

Funding Requirements

UNICEF in Nepal 2008 - 2010

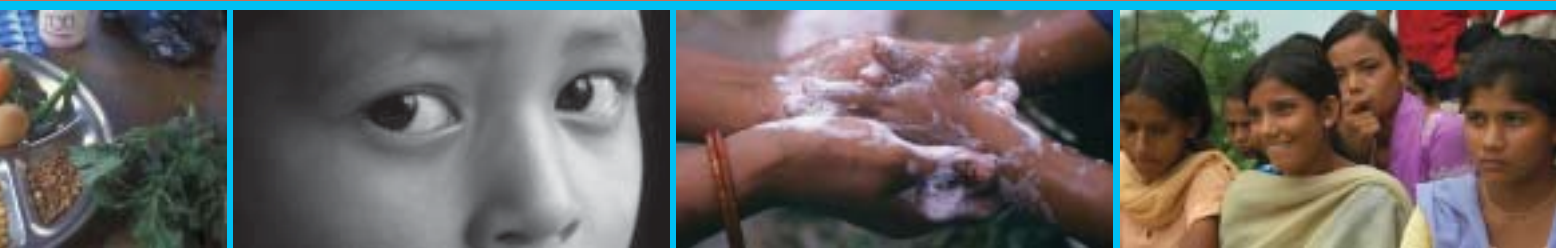


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UNICEF in Nepal



2008 - 2010 Programme Funding Requirements

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Kathmandu, April 2008

Summary of UNICEF in Nepal Funding Requirements 2008 - 2010 in USD

Programme	Project	Budget	Funds available	Funds required
DACAW	Funds allocated by Programme section	15,508,000	4,710,000	10,798,000
	CAP / Governance	7,640,000	2,320,000	5,320,000
	Decentralisation Policy / Technical Support	5,286,000	1,604,000	3,682,000
	total	28,434,000	8,634,000	19,800,000
Child Protection	Child Protection Systems	1,561,700	221,700	1,340,000
	Children Affected by Armed Conflict	811,000	0	811,000
	Legislation and Policies for Child Protection	773,000	68,500	704,500
	Technical Support	954,300	659,800	294,500
	total	4,100,000	950,000	3,150,000
Education	Early Childhood Development	1,318,000	0	1,318,000
	Formal Primary Education	4,392,000	570,000	3,822,000
	Non-Formal Primary Education	2,196,000	0	2,196,000
	Peace Education & Emergency Education	879,000	0	879,000
	Technical Support	1,515,000	930,000	585,000
	total	10,300,000	1,500,000	8,800,000
Health & Nutrition	Child Survival	3,725,000	68,000	3,657,000
	Maternal Health	1,830,000	30,000	1,800,000
	Nutrition	2,675,000	100,000	2,575,000
	National Health Sector Support	720,000	120,000	600,000
	Technical Support	2,000,000	1,382,000	618,000
	total	10,950,000	1,700,000	9,250,000
HIV/AIDS	Prevention of Mother to Child Transmission	515,000	94,840	420,160
	Paediatric HIV/AIDS treatment	296,500	146,940	149,560
	Adolescent HIV/AIDS Prevention	1,931,500	97,450	1,834,050
	Protection and Care for CABA	677,500	89,110	588,390
	Technical Support	829,500	671,660	157,840
	total	4,250,000	1,100,000	3,150,000
WASH	Quality Water Supply	1,070,000	170,000	900,000
	Environment Sanitation	1,780,000	0	1,780,000
	National and District Level Sector Support	357,000	357,000	0
	Technical Support	1,043,000	873,000	170,000
	total	4,250,000	1,400,000	2,850,000
Social Policy	Policy and Institutional Support	245,000	65,000	180,000
	Child Rights Promotion	231,000	0	231,000
	Monitoring and Evaluation	159,000	0	159,000
	Emergency Preparedness	<i>Emergency funds are raised separately.</i>		
	Technical Support	1,265,000	1,085,000	180,000
	total	1,900,000	1,150,000	750,000
Cross Sectoral Costs		4,030,000	3,780,000	250,000
TOTAL		68,214,000	20,214,000	48,000,000

The Country Programme

DACAW	Child Protection	Education	Health & Nutrition	HIV/AIDS	WASH	Social Policy
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UNICEF in Nepal

The 2008-2010 programme is focussed on the poorest and most excluded, including children and young people impacted by the conflict. It stresses women's and young people's participation and seeks to assist local communities to better manage their development needs – and importantly to strengthen the relationship between community and government. At the policy level, UNICEF works to develop appropriate legislation and policies for children, with the government. The programme is also prepared for emergency response given Nepal's particular susceptibility to natural disasters.

The full three year programme is budgeted at USD 68,214,000, of which USD 20,214,000 has been allocated internally. USD 48,000,000 is required to be raised from donors over the three year period. This document outlines the seven programme areas of UNICEF's work in Nepal, indicating budget requirements for every project in the 2008 - 2010 programme.

DACAW

The Decentralised Action for Children and Women (DACAW) approach is UNICEF's primary vehicle for directing a range of interventions to rural communities across Nepal. It aims to strengthen the capacity of individuals and communities; improve the delivery of necessary services; ensure local government plans and implements effective programmes; and support policies for decentralisation in favour of children and women. UNICEF's sectoral programmes are channelled through DACAW in 23 of 75 districts in Nepal.

Child Protection

UNICEF's Child Protection programme aims to strengthen the capacity of the Government and civil society to protect children against violence, exploitation and abuse and seeks to support the building of protective systems covering all types of child rights violations.

Education

The Education programme aims to improve access to quality learning opportunities for *all* children, and enable girls and disadvantaged children to complete a basic education cycle and graduate to lower secondary level.

Health and Nutrition

The Health and Nutrition programme aims to improve access to quality health interventions and improved services for maternal, newborn and children's health.

HIV/AIDS

The HIV/AIDS programme aims to reduce new HIV infections among young people and to provide access to preventive services for AIDS treatment, care and support for children, pregnant women and adolescents.

WASH

The water, sanitation and hygiene programme aims to increase access to sustainable and safe drinking water, sanitation facilities, and improved hygiene practices in schools and communities, thus contributing to a reduction of related diseases.

Social Policy

The social policy programme supports the government in the development of policies, legislation and budgets that advance women's and children's rights, especially among the most marginalised groups. This programme also covers external relations work and monitoring of the situation of children and women in Nepal, and evaluation of programmatic response effectiveness.

Decentralised Action for Children and Women (DACAW)

Funding 2008-2010

Programme costs	USD
Funds allocated by programme section	15,508,000
CAP / Governance	7,640,000
Decentralisation Policy / Technical Support	5,286,000
Programme total	28,434,000

DACAW Project Objective

Children and women of disadvantaged communities in DACAW districts will increasingly have access to and utilise basic social services through a combination of Community Action Process (CAP), local responsive services, local government capacities and child-rights-based national decentralisation policies.

Project costs	USD
Child Protection	2,038,000
Education	6,451,000
Health and Nutrition	4,148,000
HIV/AIDS	523,000
Water, Sanitation & Hygiene (WASH)	2,348,000
CAP / Governance	7,640,000
Decentralisation Policy / Technical Support	5,286,000
Total Budget	28,434,000
Funds available	8,634,000

Funds required 19,800,000

Situation analysis

Following the conflict in Nepal and the prolonged absence of locally elected bodies, local governance and the delivery of services have been severely weakened. Despite this, strong community networks have continued to function. To build on this solid community base, service providers and local bodies need to strengthen their capacity to be more responsive and accountable to the increasing demands of individuals and communities, particularly the most disadvantaged. It is important that decentralisation policies support local governance in favour of children and women. The use of decentralisation strategies empowers communities and other stakeholders, and augments the delivery of programmatic results in education, health, protection, HIV/AIDS prevention, and water and sanitation. Approximately half of UNICEF's programme resources are channelled through DACAW.

