 90 school kits, and 300 tin-trunk libraries were deployed as a response to the floods. UNICEF also procured 125 early childhood development (ECD) kits.

With respect to protection, UNICEF currently supports more than 450 community-based paralegal committees in 23 districts. These committees have been instrumental in protecting children and women from violence, abuse and exploitation during emergency situations, by activating referral mechanisms and helping with reintegration. UNICEF and its partners have established a strong community network to provide reintegration services to more than 5,000 children and youth associated with armed forces and armed groups. Community reintegration support programmes also target children affected by the conflict and other vulnerable children in the community, and promote peace and reconciliation activities. UNICEF's activities cover all *terai* districts affected by ongoing insecurity. During the recent flooding, emergency child protection issues were addressed successfully for the first time in Nepal. UNICEF provides technical and financial support to the Government for the development of a national plan of action for the reintegration of children affected by armed conflict, and supports district-level child protection agencies such as District Child Welfare Boards and Women's Development Offices. The national emergency mine-risk education network, composed of 409 governmental, Nepal Red Cross and NGO focal points, has the capacity to deploy prevention activities in 68 districts in a timely manner. During the year, all minefields and improvised explosive device (IED) fields have been marked with official hazard signs. Four training courses on emergency preparedness and response were conducted for key stakeholders (national and local governmental bodies, international NGOs and community-based organizations).

3. PLANNED HUMANITARIAN ACTION FOR 2009

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. UNICEF is the cluster lead for health and nutrition, water, sanitation and hygiene, and education.

Linkages of HAR with the 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 post-conflict context, 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.

UNICEF-supported programmes are expected to address the humanitarian and protection needs of children and women in the post-conflict situation as well as in the situation emerging from natural disasters. The programme is also expected to build up institutional capacity of national and district partners for an effective humanitarian response. A total estimated 1.5 million children and women are expected to benefit from the UNICEF-supported programme.

Health and Nutrition (US\$ 2,817,500)

For 2009, the overall goal is to increase access to and utilization of quality, high-impact health and nutrition services in normal and emergency situations and to contribute to improved child survival and development. Some 3 million people will benefit from the following key activities:

- Preposition essential drugs and medical equipment for timely emergency response;
- Provide technical assistance to the Emergency Health and Nutrition Working Group;
- Introduce emergency nutrition surveillance to monitor increased risk of malnutrition during emergencies, hence triggering emergency interventions and coordination;
- Support nutrition and health responses in emergency-affected areas:
 - Support vaccination and treatment of childhood illnesses in emergency-affected areas for 16,000 children;
 - Provide insecticide-treated mosquito nets and undertake social mobilization to mitigate risk of malaria in emergency-affected areas;
 - Procure ready-to-use therapeutic food (RUTF), therapeutic milks and essential medicines for the rehabilitation of severely acutely malnourished children;
 - Strengthen capacity of nutrition rehabilitation centres and support the establishment of new centres;
 - Expand the CMAM approach in five new districts to increase coverage of treatment for 6,000 severely malnourished children;
- Initiate a joint UNICEF/WFP food and nutrition emergency response in the Mid-Western and Far-Western Development Regions to mitigate the impact of food insecurity and high food prices.

HIV and AIDS (US\$ 100,000)

For 2009, the overall goal is to improve access to and utilization of quality services for the prevention of mother-to-child transmission (PMTCT) of HIV, paediatric AIDS, adolescent HIV prevention, and for the protection and care of children affected by HIV and AIDS. Some 25,000 people, especially women and adolescents in camps for the displaced, will benefit from the following key activities:

- Provide HIV and AIDS education for most-at-risk adolescents, women and families;
- Support the provision of antiretrovirals for HIV-positive children, pregnant and postpartum women;
- Integrate HIV prevention services (voluntary counselling and testing) into health services in camps for the displaced;
- Conduct nutrition assessment of HIV-positive children to ensure linkage with programmes for management of severe malnutrition.

Water, Sanitation and Hygiene (US\$ 1,000,000)

For 2009, the overall goal is to reduce child mortality and morbidity through the adoption of improved hygiene practices and increasing use of and participation in the management of safe, sustainable drinking-water and sanitation facilities. Some 130,000 people in 13 districts will benefit from the following key activities:

- Support 8,000 families displaced by the 2008 flooding;
- Preposition relief items for shelter, hygiene, sanitation, and drinking-water purification;
- Rehabilitate water supply schemes damaged by floods and landslides;
- Train at least one NGO in each of 13 flood-prone districts for the installation of water and sanitation facilities and hygiene promotion in emergency situations;
- Train female community health volunteers, Nepal Red Cross volunteers, and health workers in the promotion of handwashing with soap, and promote and demonstrate options for household treatment of drinking water in 10 remote hill districts susceptible to annual outbreaks of diarrhoea.

Education (US\$ 500,000)

For 2009, the overall goal is to provide quality education that is socially inclusive, conflict- and gender-sensitive, and child friendly to 50,000 displaced children, 60,000 conflict-affected children, and 3,000 teachers through the following key activities:

- Supply basic scholastic materials, including notebooks, pencils and uniforms, for 50,000 displaced children;
- Procure and distribute recreational and teaching/learning materials for 500 learning spaces, benefiting an estimated 20,000 children;
- Support the implementation of schools as 'zones of peace' in 10 districts;
- Procure temporary learning structure materials, including tents, for the prepositioning of 500 temporary learning spaces in disaster-prone regions for 20,000 children;
- Train 500 teachers in peace education in conflict-affected regions;
- Train 2,500 teachers in the delivery of emergency education, including psychosocial support and the use of alternative learning materials.

Child Protection (US\$ 3,600,000)

For 2009, the overall goal is to increase access to and utilization of improved child protection systems and legislation to protect children from violence, exploitation, and abuse. Some 10,000 children affected by the armed conflict as well as 25,000 women and children in emergency situations will benefit from the following key activities:

- Undertake capacity-building of 500 paralegal committee members through training on child protection issues, including preventing and responding to gender-based violence in emergencies, as well as operational support in the field;
- Train national child protection cluster members (as subgroup under protection cluster) and regional-level stakeholders to reinforce their capacity to prevent and respond to cases of violence, abuse and exploitation, with particular focus on child separation, gender-based violence (GBV) and related psychosocial issues;
- Reinforce the capacity of key child protection stakeholders involved in the identification of separated and/or unaccompanied children, family tracing and reunification in collaboration with the cluster members;
- Carry out sensitization and advocacy campaign among affected communities on child rights and protection against all forms of violence, abuse and exploitation and family separation;
- Procure and preposition child protection kits and related emergency supplies for seasonal flooding and landslides or other emergency situations;
- Enhance response mechanisms to provide essential services to children and youth in need of special protection within emergencies, including psychosocial services and other necessary assistance, such as referral system where medical and legal services are available;
- Coordinate and support child protection activities for children affected by the conflict, especially girls, including (i) develop capacity of government and civil society partners to monitor, document, and report violations of child rights (in accordance with Security Council Resolution 1612) and prevent recruitment of children into armed forces and armed groups; (ii) provide community-based reintegration services, including access to formal and non-formal education, skills training, income-generating activities, psychosocial support, and job linkage and placement; (iii) develop community reconciliation initiatives and strategies to ensure that returning children are accepted and integrated; (iv) promote inclusion of children, youth and community groups into local peace committees; and (v) support conflict resolution;
- Support national mine action authority to reduce the humanitarian and socio-economic threats posed by improvised explosive devices, landmines and other explosive remnants of war; ensure better compliance with victim assistance needs; and provide systematic mine-risk education coverage of at-risk areas.