

**Government of Nepal
Ministry of Women Children and Social Welfare
Central Child Welfare Board**

NATIONAL PROGRESS REPORT

**"Plus 5" Review of the 2002 Special Session on Children and
A world Fit for Children Plan of Action**

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1. PROCESS LEADING TO THE REPORT PREPARATION AND CHALLENGES

Nepal's preparatory initiative on “Plus 5” review of the 2002 UN General Assembly Special Session on Children (UNGASS) and A World Fit for Children (WFFC) Plan of Action was piloted by the Central Child Welfare Board (CCWB) with technical assistance from United Nations Children's Fund (UNICEF). The preparatory process involved all concerned governmental, inter-governmental, non-governmental stakeholders and children's groups at various stages of the completion of this report.

The key stakeholders included the National Planning Commission Secretariat (NPCS), Ministry of Women, Children and Social Welfare (MWCSW), Ministry of Health and Population (MoHP), Ministry of Education and Sports (MoES), Ministry of Labor and Transport Management (MoLTM), Ministry of Local Development (MoLD), Department of Health Services and Department of Education, UNICEF Nepal, Save the Children Norway, US, Japan and Sweden, Plan Nepal, Association of District Development Committee-Nepal (ADDC/N) and Municipals Association of Nepal (MUAN). Series of interactions were held with key government ministries and departments to incorporate the most authentic information in the report. Inputs were sought and received from various civil society organizations working on child rights. Human rights alliances and networks working on children's issues were also consulted to incorporate their experience and expertise and enrich the quality and credibility of this report.

Children under 18 comprise almost 50% of Nepal's population. Experiences have revealed that children are effective agents of behavior change in their families, friends and communities and can therefore become successful social entrepreneurs – people who can foster positive influences for the good of their society. Therefore it is very important that their voices are heard. In the context of the new political environment, it is crucial that we seize the opportunity for children's voices to be counted in the framing of the new development agenda for this country, including the drafting of the new constitution. Thus, as an effort to secure voices of children in this report too, series of nationwide inclusive (gender, ethnicity and geographic balance) consultations of were organized in the development regions and also at the central level. Children's participation in these consultations immensely contributed to enrich the desired quality of the report. Similarly, the outcomes of various events that have taken place in the past involving participation of children have also been integrated in the report. The report was finalized after series of joint consultations of all concerned stakeholders on different occasions, involving UN agencies, government departments, donors and the civil society.

Constraints and Challenges

The last decade witnessed serious threats to development activities by the protracted conflict, along with the deteriorating security situation and erosion of democratic institutions, and the escalating threat to civil society organizations. Initiatives to improve access to education were inevitably hampered by the disruption to the education system. The dissolution of local government and the withdrawal of local administrations to the district headquarters due to conflict, inevitably had an impact on the local provision of services to children. Children who experienced human rights violations or abuses had little recourse to justice.

The widespread human rights abuses that took place across the country were fuelled by a climate of – primary focus on fighting the insurgents and this was also true for the violence against children. Despite often repeated statements from the government expressing commitment to human rights principles and claims by the CPN (Maoist) leadership to abide by international humanitarian law, in reality, minimal efforts were made by either side to prevent violence and abuses or bring perpetrators to justice for the killings, torture, rape, displacement, and recruitment of children, or to stop attacks on schools or health facilities. Moreover, with increasing security concerns and its primary focus on fighting the insurgents, the government was under pressure to give less priority to addressing problems related to education, child health, child poverty and the exploitation of children and thereby falling short to take the necessary steps to minimize the negative impact of the conflict on children.

2. MAJOR NATIONAL ACTIONS AND KEY RESULTS OF WFFC TARGETS

One of the major achievements towards achieving the WFFC targets is the preparation and adoption of the comprehensive National Plan of Action (NPA) on Children. The NPA, which covers the period from 2004-2014, has been adopted with a vision that children enjoy their rights in a society fit for children, and realize their full potential by ensuring the right of each child to improve the quality of life by promoting child-friendly environments including qualitative and free education and eliminating all forms of exploitation, abuse and discrimination against children.