Proposed activities

DACAW aims to strengthen the capacities of responsive service delivery institutions and community-based mechanisms (paralegal committees, women federations, child clubs, etc.) to deliver results in the following areas:

- Protect children and women against violence, exploitation and abuse.
- Increase access to quality basic education, especially for girls and disadvantaged groups, and improve psychosocial and cognitive development of children.
- Improve maternal health; reduce childhood morbidity through improved management of childhood illnesses due to acute respiratory infection (ARI), diarrhoea and vaccine-preventable diseases; and improve care for reduction in child and maternal malnutrition.
- Increase awareness of HIV/AIDS prevention.
- Reduce incidence of diseases from inadequate sanitation and water supply.
- Strengthen Community Action Process (CAP) and decentralised governance to support DACAW results.
- Support decentralised polices and provide technical support, especially for the most disadvantaged communities.

Expected results

By 2010, DACAW will have contributed to the achievement of sectoral programme results for education, health, protection, HIV/AIDS prevention, and water and sanitation, as detailed in the remaining sections of this booklet.

In 23 UNICEF-supported districts, DACAW, in collaboration with other UN agencies, will be operating in the most disadvantaged VDCs and 80 per cent of the most disadvantaged households will be using CAP. Community groups (e.g., child clubs and community organisations) will form sustainable federations and networks to advocate on the rights of children and women.

Decentralisation policies will be updated and will be firmly based on the CRC, the CEDAW and CRC Committee Concluding Observations. They will reflect the needs of the most disadvantaged. Local bodies, district line agencies, civil society, and other duty bearers will undertake inclusive and evidence-based planning and monitoring in favour of children and women. Child-friendly local governance will be piloted in selected DACAW districts.

Child Protection Systems

Children Affected by Armed
ConflictLegislation and Policies for
Child Protection

Funding 2008-2010

Programme costs	USD
Child Protection Systems	1,561,700
Children Affected by Armed Conflict	811,000
Legislation and Policies for Child Protection	773,000
Technical Support	954,300
Programme total	4,100,000

Child Protection Systems
Project Objective

Children have increased access to and utilise improved child protection systems and legislation in order to prevent and protect them from violence, exploitation and abuse as well as armed and post-conflict protection violations.

Project costs	USD
Support for service providers	621,200
Support for community-based mechanisms	640,500
Support for juvenile justice	300,000
Total Budget	1,561,700
Funds available	221,700

Funds required	1,340,000
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Child Protection Systems

Situation analysis

Verbal abuse and corporal punishment of students by teachers is widely practiced across all grades in Nepal as well as violence against children in families and communities. Moreover, health practitioners and social workers are not trained to recognise or respond to physical or emotional signs of violence against children.

Paralegal committees, women's federations and child clubs are community-based mechanisms that work to protect children and women from violence, exploitation and abuse. They create pressure from inside the community, using social and legal arguments to address protection abuses. They focus on prevention/awareness-raising; early detection and intervention; case follow-up; and monitoring/reporting.

Challenges facing the juvenile justice system in Nepal are numerous. They include pre-trial detention that exceeds the maximum period, detention of juveniles with adults, inhumane conditions of detention, frequent delays in court appearances, and lack of post-trial rehabilitation measures.

Proposed activities

- Strengthen the capacity of governmental and civil society service providers to prevent and respond to violence, exploitation and abuse against children, by training teachers on teaching and learning with dignity, training health workers on managing child abuse and child sexual abuse, training social workers and para-social workers, and orienting District Child Welfare Boards
- Build the capacity of paralegal committees, women's federations and child clubs to raise awareness of early intervention, reconciliation and mediation, and advocate against violence, exploitation and abuse in collaboration with young people and the media, by training paralegal committees and District Resource Groups, documenting cases, orienting local media, orienting child clubs, and expanding paralegal committees.
- Improve justice for children through greater access to human-rights-based juvenile justice mechanisms including juvenile benches, women and children units, mediation and diversion programmes, alternative mechanism to imprisonment, by supporting the government to establish monitoring and reporting mechanisms at the district level.

Expected results

By 2010, district child protection systems will be functioning in 23 districts, and will be able to reduce and respond to violence, exploitation and abuse against children and women. Paralegal committees, women's federations, and child clubs will raise awareness in the community on early intervention, reconciliation and mediation, advocating for the rights of children and women to protection, and encouraging the participation of young people and the media.

Teachers, health workers and social workers will be able to prevent and respond to violence, exploitation and abuse against children. Teachers will refrain from using corporal punishment and classrooms will be places of dignity in learning. Service providers will be able to detect and handle cases of abuse in a sensitive, timely and effective manner.

Justice for children will be improved, based on human rights principles. Diversion programmes will be developed with community-based organisations, and women's and children's service centres will be established at district police offices. Juvenile justice benches will be functioning in 13 districts.

Child Protection Systems

Children Affected by Armed Conflict

Legislation and Policies for Child Protection

Funding 2008-2010

Programme costs	USD
Child Protection Systems	1,561,700
Children Affected by Armed Conflict*	811,000
Legislation and Policies for Child Protection	773,000
Technical Support	954,300
Programme total	4,100,000

Children Affected by Armed Conflict Project Objective

Children have increased access to and utilise improved child protection systems and legislation in order to prevent and protect them from violence, exploitation and abuse as well as armed and post-conflict protection violations.

Project costs	USD
Support for CAAFAG	239,000
Mine action	430,000
UN Security Council Resolution 1612	142,000

*Approximately USD 2m is required from emergency funds annually

Total Budget	811,000
Funds available	0

Funds required 811,000

Children Affected by Armed Conflict

Situation analysis

During the conflict, children were used by both the Maoists and the Nepalese Army in a wide range of roles including as spies, porters, and combatants. The Comprehensive Peace Agreement ensures that children associated with armed groups and armed forces (CAAFAG) will be released and rehabilitated into their communities.

Nepal is currently monitoring and reporting core violations against the rights of children through the UN Security Council Resolution 1612 Task Force.

Mines, improvised explosive devices and the explosive remnants of war are a threat to many communities across Nepal. Mine risk education, surveillance, and advocacy are being used to try to reduce the number of unintentional explosions among civilians, especially children.

Proposed activities

- Ensure that community-based programmes are in place to support the reintegration of CAAFAG and prevent their re-recruitment by delivering appropriate services to children, training NGOs and community-based organisations and coordinating key stakeholders.
- Implement a mine action programme with stakeholders to protect children and their communities from the risk and social impact of mines, improvised explosive devices and the explosive remnants of war, by disseminating mine risk education materials and training trainers, and undertaking coordination, monitoring, surveillance and advocacy.
- Develop an effective mechanism for monitoring and reporting of core violations against the rights of children, by training UN Security Council Resolution 1612 Task Force members, coordinating, and referring cases for response.

Expected results

By 2010, the government, civil society and communities will have a greater capacity to prevent and respond to core violations against the rights of children, especially CAAFAG and other post-conflict vulnerable children. Released and returned CAAFAG will have been reintegrated into the community, and will not be at risk of re-recruitment.

The government will have developed an effective mechanism for the comprehensive monitoring and reporting of violations against the rights of children, especially as they relate to UN Security Council Resolution 1612.

A mine action programme will be ongoing in selected districts, with contributions from the government, the education sector, and civil society organizations, and will be focused on mine risk education and surveillance. Children and their communities will be protected from the risks of unintentional explosions.

Child Protection Systems

Children Affected by Armed
ConflictLegislation and Policies for
Child Protection

Funding 2008-2010

Programme costs	USD
Child Protection Systems	1,561,700
Children Affected by Armed Conflict	811,000
Legislation and Policies for Child Protection	773,000
Technical Support	954,300
Programme total	4,100,000

Legislation and Policies for
Child Protection Project
Objective

Children have increased access to and utilise improved child protection systems and legislation in order to prevent and protect them from violence, exploitation and abuse as well as armed and post-conflict protection violations.

