

Improving Lives for Children and Women in Nepal

Decentralized Action for Children and Women (DACAW)



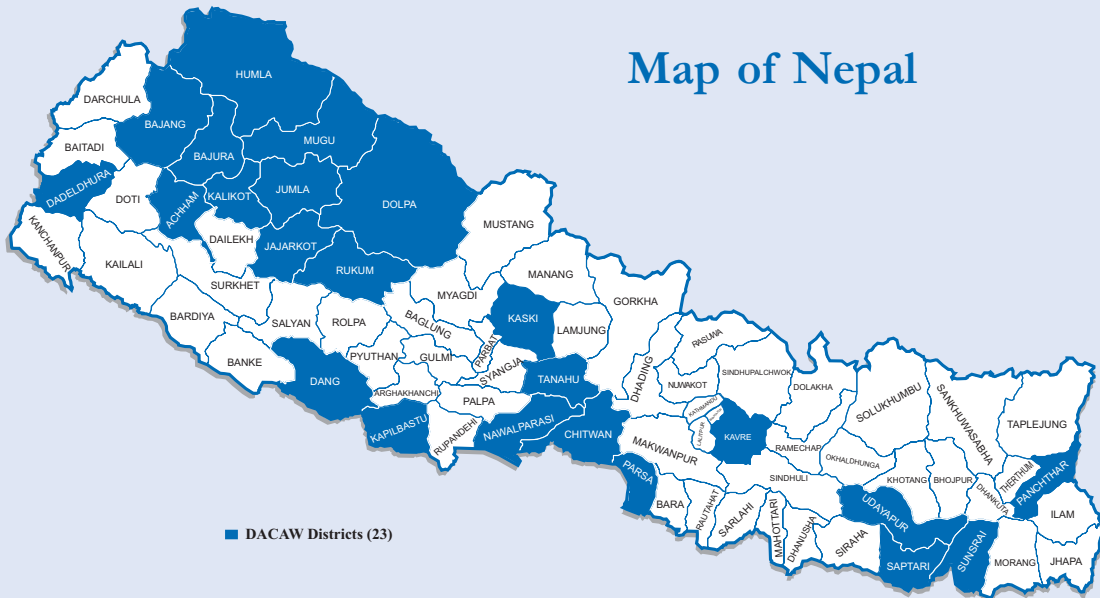
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Government of Nepal



Map of Nepal



Situation of children and women in Nepal

Some 46 per cent of Nepal's population of 26 million are children aged less than 18 years. The mortality rate of under-ones has decreased substantially over the last two decades, and currently stands at 48 deaths per 1000 live births. However, this still amounts to over 40,000 children aged less than one year dying each year. Child malnutrition rates are also high, with half of all under-fives being stunted, or too short for their age. Every year, there are approximately 960,000 pregnancies in Nepal. The maternal mortality rate was estimated to be 281 per 100,000 live births in 2005. About 82 per cent of births take place at home without any trained assistance, increasing the risks for both the mother and the newborn.

Since the restoration of multiparty democracy in 1990, successive governments have struggled to implement administrative and institutional reforms to improve governance. However, the passage of the Local Self-Governance Act in 1999 provided an opportunity to

increase decentralization through greater local participation in decision-making.

Nepal's decade-long conflict has contributed to multiple deprivations by hampering the delivery of basic services, restricting development assistance, and causing a breakdown of family and community networks. Women and children, who rely most heavily on these essentials, have particularly felt the negative impacts of the deprivation and violence. In April 2006, after weeks of pro-democracy protests, the king ended his direct rule. Parliament was reinstated and an all-party government was formed. During the last year, the coalition government has negotiated the Comprehensive Peace Agreement with the Maoists, which includes the cantonment of combatants and weapons under UN supervision, and has made preparations for creating a Constituent Assembly. Elections for this are expected sometime in 2008.

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What is DACAW ?

Decentralized Action for Children and Women (DACAW) is UNICEF Nepal’s primary programme for channelling a range of interventions to rural communities in 23 districts across Nepal.

It is based on the understanding that the decisions taken by people themselves about their own lives are often the most effective and sustainable. By facilitating mothers in self-help groups to discuss their concerns in depth and examine the reasons

behind them, the programme strengthens the ability of individuals and communities to find their own solutions to their particular problems. Sometimes a change in behaviour within the family might make the difference, and sometimes mobilizing community-level resources can improve the situation. However, sometimes it is necessary to demand new or better services from sources outside the community. This approach is known as the Community Action Process (CAP). DACAW does not initiate group formation, instead it integrates with community organizations already established by other programmes that are mainly aimed at mobilizing savings and loans. The key implementing partners are currently the Ministry of Local Development, the Department of Women's Development, the Small Farmers Development Programme, and various NGOs. Each community organization has a mobilizer, who has been trained under DACAW to facilitate monthly group meetings,

and each Village Development Committee (VDC) has a facilitator, who supervises community mobilizers and links the community organizations to the broader world.

If you were to visit a settlement during a CAP meeting, you might see a group of young mothers weighing their babies and discussing how to ensure that their children maintain a healthy rate of growth. Or they might be learning about the major danger signs to look out for during pregnancy and childbirth, and what should be done when a woman experiences a pregnancy complication. This might lead on to a discussion about resources within the family and the need for setting up a fund that can be accessed by group members when a medical emergency arises. Or women might be collecting their contributions for their savings and loan fund, and discussing ways that they can generate a cash income. Sometimes they might be

“DACAW has changed my life.”

Kalpana* lives in Navadurga VDC, Dadeldhura District. She is married and has five children aged between 15 years and four years. Although her household owns a small piece of land, the family is food deficient for about three months a year. During this time, her husband works as a daily-wage labourer in a nearby town. She tells us about the changes in her life since she became a member of her local community organization in 2002. “When my eldest children were growing up, they always seemed to be getting sick with diarrhoea or coughs and colds. I didn't know what to do. If their fever got really bad, I would sometimes take them to the *shaman* (faithhealer) but usually I just kept them at home. I didn't have enough money for medicine and, anyway, there wasn't a health post in our village. Now, if my youngest gets diarrhoea, I treat her at home with ORS or take her to see Rita, our female community health volunteer (FCHV). Rita has been

trained and knows what to do; she often comes to our monthly meetings and explains how to keep our children healthy. But somehow my kids don't get as sick these days; they seem much stronger than in the old days. Maybe that's just because when they were little, I took them to be weighed each month and learned how to make *sarbottam pitho* (super flour) to feed them. Also, two years ago, we built a latrine and joined the community water users' group, so now it is easier to keep the household and the children clean. We paid for the latrine with a loan from the community organization. I paid back the money by selling *achar* (chutney) that I learnt how to make after going to a training organized by our community organization. My youngest children have also been vaccinated and given vitamin A. I heard about these services at our monthly meetings, and our community mobilizer, Bhagwati, explained that these injections stop

learning about where and when the next vitamin A distribution or immunization day is taking place, or how to protect themselves from HIV/AIDS. When inputs are required from outside the settlement, such as for an improved drinking water supply or renovation of school buildings, the village facilitator links the request from community groups with the appropriate external supply agent, and helps to ensure that the task agreed upon is accomplished. Each month the community mobilizer will update a Community Information Board with a variety of details such as the number of children aged 3–5 years attending a local child development centre or the number of children receiving treatment from a trained health worker for acute respiratory infection or the number of households with a latrine. This information publicly monitors progress within the settlement

and also serves as a prompt for new group discussion at the monthly meetings.