The NPA is a guiding policy document to review, harmonize and improve the legal framework to ensure the rights of children in line with the founding principles of Convention on the Rights of the Child (CRC), the best interest of the child, non-discrimination, survival, growth and development and child participation. The NPA aims for the progressive realization of rights of children and women through improved survival, development, protection and participation enshrined in the framework of the CRC, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Millennium Declaration (MD) and Millennium Development Goals (MDGs). The NPA has synchronized the spirit and content of other NPAs namely, the MDGs Plan and Progress Report, Second Long-term Strategic Health Plan (SLSHP), Poverty Reduction Strategy Paper (PRSP), Education for All (EFA) and National Reports on the CRC and their concluding observations and the Tenth Five Year Plan.

Other major progress in terms of policy formulation includes the following:

a) The Tenth Five-Year Plan, 2002/3-2007; b) Second Long Term Strategic Health Plan (SLTSHP) 1997-2017; c) National Human Rights Action Plan (NHRAP)- 2004; d) National Master Plan on Child Labor (NMPCL)- 2004-2014; e) National Plan of Action on Disability (NPAD)-2006-2016; f) National Plan of Action against Trafficking in Children and Women for Sexual and Labour Exploitation (NPAT) –1998, revised in 2002; g) National Plan of Action on HIV/AIDS (NPAHA)- 2006-2011; h) NPA on Convention on The Elimination of All forms of Discrimination Against Women (CEDAW) 2003; i) NPA on Education for All (EFA)-2001-2015 and j) Health Sector Programme Implementation Plan (HSSIP) 2003-2007.

In response to international commitments, Nepal has ratified the two Optional Protocols of UN-CRC; ILO Conventions on the Abolition of Forced Labor (No. 29), Minimum Age Convention (No. 138), and the Convention 182 on the Elimination of the Worst Forms of Child Labor. As a regional commitment, it has ratified the SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution-2002 and the Regional Arrangements for the Promotion of Child Welfare in South Asia-2002. At the national level, the Children's Act-1992 is under revision to conform to the provisions of the CRC. A significant achievement has been the inclusion of child labor, child trafficking and child bonded labor as priority items on the country's national agenda. The MoLTM has prepared the Master Plan on Child Labor and the Child Labor Regulation and Prohibition Act (2000) has been enacted. Similarly, in collaboration with ILO-IPEC government has identified seven different sectors concerning the worst form of child labor and efforts were made to reduce the incidences of child labor. Additionally, the government has been using a number of institutional mechanisms including CCWB, District Child Welfare Boards (DCWB) and National Human Rights Commission (NHRC) to implement the provisions of the WFFC.

Legal reforms have been sought in the National Civil Code and the Supreme Court has given several verdicts in favor of gender equality. A new draft Civil Code has been prepared by inter-ministerial experts group led by Ministry of Law, Justice and Parliamentary Affairs. In line with system has been introduced to facilitate formulation of national policy as well as building capacity of various stakeholders of juvenile justice sector. The Juvenile Justice Operation Regulation 2006 has been promulgated. In line with the Regulation, Juvenile Justice Programme has been implemented in 12 districts. The Conflict Affected Children Development and Protection Program is being implemented in 25 districts for the advocacy towards the protection of children affected by armed conflict. Since 2006, CCWB is implementing a concept of child friendly VDCs in eight districts. The aim of the program is to create at least seven VDCs and one ward of municipality a model constituency where rights of all children are realized. CCWB, DCWBs, DDCs and other stakeholders are jointly implementing the project.

As an affirmative action, the Parliament has recently declared that 33 per cent quota would be reserved for women which is also endorsed in the proposed Interim Constitution. As a newly declared secular state a significant pronouncement to end the problem of untouchability has been promulgated by the Parliament. The new Citizenship Act-2006 has paved the way to secure citizenship through the mother.

Key Arrangements in the Plans and Policies

(a) Emphasis is placed on the most vulnerable children to accelerate the reduction of existing gaps through progressive laws, policies and regulations. The Government has strived for fulfilling the rights of these children as a means of constructing an equitable society and as a precondition to achieving the MDGs.