Project costs	USD
Legislative and policy frameworks	258,500
Access to justice	179,500
Monitoring and reporting systems	240,000
Emergency response	95,000
Total Budget	773,000
Funds available	68,500

Funds required	704,500
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Legislation and Policies for Child Protection

Situation analysis

The government has demonstrated its commitment to creating an environment that fulfils children's rights to protection by proposing a new Child Rights Protection and Promotion Bill. This new bill is aligned with the Convention on the Rights of the Child (CRC) and other international standards, and is a major piece of legislation that will influence the whole child protection system, including service providers' roles and responsibilities, access to justice, support to the most marginalised children and their families, and juvenile justice mechanisms for children in conflict with the law. The government has also recently ratified the Optional Protocol to the CRC on the involvement of children in armed conflict.

As Nepal is prone to emergencies such as earthquakes and flooding, children affected by these circumstances need special protection measures.

Proposed activities

- Establish legislative child protection frameworks and guidelines that are in line with international standards, by supporting the government to develop, amend and implement relevant legislation, and form an alternative to parental care task force.
- Strengthen the capacities of key stakeholders to advocate on national protection legislation and policies, by training/orienting parliamentarians, judges and the police on child rights and juvenile justice.
- Strengthen the capacity of national stakeholders on monitoring and reporting systems, guidelines and mechanisms on child protection issues, by developing guidelines and strengthening the government system.
- Establish UNICEF's role as leader of the cluster for protection of children affected by emergencies, by developing an Emergency Preparedness and Response Plan with the government, NGOs and UN agencies.

Expected results

By 2010, national legislation and policies including guidelines and enforcement mechanisms aligned with international instruments and standards on human rights for the protection of children from violence, exploitation and abuse will be in place and reinforced. Children will have legal protection from violence, exploitation and abuse, and key stakeholders will advocate for the implementation of relevant national policies. In addition, the government will develop a national system to monitor and report on child protection issues.

An Emergency Preparedness and Response Plan for child protection will be prepared in partnership with the government and civil society. Pre-positioned emergency supplies will be in place, and memoranda of understanding will have been signed with the government and local suppliers.

Early Childhood Development

Formal Primary Education

Non-Formal Primary Education

Peace Education & Emergency
Education

Funding 2008-2010

Programme costs	USD
Early Childhood Development	1,318,000
Formal Primary Education	4,392,000
Non-Formal Primary Education	2,196,000
Peace Education & Emergency	879,000
Technical Support	1,515,000
Programme total	10,300,000

Early Childhood Development
Project Objective

By 2010, children aged 3–5 years from disadvantaged communities of the 15 lowest-performing education districts and remaining DACA W and Quick Impact Project districts will have increased and sustained access to improved early childhood development services.

Project costs	USD
Support for parenting education	428,000
Development of new parenting package	250,000
Development of radio programme	280,000
Capacity-building within government	360,000
Total Budget	1,318,000
Funds available	0

Funds required 1,318,000

Early Childhood Development

Situation analysis

There are currently more than 16,500 early childhood development (ECD) centres in Nepal, mainly in urban areas, with a gross enrolment rate of 60.2 per cent for

2006 / 2007	
enrolment of girls for ECD	56.8%
enrolment of boys for ECD	63.4%
number of ECD centres	16,523
grade 1 children with ECD experience	33%

3–5 years olds. However, the level of awareness of the importance of ECD is still low, especially in the most disadvantaged communities. Caregivers often provide only limited and rudimentary psychosocial care to young children in the home environment, and parenting programmes only reach a small percentage of families. Research shows that ECD plays an important role in successful transition to school for children in Nepal, with higher promotion rates at Grade 1 and lower dropout. This is particularly true for girls and children from disadvantaged households. The government has recently developed minimum standards for ECD centres, and these will be adopted in 2008.

Proposed activities

- Support parenting education for caregivers of children aged 3–5 years in all DACA W areas.
- Develop a new short-duration modular parenting education package in collaboration with the Department of Education.
- Develop a radio programme on early childhood stimulation and learning to raise awareness of the importance of ECD within the community.
- Support ECD centres, in collaboration with communities and government authorities, through training of facilitators, strengthening of management committees, provision of materials, and establishment of matching funds.
- Ensure that ECD issues, particularly home-based care of the youngest children, are part of Community Action Process discussions in all DACA W areas.
- Support capacity-building within the Department of Education, especially in terms of teacher training for ECD, development of guidelines/standards, and management of the ECD centres database.

Expected results

Some 80 per cent of caregivers in UNICEF-supported settlements will be able to take actions that make a positive difference to the care, emotional support and psychosocial development of their young children, especially in disadvantaged communities. In addition, there will be an ECD centre in the most disadvantaged settlements of UNICEF-supported villages. This is expected to result in an increase in the gross enrolment rate of children aged 3–5 years from disadvantaged households at ECD centres. This will lead to an increase in the percentage of new entrants to Grade 1 with ECD experience, and a decrease in dropout and repetition rates.

Government and non-government ECD professionals and frontline workers will have enhanced technical skills for planning and implementing psychosocial care interventions at national, district and community levels.

Early Childhood Development

Formal Primary Education

Non-Formal Primary Education

Peace Education & Emergency
Education**Funding 2008-2010**

Programme costs	USD
Early Childhood Development	1,318,000
Formal Primary Education	4,392,000
Non-Formal Primary Education	2,196,000
Peace Education & Emergency	879,000
Technical Support	1,515,000
Programme total	10,300,000

**Formal Primary Education
Project Objective**

By 2010, children will have improved access to child-friendly (socially inclusive, conflict- and gender-sensitive) primary education, enabling them, particularly girls and the disadvantaged, to complete basic primary education and transition to lower secondary school.

Project costs	USD
Gender equity and social inclusion	600,000
Sector-wide reform	800,000
Quality education / child friendly schools	1,200,000
Capacity building of SMCs	600,000
Capacity building of DEO	392,000
Welcome to School campaign	800,000
Total Budget	4,392,000
Funds available	570,000

Funds required 3,822,000

Formal Primary Education

Situation analysis

There are approximately 29,220 primary schools in Nepal, reaching 4.3 million children. Some 89 per cent of children aged 6-10 years are enrolled in primary school. Out-of-school children are mostly girls and children from disadvantaged households in rural areas. The quality of education is generally poor, with high repetition and dropout rates, especially in Grade 1. Schools often lack child- and girl-friendly facilities, and child-centred teacher-learning environments. Only just over 50% of teachers are trained, they rely on simplistic teacher-centred classroom practices. Members of School Management Committees are often unsure of their roles and responsibilities, and there is little involvement of communities and parents to support local initiatives in educational planning and school development. Planning, monitoring and supervision are generally weak at the district level.

Grade 1 repetition rate	30%
Grade 1 dropout rate	21%
Grade 5 completion rate	80%
Gender parity at primary level	0.96
Lower secondary net enrolment rate	52%
Literacy rate for 6+ years	54%

Proposed activities

- Support the government to coordinate the national annual Welcome-to-School enrolment campaign, develop and disseminate information materials, invitation cards and awareness-raising activities to bring more girls and children from disadvantaged households into formal primary school.
- Provide technical and financial support to sector-wide reform development to ensure that compulsory primary education is clearly included.
- Improve the quality of education and make schools more child friendly with the Quality Education Resource Package, a toolkit of 26 modules that includes materials and training for School Management Committees (SMC), parents, teachers and students.
- Support School Management Committees with training, social audit, development of School Improvement Plans, and link with the Community Action Process.
- Train and support District Education Offices (DEO) on the Education Management Information System for evidence-based and participatory planning
- Support the government to coordinate the national annual Welcome-to-School enrolment campaign, develop and disseminate information materials, invitation cards and awareness-raising activities to bring more girls and children from disadvantaged households into formal primary school.

Expected results

Following community mobilisation, an increasing number of children will enrol in primary school, particularly girls and children from socially excluded and economically marginalised groups. Schools will provide quality basic education in a child-friendly classroom environment with joyful teaching, learning processes. Local communities will be meaningfully involved in school management. The technical capacity of implementing organisations at local and district levels will be strengthened, and the Government of Nepal will implement a sector-wide reform programme that ensures compulsory basic education.