As well as taking part in the regular monthly group meetings, some women also become involved in community-wide groups such as paralegal committees, watch groups, or federations that operate across a wider arena than the community organizations. These groups have evolved from DACAW and offer an effective community-based mechanism for tackling particular aspects of the programme such as protection, healthcare, or establishing sustainable community organizations in ways that benefit and strengthen the whole community. They are proving to be effective at empowering women and are encouraging the expansion of DACAW into new VDCs as well as being replicated as successful mechanisms in other development programmes.

diseases from attacking the children in the first place. I was scared about them at first but then the neighbour's daughter had her vaccinations and she was fine. So my friend and I took our children to the immunization centre. Now nearly everyone in the village takes their babies for vaccination. My eldest daughter didn't really go to school. She started in Grade 1 when she was five but she didn't like it, as there was no toilet and the teachers were rough with the kids. Anyway, she preferred to help me with my younger ones and that was fine with me. But after I started going to the group meetings, I realized that it is important for kids to go to school and learn how to read and write, so that they can get a good job and not get cheated. Some parents talked with the local School Management Committee and eventually the school building was repaired and toilets were installed, and the teachers got some new training and new materials. Now, my eldest son, who is

thirteen, has just finished primary school. He would like to go to secondary school but it is far from here, so we'll have to see about that. My other two sons are in Grade 2 and Grade 4. They like school and try their best, but it is expensive for us to buy books and uniforms. In our village, we have a child development centre, where my youngest daughter goes three mornings a week. My eldest daughter helps at a tailors and is learning how to sew. People are asking to marry her but I want to wait until she is older and has finished her training as that is better for her. In the future, when my children are older, I would like to become a mobilizer for our community organization. My husband thinks that is a good idea and he says it would make him proud to see me helping other women in our village. I'm really pleased that I joined the community organization. My life has changed in many ways and it makes me happy to see my children growing up healthy and clever."

Decentralized Action for Children and Women (DACA)

DACA has been the centerpiece of UNICEF Nepal’s country programmes since 1998 (initially it was known as the Decentralized Planning for the Child Programme). During this time, it has demonstrated the synergistic effect of combining support for capacity-building of local communities and government functionaries with promotion of decentralized service delivery. The goal of the programme is to ensure the progressive realization of the rights of children and women in programme areas through rights-based and bottom-up approaches that focus on the most severely disadvantaged.

The programme is structured to address critical problems underlying children’s wellbeing. It is based on the assumption that people’s limited capacity and lack of opportunity to analyse their situation, as well as their overall lack of participation in and control over resources, services and decision-



making, are underlying barriers to the realization of their rights. It uses three strategies to bring about change.

- Strengthening the capacity of individuals and communities to demand change by using the Community Action Process (CAP).
- Strengthening the capacity of local service providers/delivery agencies to respond to demands for change from the community.
- Strengthening decentralized local governance in favour of children and women.

DACA is a coordinated and sustained effort aimed at alleviating poverty and addressing the Millennium Development Goals. It focuses on promotion of quality basic education; protection of children and women against violence, exploitation and abuse; improvement of maternal and neonatal health; improved management of common childhood illnesses; improved psychosocial and cognitive development of children; greater access to safe drinking water and sanitation; and increased awareness of HIV/AIDS.

MILLENNIUM DEVELOPMENT GOALS

- Halve the proportion of people living in extreme poverty by 2015.
- Ensure universal primary education by 2015.
- Promote gender equality and empower women by eliminating gender disparity at all levels of education by 2015.
- Reduce the under-five mortality rate by two-thirds by 2015.
- Reduce the maternal mortality rate by three-quarters by 2015.
- Combat HIV/AIDS, malaria and other infectious diseases.
- Halve the proportion of people without access to safe drinking water and basic sanitation by 2015.
- Develop a global partnership for development.

One of the main strengths of DACAW is its integrated approach. This enables the programme to accommodate donor support both for multidimensional problems that require inputs from several sectors and for more focused issues, without unnecessary duplication of effort. This attribute will be particularly valuable during the coming years, in the reconstruction of community assets and institutions and the rehabilitation of returnees (internally displaced persons and combatants), following the peace agreement and associated political changes.

Another strength is the effectiveness of the programme's partnership modalities that combine the mobilization of pre-existing community organizations with the development of new innovative group formations such as federations, child clubs, paralegal committees and watch groups. This has enabled the programme to avoid unnecessary duplication. It has also strengthened local organizations, and enhanced their institutional and management capacities.

DACAW is a tried and tested method that is proving to be extremely effective at improving the lives of children and women in rural Nepal. It is hoped that government agencies and other development partners will be able to take up this approach and replicate it in other districts.

Major partnerships with other UN agencies

As part of the UN's Development Assistance Framework (UNDAF), UNICEF is committed to strengthening its cooperation with other UN agencies. Joint programmes will be developed with the United Nations Population Fund (UNFPA) and the World Health Organization (WHO) for maternal and neonatal health; with the World Food Programme (WFP) for nutrition and quality education; and with the United Nations Development Programme (UNDP) for district governance and community mobilization. In addition, an enhanced UN collaboration initiative (UNDP, UNICEF, UNFPA and WFP) in four districts will be developed. In the health and education sectors, UNICEF will strengthen its partnerships through the External Development Partners and Education for All forums, in which bilateral donors have an important presence. UNAIDS is the coordinating body and secretariat for UN agencies working on HIV/AIDS. UNICEF is the lead agency for prevention of mother-to-child transmission (PMTCT) of HIV, paediatric AIDS treatment, and the care of orphans and vulnerable children (OVCs). The United Nations Mission in Nepal (UNMIN) will coordinate interventions with specific relevance to 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.

DACAW strategies

- Strengthening the capacity of individuals and communities to demand change by using the Community Action Process (CAP).
- Strengthening the capacity of local service providers/delivery agencies to respond to demands for change from the community.
- Strengthening decentralized local governance in favour of children and women.

Community Action Process (CAP)

The Community Action Process (CAP) is the key strategy for implementing DACAW activities. CAP enhances the capacities of individuals, families and communities to assess their situation, analyse its various causes, and plan appropriate actions by mobilizing internal and external resources needed to bring about change in the community—the Triple A process (assessment–analysis–action). CAP also provides a forum and process for examining and lessening gender disparities at household and community levels. The increased analytical ability gained through these processes helps women to become empowered decision-makers at both household and community levels.