(b) Girls and boys of whom majority are adolescents, have been empowered through more than 9,000 child clubs and other children's forums and unions to become agents of change in the society towards improving conditions and reducing gender disparities. Gender concerns have been mainstreamed across different programs.

(c) Social mobilization and strategic communication has been integrated in different programs to achieve and sustain the social and behavioral objectives. Meaningful child and community participation is sought in the design, management and monitoring of programs that are relevant to the lives of children and communities.

(d) Advocacy and partnership have been enhanced through systematic knowledge management and communication activities to leverage resources for children and promote child rights at the international, national and community levels.

3. RESOURCE TRENDS AND BUDGET ALLOCATION FOR CHILDREN

Investment in the area of child rights have been remained inadequate. The overall resource envelope in the children sector has increased as a result of the Sector Wide Approach (SWAp) and accordingly, a huge amount of money has been directed over the last decade at protecting and promoting the rights of children, women, and marginalized groups and communities. However, many children still do not fully enjoy their rights, and are unable to escape from the vicious cycle of poverty. There is little information about how much is currently being invested in interventions to improve children's lives.

More than one third of the education budget depends on foreign aid. With funding from United States Department of Labor in 2000, the Government and local partner organizations implemented a comprehensive ILO-IPEC Core Time-bound Program (TBP). World Education and its local partner organizations also continue to implement a child labor educational initiative program that was funded by USDOL in 2002 that worked closely with the ILO-IPEC Core TBP. The Government continues to take action in order to rehabilitate freed bonded laborers and has established a Freed *Kamaiya* Rehabilitation and Monitoring Committee to promote this work at the district level. In 2000, USDOL funded a project that is ongoing to support children who are former bonded laborers and their families. In July 2004, the World Bank approved a US\$ 50 million credit that was pooled with about US\$ 100 million in grant funding from other donors to support the Government's EFA program to finance basic and primary education expenditures over the next five years.

The education sector has, over the years, enjoyed a priority in budget allocation (16 per cent of the national budget). The share in government expenditure has increased from about nine per cent in the 1980s to about 15 per cent in 2003/04. The basic education component, within the education sector, has been between 55 per cent and 60 per cent since the early 1990s. However, some of the money for rural schools is reported to be unspent. Though national education policies are good, in reality, building communities ownership is still a distant reality and district and local education officials need more resources and management skills to implement them.

The total cost of attaining the MDG on education for 2005-2015 amounts to Rs. 334 billion (US\$ 4.78 billion) at 2004/05 constant prices. The average annual cost amounts to Rs. 30.4 billion (US\$ 434.4 million) at 2004/05 constant prices. The estimated costs are significantly higher than what the government is spending at present. For instance, the total basic and primary education budget of the government in FY 2004/05 was Rs. 11.2 billion, but the estimated cost for FY 2005 was Rs. 13.7 billion, or more than 20 percent higher. The total cost of attaining the health-related MDGs is Rs. 11.8 billion (US \$ 168.4 million) in 2005, which increases to Rs. 24.2 billion (US\$ 345.6 million) in 2015. The total cost for 2005-2015 amounts to Rs. 180.4 billion (US\$2.6 billion). It should be noted that a substantial proportion of the health related costs are being borne by the households.

The Basic Social Service (BSS), a springboard to attaining the goal of universal access to the basic social services (basic education, basic health care, and basic drinking water and sanitation) and bring them within the reach of people living in poverty, is the only systematic analysis of budget related to children. In the Tenth Plan, social service allocation is maintained with incremental growth. About 17% of government expenditure has gone to basic social services. However, more money has gone to security rather than basic social services resulting in the slowing down of the growth rate of social service budget allocation and expenditure. All districts are not allocating enough money for basic social services which requires overall resource allocation needs to increase.