Early Childhood Development

Formal Primary Education

Non-Formal Primary Education

Peace Education & Emergency
Education

Funding 2008-2010

Programme costs	USD
Early Childhood Development	1,318,000
Formal Primary Education	4,392,000
Non-Formal Primary Education	2,196,000
Peace Education & Emergency	879,000
Technical Support	1,515,000
Programme total	10,300,000

Non-Formal Primary
Education Project Objective

By 2010, at least 40 per cent of out-of-school children aged 6–14 years in UNICEF-supported districts are successfully mainstreamed into the formal system

Project costs	USD
School Outreach, Flexible Schooling, and Urban Out of School programmes	900,000
Training of facilitators	360,000
Provision of child friendly materials	450,000
Support to NFEC	486,000
Total Budget	2,196,000
Funds available	0

Funds required 2,196,000

Non-Formal Primary Education

Situation analysis

In Nepal, there are some 250,000 primary-aged children out of school. The majority of these are girls and children from disadvantaged households in rural areas. 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 formal school on a regular basis. Non-formal education programmes can provide these children with structured learning opportunities, and ensure that many can eventually return to formal schooling to complete their primary education. UNICEF supports three government-run programmes: the School Outreach Programme; the Flexible Schooling Programme; and the Urban Out-of-school Programme.

Proposed activities

- Support to the School Outreach Programme for children aged 6–8 years through community mobilisation, training of facilitators, and material support. The programme offers a Grade 1–3 education over three years in a non-formal setting using the same curricula and textbooks as formal school. Centres are associated with a mother school, which children are expected to join after completion of the three-year cycle.
- Support to the Flexible Schooling Programme for children aged 8–10 years through community mobilisation, training of facilitators, and material support. The programme offers a Grade 1–5 education over three years using intensive methods and condensed curricula and textbooks. Centres are associated with a mother school, which children are expected to join after completion of the three-year cycle.
- Support to the Urban Out-of-school Programme for working children aged 10–14 years. The programme has two components, each 10 months long. To cater to the needs of working children, special counselling and life-skills have been incorporated into the package.
- Ensure that alternative schooling centres are high-quality and child-friendly through training of facilitators in child-friendly teaching methods, and provision of child-friendly teaching, learning materials.
- Provide assistance to the Ministry of Education and Sports and the Non-Formal Education Centre (NFEC) in the development of policy guidelines and information systems.

Expected results

At least 40 per cent of children aged 6–14 years, who missed the opportunity to enrol in school or dropped out after only a year or two, will receive quality basic education through non-formal education programmes in UNICEF-supported districts. Children graduating from these programmes will be mainstreamed into the formal education system to continue their schooling. This activity is expected to benefit girls and children from disadvantaged households in particular. At least 50 per cent of working children aged 10–14 years in three urban areas will have access to alternative learning opportunities.

Early Childhood Development

Formal Primary Education

Non-Formal Primary Education

Peace Education & Emergency
Education**Funding 2008-2010**

Programme costs	USD
Early Childhood Development	1,318,000
Formal Primary Education	4,392,000
Non-Formal Primary Education	2,196,000
Peace Education & Emergency	879,000
Technical Support	1,515,000
Programme total	10,300,000

Peace Education & Emergency Project Objective

By 2010, the Ministry of Education and Sports has policies and implementation mechanisms in place to support post-conflict peace-building, and emergency preparedness and response.

Project costs	USD
Support to SZOP initiatives	250,000
Support to peace education	569,000
Emergency preparedness	60,000
Total Budget	879,000
Funds available	0

Funds required	879,000
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Peace Education and Emergency Education

Situation analysis

Many schools were caught up in the recent conflict, and students and teachers were prevented from attending school by strikes and intimidation. In response, the National Coalition for Children as Zones of Peace (CZOP), a 36-member body of national and international agencies, was established and has been advocating for children's rights, from prioritising children's issues in the peace process to discouraging the increasing use of children in political activities.

In order to help create a culture of peace and understanding of human rights and civic literacy, the government is preparing to introduce a range of peace-based learning opportunities into the national curriculum.

Nepal is prone to natural disasters such as flooding and earthquakes that can result in the displacement of whole communities. UNICEF is the lead for the education in emergencies cluster, and is working with other UN partners and key INGOs to strengthen both preparedness and response when needed.

Proposed activities

- Support the development of codes of conduct for Schools as Zones of Peace (SZOP), targeting Terai districts and reformulating the programme to fit the current context.
- Support the Curriculum Development Centre and the Ministry of Education and Sports to develop peace education curricula for both formal and non-formal education sectors, produce peace education materials, train teachers/facilitators, and pilot the curricula in selected districts.
- Support disaster response preparedness activities, including review of Emergency Preparedness and Response Plan, development of emergency education materials, and development of agreement with the government regarding roles and accountabilities.

Expected results

Codes of conduct for schools as zones of peace will be developed, and will be nationally respected. Children will understand their rights to political expression and will not be used in political activities against their free will.

Peace education and civics education will be integrated into primary and secondary level curricula in both formal and non-formal settings. Children will have the skills, attitudes, values and knowledge necessary to understand and assert their rights within a framework of the rule of law; to develop the values of tolerance and commitment to peace and justice; and to build critical thinking, problem solving, and conflict resolution skills to function as citizens in a post-conflict environment.

A pre-positioned emergency education stock management system will be in place. Contingency plans for four likely emergency scenarios will be developed for the education sector.

Child Survival

Maternal Health

Nutrition

National Health Sector Support

Funding 2008-2010

Programme costs	USD
Child Survival	3,725,000
Maternal Health	1,830,000
Nutrition	2,675,000
National Health Sector Support	720,000
Technical Support	2,000,000
Programme total	10,950,000

Child Survival Project Objective

Young children, with a particular focus on the most disadvantaged, will have increased access to immunisation services and high quality newborn services, while mothers will have increased awareness of the importance of these services.

Project costs	USD
Awareness-raising for immunisation	120,000
Immunisation data management	200,000
Polio and measles	2,505,000
Newborn healthcare package	500,000
Community Based IMCI package	400,000
Total Budget	3,725,000
Funds available	68,000

Funds required 3,657,000

Child Survival

Situation analysis

Nepal is on track to achieve the Millennium Development Goal of reducing under-five mortality by two-thirds. However, neonatal mortality now accounts for 54 per cent of under-five mortality. Therefore, activities aimed at reducing newborn death are urgent.

Routine immunisation coverage was 84 per cent in 2007, a decline of nine percentage points over 2006. Nepal was declared free of maternal and neonatal tetanus in December 2005, however 13 confirmed neonatal tetanus cases were reported by October 2007. The measles campaign conducted in 2004/05 has brought the level of measles cases down to controllable levels; 14 confirmed measles cases were reported by October 2007.

Community-based integrated management of childhood illnesses (IMCI) has been expanded to 48 districts. The incidence of severe pneumonia per 1,000 under-fives has declined to 4.9 cases.

Proposed activities

- Raise awareness of the importance of full immunisation with mothers of under-one year olds and mothers of socially excluded children. Support planning workshops at health facilities, train local-level health workers and volunteers, develop materials, and support frontline health workers.
- Increase the number of districts reporting village level immunisation data disaggregated by gender and caste. Increase the number of districts reaching un-reached children with immunisation services.
- Eradicate polio and immunise all children between 9 months and 5 years against measles.
- Pilot a new health care package for newborns, addressing all major causes of death in newborn babies, and support national scale up.
- Improve treatment of children's illnesses by strengthening the capacity of districts to implement and monitor a new Community-based integrated management of childhood illnesses package.