Community organizations use various participatory tools and techniques, gender-sensitive tools, a Community Information Board (CIB), growth-monitoring charts, and meetings to facilitate discussions on issues that affect the wellbeing of their children.

Responsive service delivery

The delivery of services in Nepal has long been overly centralized and, as a result, often inefficient and

unmatched to local needs. DACAW seeks to make local service-delivery institutions more responsive by building their capacity to work on child rights and women rights issues. Community organizations create demand for better services by informing people about their rights and mobilizing them to utilize local services. Village Facilitators serve as the link between the community and service-delivery institutions.

An important aspect of improving service delivery is the training provided to functionaries of local institutions. These include VDC Secretaries, teachers, members of School Management Committees (SMCs) and Parent–Teacher Associations (PTAs), village-level health workers and volunteers, traditional birth attendants, and sanitation workers.

CAP COVERAGE

As of August 2007, CAP was being implemented in over 6,900 community organizations in 283 VDCs and 10 municipalities of 15 districts. Over 60 per cent of community organizations have an all-female membership. CAP is supported by over 265 trained Village Facilitators, and over 7,500 trained Community Mobilizers. CAP covers 33 per cent of VDCs in the 15 DACAW-supported districts.

Decentralized governance

The passage of the Local Self-Governance Act in 1999 has provided an opportunity to bring about good governance based on greater popular participation in development. The act promises a role for civil society organizations in contributing to both service delivery and good governance, and is seen as a significant step towards fulfilling civil and political rights. The act has also created a legal basis for the transfer of decentralized planning to locally elected authorities. District Development Committees (DDCs), municipalities, VDCs have begun to undertake resource allocation and programme planning and implementation.

DACAW works with these local bodies to build their capacity to prepare medium-term plans, and annual plans and actions aimed at improving the wellbeing of children and women. Despite the absence of elected local bodies since 2002, five-year District Development Plans have been prepared in 15 DACAW districts.

DACAW has demonstrated the positive effects of convergence between responsive service delivery and decentralized governance with more focused local planning in favour of children and women. It has been able to expand cooperation between DACAW, district-level government agencies and local NGOs in developing programmes for local communities. It has also increased flexibility in fulfilling the demands of local communities for community-managed development initiatives.

An important element of UNICEF's support for strengthening decentralized government is its partnership with UNDP through the Decentralized Local Governance Support Programme (DLGSP). In the new phase of the DLGSP that starts in 2008, UNICEF will continue to work with DDCs to

ensure that DACAW is expanded to the most disadvantaged VDCs in each DACAW district and that district-level officials are capacitated to manage the programme.

Channels of implementation

The Ministry of Local Development is the main government implementing partner for DACAW and, with support from the National Planning Commission, is responsible for overall coordination of the programme. DACAW activities are implemented in collaboration with the Ministry of Health and Population, Ministry of Education and Sports, Ministry of Finance, Department of Women's Development, and Department of Drinking Water Supply and Sewerage. A National Steering Committee comprised of key sectoral ministries, associations of local bodies and development partners provides policy guidance and inter-sectoral coordination. At district and local government levels, DACAW collaborates with DDCs, VDCs, and other local government departments and offices.

At the settlement level, DACAW works through existing groups that are formed by other organizations. This is an important aspect of ensuring ownership and sustainability, and also avoids duplication. Community organizations are facilitated and supported by paid village facilitators (VFs) at the VDC level and volunteer community mobilizers (CMs) at the community organization level.

Since 2004, DACAW funds have been channelled through District Development Funds (DDF) in support of the government's financial decentralization policy, and are thus reflected in the accounts of the central treasury.

QIP MODALITY

The QIP modality arose from the Quick Impact Programme (QIP) that was jointly initiated by UNICEF and the World Food Programme (WFP) in 57 conflict-affected VDCs of nine Mid- and Far Western districts in 2003. The aim of the programme was to improve basic services, particularly in health and education, for vulnerable populations by implementing the elements of DACAW in conjunction with the WFP's Food-for-Work and Food-for-Training schemes. Local development projects such as rehabilitation of schools and health posts, and installation of drinking water and sanitation facilities were implemented by two national partner NGOs. This modality proved to be extremely effective at bringing much-needed benefits to rural communities in remote areas in conflict situations. Nonetheless, it was important that capable, professionally managed and neutral NGOs were involved as implementing partners, and that they maintained neutrality in their behaviour and full transparency in their financial and programme activities. This modality has now been incorporated into DACAW.

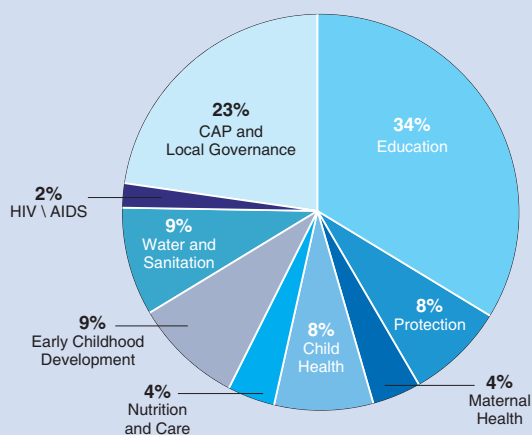
Partnership modalities

DACAW has four main partnership modalities for implementing the programme.

- In the Village Development Programme (VDP) modality, community organizations are formed by the Decentralized Local Governance Support Programme (DLGSP), which is funded by the UNDP and implemented by the Ministry of Local Development (MLD).
- The Integrated Women and Child Development Approach (IWCDA) modality represents federations or cooperatives that were supported earlier by UNICEF through the Women's Development Section of the Department of Women's Development.
- In the Small Farmers Cooperative Limited (SFCL) modality, federations and cooperatives are formed by the Small Farmers Development Programme, which was initiated by the Agriculture Development Bank.
- In the Integrated Child Development Programme (ICDP) modality, community organizations are formed by NGOs with support from various donors (including UNICEF).

The two largest partners are the VDP and the IWCDA.

PROPORTIONAL COSTS OF DACAW 2002–2006



DACAW 2002–2006 for 15 districts = US\$ 17,380,975

DACAW's approach to developing sustainability

A recent evaluation of DACAW by the Royal Norwegian Embassy recommends that federation offers the most effective approach to long-term sustainability.

DACAW works with federations formed and facilitated mainly by the Department of Women's Development (the IWCDA modality). The entry points for federation are small groups that are formed at the settlement level. These groups meet to mobilize internal savings and are trained in group dynamics to build trust and harmony. After operating for at least one year, these groups establish themselves as ward-level committees. After being active for an additional year and successfully demonstrating the ability to handle funds and organize various activities, these groups are given the option to either register as an NGO or as a cooperative. It is during this two-year process that group cohesiveness and the solidarity to work on social issues related to women and children are established and demonstrated. The ultimate purpose of these groups is to achieve both social and economic empowerment.