Expected results

By 2010, young children, with a particular focus on the most disadvantaged groups, will have increased access to immunisation services and to high quality, state-of-the-art newborn services, while mothers will have an increased awareness of the importance of these services. Some 90 per cent mothers of under-ones and 85 per cent of mothers from socially excluded groups will be aware of the importance of immunisation and will complete the full schedule. Districts will collect disaggregated immunisation data, for targeting the unreached. Nepal will maintain zero status for indigenous wild polio cases, and will control measles in all 75 districts.

A new Community-based integrated management of childhood illnesses package, that includes newborn interventions, will be implemented, and Female Community Health Volunteers in 15 districts will have the knowledge and skills to manage newborn healthcare according to the revised package. More districts will have health staff able to contribute to the preparation, implementation, supervision and monitoring of the new package.

Child Survival

Maternal Health

Nutrition

National Health Sector Support

Funding 2008-2010

Programme costs	USD
Child Survival	3,725,000
Maternal Health	1,830,000
Nutrition	2,675,000
National Health Sector Support	720,000
Technical Support	2,000,000
Programme total	10,950,000

Maternal Health Project Objective

Women will have increased understanding of, and access to, high quality antenatal care, skilled birth attendance, post-natal care and newborn care services and practices.

Project costs	USD
Awareness-raising for pregnant women	350,000
Emergency obstetric and neonatal care	550,000
Skilled birth attendance	480,000
Use of misoprosol	450,000
Total Budget	1,830,000
Funds available	30,000

Funds required 1,800,000

Maternal Health

Situation analysis

Recent studies show that the maternal mortality ratio for Nepal has declined considerably to 281 per 100,000 live births in 2006. Factors contributing to this reduction most likely include a significant reduction in fertility rate, an increase in skilled birth attendance, a substantial increase in the coverage of antenatal care, and a reduction in anaemia among pregnant women. In 2006, 19 per cent of births in Nepal were attended by a skilled attendant.

Proposed activities

- Increase the number of pregnant women who have knowledge of antenatal care and birth preparedness.
- Ensure that 16 health facilities in eight selected districts provide emergency obstetric and neonatal care services.
- Increase skilled attendance at birth in DACA districts.
- Introduce the use of misoprosol for post-partum haemorrhage in four districts.

Expected results

By 2010, women will have increased understanding of and access to high-quality antenatal care, skilled birth attendance, postnatal care, and newborn care services. At least 80 per cent of pregnant women in DACA districts will have knowledge on antenatal care and birth preparedness, and 50 per cent will know about proper newborn care practices (clean delivery, early and exclusive breastfeeding, prevention of hypothermia and infections). Skilled birth attendance will have increased in DACA districts.

At least 16 health facilities in eight districts will be providing emergency obstetric and neonatal care services, according to national standards, and the use of misoprosol for post-partum haemorrhage will be expanded to four districts.

Child Survival
Maternal Health
Nutrition
National Health Sector Support

Funding 2008-2010	
Programme costs	USD
Child Survival	3,725,000
Maternal Health	1,830,000
Nutrition	2,675,000
National Health Sector Support	720,000
Technical Support	2,000,000
Programme total	10,950,000

Nutrition Project Objective	
Disadvantaged and excluded parents/caregivers will have enhanced knowledge and skills for improved child nutrition and access to high quality nutritional services.	
Project costs	USD
Capacity-building of health workers	300,000
Support for micronutrient programmes	500,000
'Sprinkles' infant and young child feeding	650,000
Community awareness on young child nutrition	800,000
Community-based therapeutic care	425,000
Total Budget	2,675,000
Funds available	100,000
Funds required	2,575,000

Nutrition

Situation analysis

Improving the nutritional status of children and women has been recognised as a top priority by the government. Nepal has already achieved the targets for controlling vitamin A deficiency and

Vitamin A distribution to children aged 6–59 months	over 90%
Prevalence of anaemia in preschool children	48%
Prevalence of anaemia in children aged less than two years	75%

reducing the prevalence of iron deficiency anaemia in children. It is currently on track for achieving sustainable elimination of iodine deficiency disorders.

One of the targets of the Millennium Development Goals is to reduce the level of malnutrition from 60 per cent to 30 per cent. However, almost 50 per cent of children are still stunted (2006 DHS).

Proposed activities

- Ensure that community health workers and volunteers have the skills to implement micronutrient deficiency control programmes, through training and development of manuals and guidelines.
- Ensure that micronutrient supplements and adequately iodised salt are being utilised by families, through training for health workers and Female Community Health Volunteers, strengthening of logistic management system, and social marketing and awareness campaigns.
- Introduce the use of micronutrient-rich sprinkles for infants and children aged 6–24 months in two districts, and support national scale up.
- Improve caregivers' knowledge on infant and young child feeding through behaviour change communication using mass media and through meetings, training and community-based promotional activities.
- Ensure that 50 per cent of severely malnourished children have access to community-based therapeutic care in 10 districts, by training health facility and community health workers, and developing a logistic management system.

Expected results

By 2010, at least 80 per cent of health workers and Female Community Health Volunteers will have skills to effectively implement micronutrient deficiency control nationally. Families will be utilising micronutrient supplements and adequately iodised salt appropriately. The use of micronutrient-rich sprinkles for infants and children aged 6–24 months will have been piloted in two districts.

Disadvantaged and excluded parents/caregivers will have enhanced knowledge and skills for improved child nutrition, and access to high-quality nutritional services. Communities in Community Action Process settlements will participate in discussions on improved feeding and care practices to reduce malnutrition. At least 75 per cent of caregivers in 15 districts will have improved knowledge of infant and young child feeding practices. Some 50 per cent of severely malnourished children will have access to community-based therapeutic care in 10 districts.

Child Survival

Maternal Health

Nutrition

National Health Sector Support

Funding 2008-2010

Programme costs	USD
Child Survival	3,725,000
Maternal Health	1,830,000
Nutrition	2,675,000
National Health Sector Support	720,000
Technical Support	2,000,000
Programme total	10,950,000

National Health Sector Support Project Objective

Improved policies, programmes and implementation capacity at national and district levels for maternal, neonatal and child health care within the health sector.

Project costs	USD
Support for health sector SWAp	400,000
District Health Offices capacity building	50,000
Health Management Committee inclusion	25,000
Alliance with EDPs	15,000
GAVI-HSS proposal	0
Support for national nutrition strategy	40,000
Emergency preparedness	190,000
Total Budget	720,000
Funds available	120,000

Funds required 600,000

National Health Sector Support

Situation analysis

The health sector in Nepal has achieved very good results and Nepal is one of the few countries on track to achieve the Millennium Development Goals in child and maternal mortality reduction.

Health sector reform is ongoing in Nepal, and is being conducted within a sector-wide approach (SWAp), with coordination among external development partners (EDP) on planning, financing and policy issues. They have been instrumental in maintaining child survival high on the government's agenda and, with the Ministry of Health and Population, their advocacy has resulted in a 30 per cent increase in the total health budget, and a focus on essential healthcare.

Proposed activities

- Support the health sector SWAp with pooled funding to strengthen the whole health sector, ensuring progress is maintained, and actively participate in the Health Sector External Development Partners' Group.
- Build the capacity of staff at District Health Offices to develop implementation plans for provision of free health services for the poor and disadvantaged.
- Ensure that women and excluded groups participate in Health Management Committees in support of free health services.
- Build alliances with EDPs to promote newborn, child and maternal health and mortality reduction, through advocacy for plans and budgets that are data- and outcome-driven, and support for high-impact interventions.
- Strengthen the health system with funding from Global Alliance for Vaccine Initiative - Health Systems Strengthening (GAVI-HSS).
- Ensure that nutrition policies and guidelines are updated, and a national nutrition strategy is formulated, through advocacy and strategy development with stakeholders.
- Ensure that life-saving interventions related to health and nutrition are available for children in declared emergencies, by disaster preparedness planning, and rapid assessment and response to disease outbreaks.

Expected results

By 2010, there will be improved policies, programmes and implementation capacity at national and district levels for maternal, neonatal and child healthcare. In 15 districts, key health staff at District Health Offices will develop plans to implement free health services for the poor and disadvantaged, and at least 50 per cent of health facilities in these districts will have women and excluded groups participating in Health Facilities Management Committees.