These federations, mostly cooperatives, are self-sustaining and seek to empower women by teaching them about their own rights and that of their children. Women are able to voice their opinions and make decisions. Federations teach members to become financially independent by providing them with vocational skills and access to loans. The strategy of implementing CAP through these federations using the IWCDA modality has proved to be effective and sustainable for achieving DACAW results. In some districts, federations have demonstrated financial sustainability by bearing the

entire cost of the village facilitator's salary from interest earned through their seed grant. In some districts, federations have increased salaries for village facilitators from their own sources, while in others they have convinced the VDC to top-up the village facilitator's salary.

Federations that have demonstrated success through the IWCDA modality have emphasized an empowerment approach that is aimed at participation, ensuring realization of the rights of children and women, and focusing on inclusion of the most disadvantaged. They show strong accountability, as they have institutional structures at settlement (women's groups), ward (ward-level committees) and VDC (VDC-level committees) levels. These committees provide support to village facilitators and community mobilizers in social mobilization, programme implementation, and monitoring. Additionally, the district-level Women's Development Section office has assigned staff at the VDC level that backstop and assist the work of federations and village facilitators/community mobilizers. Federations are proving to be effective at developing and putting systems on the ground that enable women to represent and articulate issues related to children and women, and also successfully expand inclusion of the disadvantaged.

DACAW's support for the peace process

After 10 years of Maoist insurgency that severely disrupted the provision of government services throughout the country, particularly in rural areas, the Comprehensive Peace Agreement signed in November 2006 has paved the way for new initiatives that are aimed at building a strong and peaceful democratic society in Nepal, where government

agencies can function effectively. The UN, through UNMIN, is playing a central role in supporting this peace process.

Over the coming years, DACAW will implement both short-term and long-term projects that are specifically designed for strengthening peace. These projects will integrate with existing DACAW strategies and will continue to focus on improving the lives of children and women. Already identified projects will include the release and reintegration of children associated with armed forces and armed groups (CAAFAG); mine-risk education and victim assistance; juvenile justice; protecting children in demonstrations and political activities; and facilitating and strengthening the voices of young people in influencing the Constituent Assembly and drafting the new Constitution, through ‘Engaging Young Voices’ listener clubs. This last activity will build on listener clubs already established by UNICEF through the radio programme ‘Chatting with my Best Friend’. In a similar vein, UNICEF is collaborating with the UNDP on a Peace and Constitution-Building Project where the BBC World Service Trust will develop drama and discussion programmes to both change behaviour and raise awareness on conflict resolution, peace and constitution building. UNICEF-supported Village Facilitators will be trained to facilitate listening and discussion groups, and will be provided with materials, radios and support so that they can deliver the programmes to DACAW’s network of community groups.

Other DACAW activities that will be particularly useful in supporting the peace process include those on rights and reconciliation (paralegal committees; reconciliation through recreation; monitoring the



implementation of Security Council Resolution 1612); and those that support basic services and improved living conditions (support for the Female Community Health Volunteer (FCHV) programme; supply of essential drugs and clean delivery kits; community-based therapeutic care (CTC) for acutely malnourished children; HIV prevention among women of reproductive age and adolescents; improvement of education infrastructure; safe drinking water and sanitation for neglected communities; safe water, sanitation and hygiene education for schools in neglected communities; improving health in neglected communities through hand-washing with soap and household drinking water treatment; and school feeding).



DACAW's focus on the disadvantaged

UNICEF aims to focus its interventions on marginalized, disadvantaged, discriminated and excluded groups that are hard to reach through normal channels. These groups are often referred to as socially excluded groups; this term is intended to cover all people who are put at a disadvantage in some aspect of everyday life for economic or sociocultural reasons.

DACAW has actively experimented with innovative strategies and actions to increase inclusion of the disadvantaged. Some demonstrated successes include using disaggregated data for planning; hiring village facilitators and community mobilizers from disadvantaged communities; focusing facilitation on actively enabling participation by excluded groups; including dimensions of exclusion in all participatory processes and tools; mainstreaming issues related to exclusion in regular training; ensuring constant advocacy when engaging with government counterparts; providing regular backstopping for implementing partners; and providing seed grant/ equity funds for disadvantaged communities.

A particularly important improvement in DACAW's ability to reach disadvantaged households is the

recently completed mapping study. Up till now, identification of excluded communities and households has been based on localized interpretations of their 'disadvantaged-ness', mainly relating to ethnicity or food sufficiency. However, it is commonly acknowledged that, in Nepal, a combination of both social and economic factors acting together can result in a family becoming chronically disadvantaged. The conventional definition of disadvantaged-ness has unintentionally resulted in some inequity in the categorization of excluded households. The newly-devised definition now enables the systematic identification and targeting of disadvantaged households in UNICEF's area-based programme through the application of eight core indicators and participatory methodology/tools.

As well as being able to map households within a community, the study also developed a related set of six indicators to rank VDCs or municipal wards by disadvantaged-ness (in terms of access to services, gender discrimination, protection, marginalization,

CORE INDICATORS FOR MAPPING OF THE DISADVANTAGED

- Survival based on daily-wage labour
- Homeless, shelterless and mostly residing on encroached land or land without title
- Annual food sufficiency of >3 months or 3–6 months
- Indebted
- Inability to afford cost of children's education, clothing and medicine
- Socially and culturally oppressed groups (e.g. Dalits, *janajati*, etc.)
- Female-headed households with no additional source of income
- Lack of confidence to voice legitimate demands in public and private forums

vulnerability to conflict, and representation in the district). The Ministry of Local Development, DDCs, district partners, and political parties have all been involved in ranking VDCs and municipal wards in the 15 DACAW-supported districts, generating strong stakeholder ownership. Both the Ministry of Local Development and UNICEF are now using these rankings to ensure that DACAW and other development programmes are expanded into the most disadvantaged VDCs and municipal wards.

MAPPING OF THE DISADVANTAGED IN DACAW VDCS

Some 320,000 households in 236 VDCs and eight municipalities of 15 districts were mapped in early 2006. In total 28 per cent were classified as severely disadvantaged, 28 per cent were classified as disadvantaged, and the remaining 44 per cent were classified as non-disadvantaged. The study also indicated that DACAW covers over 63 per cent of the most disadvantaged households in CAP VDCs.

INDICATORS USED TO RANK ALL VDCS IN A DISTRICT

- Food sufficiency of less than three months (concentration of daily-wage earners, forced out-migration in search of labour, economic enslavement and bonded labour—*kamaiya, hali, haruwa/charuwa*)
- Concentration of marginalized groups (such as Dalit, *janajati*, etc., resulting in socio-cultural discrimination, untouchability, verbal abuse, social exclusion in public gatherings, and non-acceptability of ethnic cultures)
- Lack of access (functional and responsive) to basic services: primary-level school and sub health post (deprivation and low affordability of basic services)
- Low level of representation/participation of women, Dalit and *janajati* in formal decision-making bodies such as VDC, School Management Committees, Health Management Committees, local NGOs, etc. (lack of recognition of existence, lack of awareness of the rights of women and marginalized groups, illiteracy and low acceptability)
- Prevalence of gender discrimination (such as early marriage, girls not going to school, superstition of witches, violence against women, polygamy, polyandry, dowry, *chaupadi, parda*, etc.)
- High prevalence of vulnerable groups such as those suffering as a result of the conflict (orphans, widows, single female-headed households, out-migration, etc.), human trafficking, disabled, natural calamities, HIV/AIDS, hepatitis B, etc.

DACAW strategic results

- Increase access to quality basic education, especially for girls and disadvantaged groups.
- Protect children and women against violence, exploitation and abuse.
- Improve maternal health.
- Reduce childhood morbidity and improved management of illness due to acute respiratory infection (ARI), diarrhoea and vaccine-preventable diseases.
- Improve care for reduction in child and maternal malnutrition.
- Improve psychosocial and cognitive development of children.
- Reduce incidence of diseases from poor and inadequate sanitation and water supply.
- Increase awareness of HIV/AIDS.

Quality basic education

Quality basic education for girls and children from disadvantaged groups

The education programme aims to increase access to quality basic education for girls and children from disadvantaged groups and to provide appropriate learning opportunities, including life skills, for at-risk children and adolescents. The programme is focused on action at two levels: advocacy and technical support at the national policy level to promote quality child-friendly education for all, and district-level actions to field innovative initiatives. The programme tries to ensure that children have access to a variety of education services. DACAW takes an integrated approach to non-formal, informal and formal education, with a view to contributing in an integrated manner to the government's Education for All (EFA) and Girls' Education Programmes.

With girls' education at the forefront, the programme helped the Ministry of Education and Sports to adopt the Welcome to School (WTS) model, successfully piloted by UNICEF in 15 DACAW districts in 2004, as a national model for enrolment in 2005. Increase in girls' participation in the DACAW districts is consistently above the national average. In

addition, now that disaggregated, school-level data is available for Dalit and non-Dalit attendance, it shows that the increase in Dalit participation is proportionally greater in DACAW districts than in other districts.

In 2005, a comprehensive package to support school improvement processes, strengthen community management, improve education management and child-friendly methods was introduced. This has benefited approximately 7000 schools in DACAW's 23 districts.

As a result of the Welcome to School (WTS) campaign, the number of children enrolled in primary school increased from 4,030,045 in 2004 to 4,506,970 in 2005—an increase of 12 per cent. Enrolment of girls increased from 1,865,012 in 2004 to 2,134,646 in 2005—an increase of 14 per cent—and enrolment of Dalit children increased from 421,605 in 2004 to 969,059—an increase of 130 per cent. In 2005, the WTS campaign increased the enrolment of girls in the 15 DACAW by 49 per cent over 2004. Although these numbers are impressive, the challenge now is to ensure that these newly enrolled students do not drop out of school but stay on to complete a full cycle of primary education.

Alternative learning opportunities for out-of-school children

Of the 13 per cent of Nepal's 6–10-year-olds who do not participate in primary education, most are girls or children from poor, disadvantaged households. Over 85 per cent of these out-of-school children currently work an average of 22.4 hours a week. This makes it difficult for working children to attend school on a regular basis. For these children, UNICEF has been supporting rural and urban out-of-school education programmes (OSP) through NGOs. These classes deliver basic education to children who have missed the opportunity to enrol or have dropped out of school after only a year or two. After completion of the OSP course, graduates are encouraged to enrol in formal school. In 2005, more than 5,800 children who completed the OSP were transferred to formal schools to continue their education. About 37 per cent of these completers—more than 50 per cent of them girls—transited to primary schools, which is an increase of six percentage points over 2004.

As of June 2006, 45,000 out-of-school children aged 10–14 have completed Out-of-School Programmes (OSP I and OSP II), of which about 65 per cent are girls. In DACAW districts, 15,700 out-of-school children completed a cycle of non-formal education courses (10 months) and 65 per cent of the completers were girls.

As well as the OSP, there are two other alternative learning packages: (1) the School Outreach Programme, which provides classes based on the formal education curriculum for Grades 1 to 3 in a convenient venue for children aged 6–8 years; and (2) the Flexible Schooling Programme, which is a three-year condensed course equivalent to five years of primary basic education for children aged 8–10 years. These programmes are more suitable for



children who eventually want to join the formal school system, as these modalities are based on the school curriculum. In 2008, DACAW will be supporting 150 School Outreach Programmes in nine districts.

Protection of children and women

Paralegal programme

DACAW has initiated the formation of paralegal committees, a community-based mechanism that works to protect children and women from violence, abuse, exploitation and discrimination. Paralegal committees typically consist of 13–15 volunteer women (self-selected or elected) at the VDC level. They are also expanding to the ward level.

Child protection abuses such as child marriage, domestic violence, and child labour exploitation can emerge from attitudes and traditions in communities and society. Paralegal committees successfully create 'pressure' from inside the community to challenge such non-protective social norms. Paralegal committees use social and legal

arguments to address protection abuses. In rural Nepali communities, people usually do not relate to what the law says about the age of marriage or child labour (“What’s wrong?” they say, “It’s been like that for years!”). Thus, it is particularly important to engage community in discussions on ‘why certain things should be stopped’.

Paralegal committees challenge prevailing impunity over violence against women and children. They focus their work on prevention/awareness-raising; early detection and intervention; case follow-up; and monitoring/reporting. In each district, paralegal committees are supported by the District Resource Group (DRG), consisting of five lawyers and five social activists. The DRG’s main responsibilities are: (1) training of VDC Paralegal Committees; (2) regular monthly outreach consultations with VDC Paralegal Committees; and (3) technical backstopping for difficult cases brought up by VDC Paralegal Committees.

At present, 404 VDC Paralegal Committees (4500+ members) are supported in 23 DACAW districts.

ACHIEVEMENTS IN 2006

- 59 orientations on protections issues were conducted for 2,950 VDC-level stakeholders.
- 885 paralegal committee members from 59 VDCs received 1st phase training.
- 22,475 paralegal committee members from 165 VDCs received 2nd phase training.
- 1,905 paralegal committee members from 127 VDCs received 3rd phase training.
- 350 stakeholders from seven districts received orientation on protection and paralegal committees.