The health sector SWAp will be supported with pooled funding from UNICEF, and there will be a strong alliance between EDPs to promote newborn, child and maternal health and mortality reduction. The GAVI-HSS funding will be utilised.

Nutrition strategies and projects will be in place and contributing to greater child survival.

UNICEF will be able to respond to the health and nutrition needs of children in emergencies.

Prevention of Mother to Child Transmission
Paediatric HIV/AIDS treatment
Adolescent HIV/AIDS Prevention
Protection and Care for CABA

Funding 2008-2010	
Programme costs	USD
Prevention of Mother to Child Transmission	515,000
Paediatric HIV/AIDS treatment	296,500
Adolescent HIV/AIDS Prevention	1,931,500
Protection and Care for CABA	677,500
Technical Support	829,500
Programme total	4,250,000

Prevention of Mother to Child Transmission Project Objective	
By 2010, pregnant women have improved access to and utilise quality services for prevention of mother-to-child transmission (PMTCT) of HIV/AIDS.	
Project costs	USD
PMTCT support for women attending ANC	80,000
PMTCT support for women not attending ANC	154,840
Anti-Retroviral prophylaxis for HIV+ pregnant women	140,000
Anti-Retroviral therapy for HIV+ pregnant women	140,160
Total Budget	515,000
Funds available	94,840
Funds required	420,160

Prevention of Mother to Child Transmission

Situation analysis

Services aimed at prevention of mother-to-child transmission (PMTCT) of HIV/AIDS were first

implemented in Nepal in 2005, and now extend to nine sites in district and zonal hospitals. In 2007, 80 per cent of women attending antenatal care (ANC) clinics at eight of these sites received counselling, and 0.2 per cent were found to be HIV positive. PMTCT services need to be strengthened to ensure that all women attending antenatal clinics receive proper counselling, and all women and babies who test positive are followed up with prophylaxis and treatment as required. The many women who do not receive antenatal care, however, must be reached by building on existing maternal and newborn health initiatives.

2007	National HIV prevalence (2005)	0.5%
	Women attending ANC counselled at 8 sites	80%
	Counselled women receiving HIV test	90%
	Test women receiving post-test counselling	71%
	HIV prevalence for women attending ANC	0.2%

Proposed activities

- Ensure pregnant women attending antenatal care in 16 districts have access to PMTCT services, by developing a new training package for healthcare providers, producing informative materials, procuring test kits and drugs, structures are in place for proper follow up care, and strengthening linkages with anti-retroviral therapy for HIV positive mothers.
- Ensure pregnant women in targeted communities of two districts not attending antenatal care clinics receive PMTCT counselling and referral, by developing new training package for healthcare providers and volunteers, integrating counselling into other maternal and neonatal healthcare activities, and strengthening community-based interventions.
- Ensure all identified HIV positive pregnant women and babies receive anti-retroviral prophylaxis in health facilities in 16 districts, by training healthcare providers, strengthening counselling systems, and developing follow-up mechanisms.
- Ensure all identified HIV positive pregnant women with advanced HIV infection are receiving anti-retroviral combination therapy in 16 districts, by training healthcare providers and volunteers, strengthening laboratory capacity by linking to CD4 testing, and strengthening linkages to existing PMTCT sites.

Expected results

By 2010, there will be increased capacity, skills and knowledge for delivery of comprehensive PMTCT services in 16 districts. Some 80 per cent of pregnant women attending antenatal clinics at health facilities will receive HIV/AIDS counselling and testing from trained healthcare providers. All pregnant women identified as HIV positive and their babies will receive anti-retroviral prophylaxis. In addition, 60 per cent of pregnant women in targeted communities who are not attending antenatal care will receive counselling and referral through other maternal and neonatal healthcare services. Follow-up and treatment mechanisms will be functioning smoothly. All HIV positive pregnant women identified with advanced HIV infection will receive anti-retroviral combination therapy in accordance with nationally approved treatment protocols in 16 districts.

Prevention of Mother to Child
Transmission

Paediatric HIV/AIDS Treatment

Adolescent HIV/AIDS Prevention

Protection and Care for CABA

Funding 2008-2010

Programme costs	USD
Prevention of Mother to Child Transmission	515,000
Paediatric HIV/AIDS treatment	296,500
Adolescent HIV/AIDS Prevention	1,931,500
Protection and Care for CABA	677,500
Technical Support	829,500
Programme total	4,250,000

Paediatric HIV/AIDS Treatment Project Objective

Children have improved access to and utilise quality services for paediatric AIDS.

Project costs	USD
Cotrimoxazole prophylaxis for HIV-exposed and infected infants	58,200
Anti-retroviral combination therapy for HIV+ children in five health facilities	152,300
Anti-retroviral combination therapy for 20% of HIV+ children in 2 districts	71,000
Emergency stocks	15,000
Total Budget	296,500
Funds available	146,940

Funds required 149,560

Paediatric HIV/AIDS Treatment

Situation analysis

Nepal does not currently have national data on paediatric care and treatment, as indicators have yet to be incorporated into the national health management information system. However, the number of known HIV positive children has risen from 19 in 2000 to 536 children in November 2007. Under the assumption that 30–40 per cent of children require anti-retroviral therapy, then somewhere between 200 and 280 children need treatment. Currently, only 68 children are receiving this life-saving therapy in Nepal.

Proposed activities

- Ensure that HIV-exposed and infected infants receive cotrimoxazole prophylaxis in five health facilities, by identifying children through counselling and testing, training healthcare providers, producing informative materials, and procuring test kits and drugs.
- Ensure that children in five health facilities receive anti-retroviral combination therapy, by identifying HIV positive children through counselling and testing, training healthcare providers, producing informative materials, and procuring test kits and drugs.
- Ensure that at least 20 per cent of HIV positive children in five districts receive anti-retroviral therapy, by identifying HIV positive children through counselling and testing, training healthcare providers, producing informative materials, and procuring test kits and drugs.
- Ensure emergency buffer stocks of paediatric anti-retrovirals and post-exposure prophylaxis kits are available.

Expected results

By 2010, five districts of Nepal will have fully functioning HIV treatment mechanisms that incorporate paediatric AIDS cases. This will result in all infants and children, identified during prevention of mother-to-child transmission counselling and testing at health facilities, receiving appropriate treatment in accordance with nationally approved treatment protocols (or WHO/UNAIDS standards). In addition, it will mean that at least 20 per cent of children in need of anti-retroviral therapy will be identified either at health facilities or through community-based maternal and neonatal health initiatives, and will receive appropriate therapy and follow up.

As Nepal is prone to emergencies such as flooding and earthquakes, emergency buffer stocks of paediatric anti-retrovirals and post-exposure prophylaxis kits will be available for continued treatment of identified children.

Prevention of Mother to Child Transmission

Paediatric HIV/AIDS treatment

Adolescent HIV/AIDS Prevention

Protection and Care for CABA

Funding 2008-2010

Programme costs	USD
Prevention of Mother to Child Transmission	515,000
Paediatric HIV/AIDS treatment	296,500
Adolescent HIV/AIDS Prevention	1,931,500
Protection and Care for CABA	677,500
Technical Support	829,500
Programme total	4,250,000

Adolescent HIV/AIDS Prevention Project Objective

Adolescents (10–18 years) have improved access to and utilise quality services for HIV/AIDS prevention.

Project costs	USD
National strategy and action plan	799,280
Enhancing HIV/AIDS messages by SSMK	1,063,420
Life-skills-based education	68,800
Total Budget	1,931,500
Funds available	97,450

Funds required 1,834,050

Adolescent HIV/AIDS Prevention

Situation analysis

The predominant vectors of HIV transmission in Nepal are injecting drug use, sex work, and male-to-male sex. It is estimated that over 90 per cent of HIV infections are concentrated around these three behaviours/contexts. However, currently only nine per cent of injecting drug users, 35 per cent of female sex workers, and 5.4 per cent of men having sex with men are covered by prevention interventions. These figures are for all adults, and it is safe to assume that coverage is lower for under-25s. To date, only life-skills-based education has been used as an approach for reaching young people and those at risk. There is a need to strengthen referral mechanisms and linkages to ensure that 80 per cent of young people who are most at risk are reached with correct information, and acquire appropriate skills and knowledge for HIV prevention.