THE ROYAL NORWEGIAN EMBASSY EVALUATION OF PARALEGAL COMMITTEES

Paralegal committees provide protection to women and children whose cases have not been openly discussed within the community or brought before the formal justice system. Cases include wife-beating, abuse of women and children, rape, mental and physical harassment, early marriage, alimony, and property inheritance. As a result, family and community members have become more aware of these abuses and crimes. Most cases are dealt with by paralegal committees, while a few complicated ones are referred to the formal justice system. It is clear that the conflict mitigation and resolution through mutual cooperation offered by paralegal committees has enhanced harmony within communities. In addition, paralegal committees remained functional and effective during the conflict and the absence of local elected bodies.

In today’s context of peace-making, there is much discussion on the role of the community in reconciliation and reintegration of children and women affected by conflict. Community-based mediation programmes in other countries have proved effective at facilitating access to justice, reconciliation of community members involved in disputes, and healing of survivors.

Although systematic data has yet to be collected on the specific role of paralegal committees in reconciliation, anecdotal evidence suggests that they are actively involved in facilitating healing and reconciliation of a wide range of disputes in communities, including the reintegration of female Maoist cadres into the community. For this reason, DACAW in coordination with UNICEF’s Child Protection Section is conducting an assessment of paralegal committees in order to determine their potential role in community-based reconciliation and facilitation of integration of various affected populations, in particular, children associated with armed forces and armed groups (CAAFAG).

Birth registration

At the national level, policy advocacy on birth registration by various partners including UNICEF has resulted in positive decisions made by the Supreme Court to remove and change gender discriminatory provisions in the Birth Registration Act. The act stated that only the ‘eldest male member’ of the household could act as the key informant. The Supreme Court has now ordered words ‘eldest male’ to be deleted and be replaced by ‘eldest member in the family’.

The 2003 update survey of seven DACAW districts showed that 15 per cent of all children aged less than one year were birth registered, and 65 per cent of all children aged less than 18 years. Significantly more children aged less than 18 years were birth registered in CAP settlements than non-CAP settlements, and disadvantaged children in CAP settlements were significantly more likely to be birth registered than disadvantaged children in non-CAP settlements.

Child clubs

At the global level, UNICEF has affirmed the right of children to participation through its human-rights-based approaches. One of its guiding principles is the importance of promoting ‘the meaningful and appropriate participation of children and young people in decision-making processes that affect them’.

In Nepal, UNICEF has been actively promoting child participation through the development of child clubs. UNICEF Nepal has supported the development of many thousands of child clubs throughout the country and has tried to include children from disadvantaged communities in these clubs.

Child clubs in Nepal have a diverse set-up. Community-based child clubs involve children



aged about 8–18 years. School-based child clubs engage children aged about 9–16 years. In addition, some Out-of-School Programme classes are also converted into child clubs. These involve children aged about 10–14 years. In some places, adolescents have also organized themselves into listeners groups around a radio programme supported by UNICEF, ‘Chatting with my Best Friend’. These groups engage youths aged about 16–22 years. UNICEF encourages child club membership to be at least 50 per cent female; at present, girls make up nearly 47 per cent of members.

Many child clubs began by providing a space for children and young people to play, and engage in sports and cultural activities. However, over the years some have evolved into groups aimed at community development and rights advocacy—for example, water and sanitation programmes,



challenging discriminatory practices and early marriage, promoting the right of access to education, improving the school environment, and challenging violence against young people. Child clubs have also helped to develop facilitation, negotiation and leadership skills. They have empowered children and increased their self-esteem and confidence. This has made it possible for children individually and collectively to negotiate their concerns, often focused on protection issues. Many have been able to negotiate with both state and Maoist bodies during the conflict. Some have negotiated a place in School Management Committees, with employees, and in Village Development Committees. They have been able to engage in local policy development and influence the allocation of resources. Some begin with a very specific focus, for instance, school sanitation, but later expand to other areas with broader objectives such as child rights advocacy. Some work on specific issues such as child domestic workers.

Child clubs have also brought about a change in the mindset of adults; they are now willing to listen to children. Overall, child clubs have been successful in overcoming social rules and have brought about gender parity and social inclusion.

Maternal health and care

Support to the National Safe Motherhood Programme

Nepal's National Safe Motherhood Programme aims to increase access, availability and utilization of quality maternal health services in health facilities, linking with outreach service delivery at the community level.

Eight DACAW districts (Achham, Dang, Humla, Kavre, Jumla, Panchthar, Saptari, Udayapur) have been selected by the government for implementation of the National Safe Motherhood Programme in collaboration with UNICEF. The government provides inputs required for strengthening maternal and newborn health services, including the construction of facilities, provision of equipment, and technical training. UNICEF provides support for coordinating these activities as well as for directly-funded micro-planning workshops and social mobilization activities through training community volunteers. Community mobilization has resulted in the establishment of emergency funds in many VDCs. These funds are used to save lives of pregnant women who might die from complications because they lack the money to pay for transportation to health facilities or for emergency care.

In four of DACAW's Women's Rights to Life and Health (WRHL) districts, utilization of emergency obstetric care has increased from 2.5 per cent in 2000 (half the national average of five per cent) to 24 per cent in 2005. The number of complications managed has increased from 225 in eight project facilities in 2000 to 2,120 in 2005—an eight-fold increase over five years. The met need for emergency obstetric care increased from 2.6 per cent in 2000 to 24 per cent in 2005.

Community participation in outreach clinics and linkages with emergency obstetric care (EOC) services

Watch groups (in Dang) and Safe Motherhood Action Groups (in Sunsari and Udayapur), comprising Female Community Health Volunteers (FCHVs), traditional birth attendants (TBAs) and community mobilizers, have been established in recent years. These groups are linked to outreach services and refer pregnant women for antenatal and postnatal care services, tetanus toxoid (TT) immunization, and pregnancy weight monitoring. Vitamin A and iron tablets are also distributed; this has helped to increase their uptake. Women are also informed about birth preparedness during pregnancy.

Watch groups are also involved in establishing emergency obstetric care (EOC) funds in wards with seed money from UNICEF and matching funds from the community. They have also strengthened the linkages between the government health system and the community.

WATCH GROUPS

There are about 162 Watch Groups in Dang in the west of Nepal, and 228 Safe Motherhood Action Groups in Udaypur and Sunsari in the east of the country.

Child health

The child health programme aims to strengthen national capacities and commitment to ensure good health and adequate healthcare for children through advocacy, technical support, policy and human resource development.

Extended Programme on Immunization

The Extended Programme on Immunization (EPI) aims to extend full immunization to all children in Nepal. DACAW supports the EPI in all DACAW districts. About 83 per cent of children aged less than two years are fully immunized in Nepal.

In terms of child survival, progress has been made, with a substantial reduction in measles cases and deaths, as a result of measles campaigns.

Integrated Management of Childhood Illness

Integrated Management of Childhood Illness (IMCI) is an approach developed jointly by WHO and UNICEF to address the major childhood illnesses: diarrhoea, acute respiratory infection (ARI), measles, malnutrition and malaria, which together account for about 70 per cent of childhood mortality in the developing countries. In Nepal, IMCI was first implemented in Mahottari in 1997. Since then, it has gradually expanded to 33 districts, covering more than 60 per cent of the total population. In IMCI, a child is looked at in an holistic manner, saving unnecessary visits to the health facility and reducing unnecessary medication. At the community level, as Female Community Health Volunteers (FCHVs) started treating cases of pneumonia, access to treatment of pneumonia, the leading cause of child mortality in the country, has increased immensely. During the Joint Annual Review of the health sector at the end of 2005, External Development Partners (EDPs) urged the government to develop a three-year plan for scaling up CB-IMCI to all districts using pooled funding.

Female Community Health Volunteers Programme

The national Female Community Health Volunteers (FCHVs) Programme was initiated by the Ministry of Health and Population in 1988 in an effort to enhance Nepal's primary health care network through community participation and expanded outreach by local women working voluntarily. At present, there are more than 48,500 FCHVs in 75 districts.

FCHVs serve as motivators and educators, provide information on family planning, immunization, nutrition, maternal and child healthcare, and treatment of minor injuries. They are provided with a first aid kit with minor first aid medicines, iron/folate tablets, vitamin A capsules, oral rehydration solution (ORS) packets, oral contraceptives and condoms for free distribution.

Data from 2005 show that in districts where Community-based IMCI (CB-IMCI) is implemented and pneumonia cases are treated by FCHVs, the proportion of expected cases treated is about 65 per cent as compared to 25 per cent in districts not implementing CB-IMCI, and the proportion of severe pneumonia cases is 3.6 per cent compared to 9.5 per cent in non-CB-IMCI districts. An estimated 8,500 child deaths are averted annually because of community-based treatment by FCHVs.

Besides routine activities, FCHVs continue to be cornerstones of national health campaigns such as the Vitamin A Programme, National Immunization Days for polio eradication, and treatment of pneumonia in children. During the conflict, as health facilities were increasingly non-functional, it was FCHVs who played a key role as service providers and became even more critical for the health of children and women.



Community Drug Programme (CDP)

The Community Drug Programme (CDP) aims to ensure year-round availability of essential drugs at sub health post, health post, and primary healthcare centre levels. The CDP is based on community cost-sharing schemes through community involvement in financing and management. The Local Health Facility Operation and Management Committee (LHFOMC) at the VDC level is encouraged to introduce user fees for drugs and utilize the funds for replenishing drugs.

UNICEF was involved in implementation of the CDP in 12 districts in the past and, in collaboration with other partners, now supports development and revision of training and IEC materials, district-level review meetings and field monitoring costs. In 2005, the Ministry of Health and Population decided to mainstream the CDP throughout the health system.

Child and maternal nutrition

Community-based growth monitoring

DACAW has been successful in reducing child malnutrition, and in some communities, malnutrition rates (underweight), as reported by the community growth-monitoring system, has dropped from 40–50 per cent to 16 per cent.

In DACAW settlements, community mobilizers weigh all children below three years of age on a monthly basis. Weights are plotted on children's individual growth charts, and also on a large community chart, dotting the weight of all children on one chart. This big chart makes the situation extremely visible, as everybody can see how many children are falling below the 'underweight' line. By comparing with older charts, the community can also see how the situation changes over time. After weighing, the community mobilizer holds a meeting with the community to discuss the situation, and find out why children are malnourished and what can be done about it. The community mobilizer—as well as the village facilitator, her supervisor—has been trained on nutrition and causes of malnutrition as part of basic DACAW training. She has also been trained on facilitation. Her task is to see how the community can take scientific findings and put them into the local context, thus finding locally acceptable solutions. Generally, however, what is needed is improved young child feeding, with more calorie-rich food and more frequent meals. Another important underlying cause of child malnutrition is the high disease burden suffered by Nepali children, especially diarrhoea.

Nearly 60,000 children are weighed on a monthly basis in CAP settlements. Sixteen per cent of these children are underweight, compared to 43 per cent in 1999.



At present, DACAW monitors some 70,000 children below the age of three years as part of the growth-monitoring initiative.

A major challenge is to reduce malnutrition in children from the most disadvantaged households. In-depth studies have shown that the current approach can bring down the prevalence of underweight children from 50–60 per cent to around 20 per cent even amongst the most disadvantaged. However, non-disadvantaged groups have been able to reduce malnutrition to as low as six per cent. In order to bring about similar reductions in disadvantaged groups, efforts are ongoing to explore new approaches. One such attempt made in Saptari is the establishment of feeding centres in the most disadvantaged communities. In feeding centres, underweight children receive porridge made of flour, sugar and oil twice a day and, according to village facilitators, there have been improvements in children's nutritional status.

Micronutrients

In CAP VDCs and municipalities, community mobilizers were mobilized to support Female Community Health Volunteers (FCHVs) to distribute vitamin A capsules and deworming drugs twice a year. The total target population of children aged 6–59 months in the 15 DACAW districts is

about 900,000. Overall percentage of children covered in the October 2005 round was above 95 per cent.

Therapeutic feeding

Therapeutic foods (F-75 and F-100) are provided to various nutrition rehabilitation centres across the country, especially in the Mid- and Far Western Development Regions where many severely malnourished children live.

So far around 200 children received therapeutic foods. Provision of this specialized food has played a crucial role in speeding up rehabilitation of severely malnourished children.

Early childhood development

There is generally low awareness in Nepal of the concept of early childhood development (ECD) and the need for early childhood care and stimulation. To help improve this situation, UNICEF is supporting ECD activities both at national level and through DACAW. At national level, UNICEF is supporting the Ministry of Education and Sports with policy formulation, and development and dissemination of information and communication. Support is also provided to research and documentation by an ECD Resource Centre at the national university. In DACAW, child development issues are addressed through CAP. In addition, parenting orientation and community-based child development centres are supported.

Parenting orientation

This is a non-formal orientation programme for caretakers of young children, which helps to develop basic understanding of the rights and needs of children. Classes use participatory discussion and practical sessions, covering topics such as child



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development, nutrition, immunization, birth registration, and child rights. Classes are conducted by trained facilitators, for three months, two hours a day, six days a week with about 25 participants in each class.

During the reporting period, UNICEF supported a total of 1,066 classes in 23 DACAW districts.

Community-based child development centres

These centres provide opportunities to children aged 3–5 years to engage in activities that promote their holistic development, including psychosocial, cognitive and linguistic development in a clean, safe and stimulating environment. The centres also provide mothers with greater freedom to pursue activities besides childcare, and relieve older sisters of the

burden of looking after younger siblings, thereby giving them the opportunity to attend school. For long-term sustainability, community management committees are formed, and UNICEF provides matching funds to complement funds raised by the community. By the end of the third year, centres are financially self-sustaining. At present, there are 512 Community-based Child Development Centres in CAP settlements, with about 12,000 children enrolled.