HIV prevalence in under 25 year olds, 2005	
injecting drug users	35%
female sex workers	1-2%
men having sex with men	3.7%

Proposed activities

- Develop and implement a national strategy and action plan targeting adolescents who are most at risk of, and especially vulnerable to, HIV transmission, such as injecting drug users, street children, and those associated with armed forces and groups.
- Enhance the HIV/AIDS messages communicated by the radio programme, *Saathi Sanga Manka Kura* (SSMK) [Chatting with my Best Friend], and strengthen linkages between SSMK and listeners' clubs, child clubs, peer educators, and life-skills-based education providers.
- Strengthen the teaching of life-skills-based education in formal school in 15 districts, by training teachers, orientating school management, parents and community members, and producing informative printed materials for students and parents.

Expected results

By 2010, life-skills-based education will be fully integrated in the national education system, so that 80 per cent of adolescents aged 10–18 years in 15 districts will have increased knowledge of HIV/AIDS prevention methods.

A comprehensive national strategy and action plan targeting most-at-risk adolescents will be implemented, so that 80 per cent of most-at-risk and vulnerable adolescents in 10 urban municipalities of eight districts will have correct knowledge and relevant skills to reduce their vulnerability to HIV, and will be using relevant services such as voluntary counselling and testing, services related to sexually transmitted infections, and antiretroviral therapy.

Prevention of Mother to Child
Transmission

Paediatric HIV/AIDS treatment

Adolescent HIV/AIDS Prevention

Protection and Care for CABA

Funding 2008-2010

Programme costs	USD
Prevention of Mother to Child Transmission	515,000
Paediatric HIV/AIDS treatment	296,500
Adolescent HIV/AIDS Prevention	1,931,500
Protection and Care for CABA	677,500
Technical Support	829,500
Programme total	4,250,000

**Protection and Care for CABA
Project Objective**

Children affected by AIDS have improved access to and utilise quality services for their protection and care.

Project costs	USD
Capacity-building of district-level duty bearers	123,000
Development of a community-based support package	554,500
Total Budget	677,500
Funds available	89,110

Funds required 588,390

Protection and Care for Children Affected by AIDS (CABA)

Situation analysis

It is estimated that 19,600 children are currently orphaned in Nepal due to AIDS. However, systems to deal with orphans are inadequate, and such children often drop out of school, and face malnutrition, child labour and others vulnerabilities. Over burdened social systems often mean that children affected by AIDS have poor access to basic social services. A recent study commissioned by UNICEF revealed that the first coping mechanism used by families affected by AIDS is a reduction in food provision for children. Children of lower castes and girls are most affected. Community social nets are usually unable to absorb the additional burden of families affected by AIDS.

Proposed activities

- Strengthen the capacity of district-level duty bearers and community support organisations to safeguard the rights of children affected by AIDS.
- Implement a community-based support package for children affected by AIDS in four districts, by developing a strategy, guidelines and a national action plan, conducting advocacy and coordination among stakeholders, mobilising resources, and building the capacity of key stakeholders and partners.

Expected results

By 2010, a national framework for protection, care and support of children affected by AIDS will be fully operational. This will ensure that an increased proportion of children affected by AIDS will receive protection, care, treatment and support services through government child protection systems.

Community-based organisations will receive district-level support for the provision of services to children affected by HIV/AIDS and their families, and a community-based support package will be operating in at least four districts.

Quality Water Supply

Environment Sanitation and Hygiene

National and District Level Sector Support

Funding 2008-2010	
Programme costs	USD
Quality Water Supply	1,070,000
Environment Sanitation	1,780,000
National and District Level Sector Support	357,000
Technical Support	1,043,000
Programme total	4,250,000

Quality Water Supply Project Objective

Socially excluded and economically marginalised children and their caregivers in targeted schools and communities increasingly use and participate in managing safe, sustainable drinking water facilities.

Project costs	USD
Installation water supply schemes	450,000
Water Users' Committees support	65,000
Point-of-use campaign	450,000
Arsenic testing	10,000
Arsenic avoidance options	95,000
Total Budget	1,070,000
Funds available	170,000
Funds required	900,000

Quality Water Supply

Situation analysis

Inadequate access to safe water supplies, combined with poor environmental sanitation and personal hygiene practices, account for around 80 per cent of the disease burden of Nepali under-fives, with an estimated 13,000 children dying each year. Improving the quantity and quality of water can reduce the number of diarrhoeal cases by 15–20 per cent. Currently, some 82 per cent of households in Nepal have access to an improved source of drinking water. However, quality testing of household drinking water shows high levels of microbiological contamination. Point-of-use water treatment options can boost the reduction of water related diseases by breaking the cycle of faecal–oral contamination.

Some drinking water sources in the 20 Terai districts are contaminated by naturally-occurring arsenic. An arsenic testing and mitigation programme is ongoing, and the wells of four remaining districts still need to be tested.

Proposed activities

- Install or rehabilitate 175 gravity-flow water supply schemes.
- Provide training on management of water supply facilities to members of Water Users' Committees, and increase the number of Water Users' Committees with proportional representation of women and disadvantaged groups.
- Improve the knowledge and skills of parents, particularly mothers, on point-of-use water treatment options (boiling, chlorination, solar disinfection and filtration) through mass media and interpersonal promotion campaigns, dissemination of informative materials, and social mobilisation by Water Users' Committee members and Female Community Health Volunteers.
- Test drinking water sources in the remaining four *terai* districts, and update the arsenic management information system.
- Ensure that all households with arsenic-contaminated sources above 0.05 mg per litre have knowledge about, and access to products for its removal or avoidance through training on safe water options and distribution of water filters.

Expected results

By 2010, socially excluded and economically marginalised people will have increased access to safe, sustainable drinking water, in terms of both quantity and quality. Water Users' Committees will fully represent the community and will be managing local water supply systems sustainably. Households will be treating drinking water at point of use. Schools will have safe and clean water supplies, and children will participate in the management of facilities through child clubs.

All drinking water sources in the *terai* will have been tested for arsenic, and households with contaminated supplies will use appropriate removal or avoidance options.

Quality Water Supply

Environment Sanitation and
HygieneNational and District Level
Sector Support

Funding 2008-2010

Programme costs	USD
Quality Water Supply	1,070,000
Environment Sanitation	1,780,000
National and District Level Sector Support	357,000
Technical Support	1,043,000
Programme total	4,250,000

Environment Sanitation and
Hygiene Project Objective

Socially excluded and economically marginalised children and their caregivers in targeted schools and communities increasingly adopt improved hygiene practices and increasingly use and participate in the management of sanitation facilities.

Project costs	USD
Installation of school toilets and water supply	558,000
Installation of household toilets	680,000
Community hygiene campaign	542,000
Total Budget	1,780,000
Funds available	0

Funds required 1,780,000

Environment Sanitation and Hygiene

Situation analysis

Improved sanitation and hygiene practices such as hand-washing with soap at critical times can result in a reduction of 35 per cent in the number of diarrhoeal cases for children aged less than five years. The Government of Nepal and UNICEF have been promoting the School Water, Sanitation and Hygiene Education programme since 2000, and evaluation shows that it has been very successful, both in hardware provision (toilets and water supply), and behavioural change and social mobilisation. The effective use of children as agents of change has resulted in the development of the School-Led Total Sanitation programme, with schools acting as an entry point for sanitation and hygiene promotion throughout the school catchment that will ultimately ensure the environment is open-defecation-free.