Water supply and sanitation

DACAW aims to reduce morbidity and mortality linked to inadequate hygiene, water and environmental sanitation, and to contribute to policy development, capacity building and advocacy for resource allocation for improved water supply, hygiene and environmental sanitation.

The main thrust of the sector programme has been to (i) support activities that provide sustainable access to water supply and sanitation facilities to disadvantaged groups in CAP communities, (ii) provide for installation of toilets and drinking water facilities in schools in DACAW districts, (iii) promote improved sanitation and hygiene practices among school children through activities organized by child clubs, (iv) implement a public–private partnership initiative for promotion of hand washing with soap and point-of-use water treatment, and (v) investigate the extent and address problems of arsenic contamination in ground water on the southern plains (*terai*).

The National Sanitation Week was observed for the sixth year, in partnership with 25 other key agencies in 30 focus districts, reaching around 215,000 people and resulting in about 35,000 latrines being constructed or initiated during the one-week campaign.

At the national level, the programme has supported developing national strategy and operational guidelines to supplement the sanitation policy approved last year.

Jointly with seven other agencies, over 700,000 wells were tested for arsenic contamination. In total, 2% of the wells tested over the limit of 0.05mg per litre concentration of arsenic. In collaboration with the Department of Water Supply and Sewerage (DWSS), Filters for Families and Filters Nepal are distributing over 1,300 bio-sand filters in three districts and an extension from the municipal supply in one district headquarters has been completed ensuring safe water to 75 households.

In three districts (Panchthar, Udayapur, and Achham), 19 small drinking water schemes were installed/ rehabilitated among disadvantaged communities covering 6,350 people.

The School Sanitation and Hygiene (SSHE) Project provides not only a safe water supply and toilets, but also introduces activities that facilitate changes in attitudes and behaviour towards sanitation and hygiene among school children. SSHE project activities continued in 594 schools, benefiting an estimated of 148,000 children. In 2005, the programme supported installation of water supply and toilets/urinals facilities, separate for boys and girls in 99 schools. Over 11,000 household latrines were constructed in 15 DACAW districts covering an estimated 66,000 people.

The SSHE initiative has been implemented by UNICEF in 15 districts, and by Nepal Red Cross Society and Eco-Himal in another eight districts. This year UNICEF has been supporting installation of toilet and water supply facilities in some 200 schools along with building the capacity of child clubs and

school-based community institutions, namely School Management Committees (SMCs) and Parent–Teacher Associations (PTAs). Some schools through child clubs have initiated fund-raising activities for implementation of the SSHE programme, especially for latrine construction, operation and maintenance. In 15 districts, SSHE activities were conducted in 594 schools, water and sanitation facilities installed in 99 schools, and participatory assessment completed. Changing people’s hygiene and sanitation behaviour and practices takes several years. Recent learning, working jointly with schools (child clubs, teachers, SMCs, PTAs) and community people, has brought about significant positive changes in hygiene and sanitation both in schools and surrounding communities.

HIV/AIDS awareness

DACAW’s life-skills-based peer education programme aims at providing necessary information and skills for young people to protect themselves from risky behaviour, solve problems and manage difficult situations. Specifically, UNICEF Nepal has facilitated the integration of a life-skills-based curriculum, which has now been approved by the Ministry of Education and Sports, into the health curriculum for Grades 1 through 10. UNICEF is now supporting the Curriculum Development Centre and Life-Skills Working Group to finalize the curriculum and develop modules to be integrated into schools.

Life-skills-based education through non-formal education programme

An out-of-school life-skills-based peer education programme on HIV/AIDS prevention and care was initiated in 2005 for out-of-school adolescents aged 9–15 years. The programme has been piloted in six DACAW districts (Kavre, Sunsari, Parsa, Nawalparasi,

In 2005, 22,800 children received life-skills-based education in four pilot districts and 150 out-of-school peer educators were trained in six districts.

Kaski and Banke (Nepalgunj area only)). The programme is closely linked with the UNICEF-supported Out-of-School Programme (OSP) designed to improve basic literacy, numeracy and life skills among disadvantaged children aged 10–19 years who do not attend formal school. There is a special focus on working/domestic/street children with a separate package for urban OSP and a small focus on HIV/AIDS prevention education.



This programme is currently implemented through groups of peer educators (out-of-school adolescents aged 10–19 years) mainly from listeners clubs of the popular radio programme *Sathi Sangha Manka Kura (SSMK)* [Chatting with my Best Friend]. Trained peer educators raise awareness, provide accurate information, provide basic reproductive health and HIV services, facilitate peer learning, and help their peers develop skills to change behaviour. The programme is coordinated and supervised jointly by DDCs/municipalities and NGOs already present under DACAW.

The Youth Friendly Multipurpose Service Centre (YFMPSC) project that was initiated in two districts (Kavre and Kapilvastu) has now been expanded to an additional three districts (Sunsari, Kaski and Nawalparasi). These centres ensure multiple services with focus on HIV/AIDS prevention, care, and support services. They also assist young people's capacity to translate knowledge, attitudes and skills learnt through life-skills-based peer education into practice. The centres continue to provide a safe and supportive environment for young people through youth participation in all stages of project implementation and strong community support.

The mission of UNICEF

UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential.

UNICEF is guided by the Convention on the Rights of the Child and strives to establish children's rights as enduring ethical principles and international standards of behaviour towards children.

UNICEF insists that the survival, protection and development of children are universal development imperatives that are integral to human progress.

UNICEF mobilizes political will and material resources to help countries, particularly developing countries, build their capacity to form appropriate policies and deliver services for children and their families.

UNICEF is committed to ensuring special protection for the most disadvantaged children—victims of war, disasters, extreme poverty, all forms of violence and exploitation, and those with disabilities.

UNICEF responds in emergencies to protect the rights of children. In coordination with United Nations partners and humanitarian agencies, UNICEF makes its unique facilities for rapid response available to its partners to relieve the suffering of children and those who provide their care.

UNICEF is non-partisan and its cooperation is free of discrimination. In everything it does, the most disadvantaged children and the countries in greatest need have priority.

UNICEF aims, through its country programmes, to promote the equal rights of women and girls and to support their full participation in the political, social and economic development of their communities.

UNICEF works with all its partners towards the attainment of the sustainable human development goals adopted by the world community and the realization of the vision of peace and social progress enshrined in the Charter of the United Nations.

INTERNATIONAL CONVENTIONS

Nepal has ratified the following international conventions that are relevant to UNICEF's work.

- UN* Convention on the Rights of the Child (CRC)
- UN Optional Protocol to the CRC on the sale of children, child prostitution, and child pornography
- UN Optional Protocol to the CRC on the involvement of children in armed conflicts
- UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- ILO* Convention on the Worst Forms of Child Labour
- SAARC* Convention on Regional Arrangements for the Promotion of Child Welfare in South Asia
- SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution

* UN = United Nations, ILO = International Labour Organization, SAARC = South Asian Association for Regional Cooperation.



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