Proposed activities

- Install sanitary, child-friendly toilets, separate for girls and boys, and safe drinking water facilities, in 450 schools and, ensure that students have the knowledge and skills to maintain the cleanliness of sanitation facilities and practice proper hand-washing, through the formation of child clubs and training and hygiene promotion campaigns.
- Ensure that sanitary toilets are installed in all households in 600 school catchments, through interpersonal promotion campaigns, training, revolving funds, and awards for outstanding achievement.
- Improve the knowledge and skills of parents, particularly mothers, on proper hand-washing with soap, through mass media and interpersonal promotion campaigns, dissemination of informative materials, and social mobilisation by Water Users' Committee members and Female Community Health Volunteers.

Expected results

By 2010, socially excluded and economically marginalised people will have increased access to safe, sustainable sanitation facilities and be using improved hygiene practices. Some 600 schools will have sanitary toilet facilities, and children will participate in their management through child clubs. In the catchments of these schools, all households will have toilets and will use improved hygiene practices, particularly hand-washing with soap at critical times. The environment of these catchments will be open-defecation-free, resulting in a reduction in the number of diarrhoeal cases.

International Year of Sanitation 2008

With the UN declaring 2008 as the International Year for Sanitation, UNICEF plans to augment the activities listed above by developing a national media and interpersonal sanitation promotion campaign that will be launched during the first quarter of 2008 and continue throughout the year. The campaign will be based on the lessons learned in developing the hand-washing with soap and point-of-use water treatment campaigns currently being piloted in four districts. Development and implementation will be coordinated by the National Steering Committee for Sanitation Action, a committee chaired by the government with members from various international and national development agencies and NGOs. To conduct a market study to identify people's perceptions and responses to various messages, design the campaign, and produce the advertisements and promotion material, UNICEF is seeking an additional US\$100,000.

Quality Water Supply

Environment Sanitation and Hygiene

National and District Level Sector Support

Funding 2008-2010

Programme costs	USD
Quality Water Supply	1,070,000
Environment Sanitation	1,780,000
National and District Level Sector Support	357,000
Technical Support	1,043,000
Programme total	4,250,000

National and District Level Sector Support Project Objective

Socially excluded and economically marginalised children and their caregivers in targeted schools and communities increasingly adopt improved hygiene practices, and increasingly use and participate in the management of safe, sustainable drinking water and sanitation facilities.

Project costs	USD
Water Supply and Sanitation MIS	112,000
District Water Users' Federations support	95,000
NGOs and private sector agencies	40,000
Study for SWAp	80,000
Support for EPRP	30,000
Total Budget	357,000
Funds available	357,000

Funds required 0

National and District Level Sector Support

Situation analysis

With acceleration in toilet coverage over the last decade to around 39 per cent today, Nepal is on track to meet the Millennium Development Goal target of 55 per cent. However, this is below a desirable level of coverage, and the rate needs to improve to reach the government's target of 100 per cent coverage by 2017.

The sector continues to be fragmented, with two separate government departments involved in large water and sanitation programmes, and external support agencies funding projects under a variety of different modalities. There is a move to develop a partnership between agencies under government-led national steering committees to improve sanitation and hygiene and address the arsenic problem. This experience will help build consensus on a sector-wide approach over the next three years.

Nepal is prone to emergencies such as flooding and earthquakes, and emergency stocks of water and sanitation supplies must be ready for use.

Proposed activities

- Support the development of a Water Supply and Sanitation Management Information System (MIS) with disaggregated data, and ensure that district agencies have the knowledge and skills to maintain, update and use the system for evidence-based planning and allocation of resources.
- Support the establishment of District Water Users' Federations that are registered and capable of contributing to the preparation of district development plans and influencing district allocation of financial resources.
- Increase the number of local NGOs and private sector agencies with the knowledge and skills to provide technical services to Water Users' Committees, through selection and training of appropriate organisations.
- Undertake an analytical study to recommend changes in policy, legislation, organisational structure that would support a sector-wide approach (SWAp).
- Increase UNICEF's capacity to respond to emergencies, as lead agency for water and sanitation, by revising the Emergency Preparedness and Response Plan (EPRP), drafting a stock management plan, and signing standby agreements with the government and local suppliers.

Expected results

By 2010, there will be a sector-wide vision for key water, sanitation and hygiene issues among national sector line agencies, and district-level capacity and participation will be increased. This will be backed up by data collected in the Water Supply and Sanitation Management Information System, which will be used for planning and allocation of resources. Federations of Water Users' Committees will be functioning at the district level and contributing to the preparation of district development plans. Local NGOs and private sector agencies will provide technical services to Water Users' Committees.

Pre-positioned emergency water and sanitation stock will be in place. Emergency plans and coordination mechanisms will be developed, and memoranda of understanding signed with the government and local suppliers.

Social Policy

Funding 2008-2010

Programme costs	USD
Policy and Institutional Support	245,000
Child Rights Promotion	231,000
Monitoring and Evaluation	159,000
Emergency Preparedness*	0
Technical Support	1,265,000
Programme total	1,900,000

Programme Objective

Children, with a particular focus on poor and marginalised groups, increasingly benefit from improved legislation and policies that are evidence-based and are influenced by the voices of children and young people.

Programme costs	USD
Policy and Institutional Support	245,000
Child Rights Promotion	231,000
Monitoring and Evaluation	159,000
Emergency Preparedness*	0
Technical Support	1,265,000

*Emergency funds are raised separately.

Total Budget	1,900,000
Funds available	1,150,000

Funds required 750,000

Social Policy

Situation analysis

In Nepal, where poverty and exclusion are pervasive and social norms often render children voiceless, social policy is about bringing children's voices, rights and well being to the centre of policy making. Nepal has signed the Convention on the Rights of the Child (CRC), which enshrines the right of children to participate in decision-making that affects their lives. The government has signalled its commitment to including the perspective of children in national discussions surrounding the development of policy. In addition, children are finding new outlets for meaningful participation such as child clubs, listeners' clubs, and consultations with policy makers.

Proposed activities

- Strengthen the capacity of national partners to develop and implement policies, legislation and budgets aimed at promoting children's wellbeing and advancing children's rights as enshrined in the CRC.
- Increase capacity of policy makers, parents and the media to understand and act on issues relating to women, children, young people and disadvantaged communities, by helping children to be child rights promoters, and supporting *Facts for Life* and *Saathi Sanga Manka Kura* and listeners' groups, peer educators and similar youth groups.
- Increase the participation of children and young people in national policy dialogues through support to children's magazines and other mechanisms that allow children's views to be voiced and their participation to be guaranteed by law.
- Improve knowledge-generation capacity and systems, such as the Poverty Monitoring and Analysis System (PMAS), among key partners, provide access to disaggregated information on children and women, by documenting best practices, conducting strategic evaluations and studies with stakeholders, and supporting the Central Bureau of Statistics.
- Ensure that UNICEF and key partners have the plans, coordination mechanisms, knowledge and skills necessary to meet the immediate needs of children affected by humanitarian emergencies and natural disasters.

Expected results

By 2010, national policies and plans will reflect the provisions of the CRC, CEDAW and CRC Committee Concluding Observations, and children and young people will regularly participate in national policy dialogues. Policy makers will make informed decisions that take account of inputs from children and women. Monitoring and evaluation will be strengthened as a result of better knowledge-generating capacity and systems; in particular, disaggregated information on children and women will be fully utilised.

The promotion of child rights will be highly visible through wide-ranging media activities and awareness-raising events. Children and young people will be involved in many of the activities promoting their rights.

UNICEF and key identified partners will have the plans, coordination mechanisms, knowledge and skills necessary to meet the immediate needs of children affected by emergency and natural disasters.

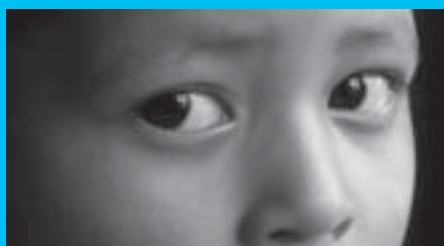


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