According to the BSS, there has been substantial increase over the years in the total government expenditure on education. It increased by 9 percent from Rs. 13.7 billion in 2002 to Rs. 15.0 billion in 2003/04. In 2004/05, it reached Rs. 16.7 billion-an increase of 11.3 percent over the previous year. The allocation for 2005/06 is Rs. 22 billion-an increment of 30 percent over the amount spent in the previous years and for 2006/07 the budget is NRS 23 billion. In health sector, government spending, including by the non-social sector ministries, increased from Rs. 3.8 billion in 2002/03 to Rs. 4.3 billion in 2003/04--an increase of 11.4 percent. The revised estimate shows an increase of around 24.4 percent in health sector spending in 2004/05 (Rs. 5.4 billion). The allocated budget of Rs. 8 billion for 2005/06 is 40 percent higher than the revised estimate of 2004/05. Similarly, the government expenditure on drinking water and sanitation during the review period demonstrated erratic trend. Actual expenditure in this sector increased by around 8 percent from Rs 2.8 billion in 2002/03 to Rs. 3.2 billion in 2003/04. According to the revised estimate, it increased by less than 1 percent in 2004/05. Budget allocation for 2005/06 has been raised to Rs 5.9 billion, which is 90 percent higher than the revised estimate of 2004/05.

The BSS only includes funds that are reflected in the government's budget, and many donors and I/NGOs contributions are not reflected while the INGO sector contribution is significant, particularly for children. The impact of these expenditures on the social sector, in general, and basic social services in particular, has been found to be positive in improving the situation. Nonetheless, the size of social sector spending still remains low. As a proportion of total government expenditure, it was 25 percent in 2004/05, which is substantially below the internationally suggested norm of 40 percent. The government has managed to maintain the expenditure on basic social services, despite the security. With increased government spending on the BSS, Nepal is moving gradually towards meeting the goal of the 20/20 Initiative.

INGOs currently occupy a significant role in the development effort of Nepal. There are over 100 INGOs working in the country of which almost half of them are the members of AIN. The estimated annual programming budget for AIN members is currently approximately \$77 million which is equivalent to approximately 14 percent of the total official development budget of the country. (*Membership Report, Association of International NGOs in Nepal, 2004*). The report unveils the trend that 28 organizations with 58.44 percent budget are engaged in health, HIV/AIDS, nutrition and food whereas 4 organizations with 8.33 % budget have focus on disability. A total of 25 organizations are involved in education and vocational training with 43.75 and 8.33 % budget respectively. Water sector receives 29.16% with the direct involvement of 14 organizations and 13 other organizations are dedicated to relief, rehabilitation (humanitarian support) and managing Bhutanese refugees camp with 25.7 % of the budget allocation. Human rights, women and gender draw the attention of 33 organizations with 68.74% of their total budget.

Altogether 20 INGOs are working on children's cause with 41.66% of their resources excluding the involvement of 2 organizations on birth registration with 4.16 % of their budget. In addition to the 20 organizations (out of the AIN membership) that contribute a significant amount of their resources towards children, other organizations work in areas that also affect children. Three organizations work on conflict and peace with 6.25% of their budgetary investment whereas 10 organizations are operating on good governance and social mobilization with 20.83% and 23 organizations with 47.91% respectively. There are fewer organizations focused on and allocating resources for media (2 organizations (4.16%), livelihood (2 organizations with 4.16%), poverty (2 organizations with 4.16%) and 2 organizations with 8.33% on advocacy and lobbying.

Special Circumstance: Despite the large number of children that have been affected by the armed conflict, there are inadequate support and rehabilitation services available for these children and their families, and those that do exist are severely under-funded. Services to provide conflict affected children with adequate food, shelter, health, education, psycho-social support and access to justice are desperately needed if rights of children are to be protected in the conflict. It is vital now to increase significant amount of budget in all development plans, programs and activities. Children should be seen and heard-especially on the budget

issue. Restoring peace and an environment favorable for full participation by all stakeholders towards the realization of the rights of children is urgent, especially in the context of devolution of management education, health care, agriculture, livestock extension services and building infrastructures. The Government is currently in the process of formulating Three Years Interim Plan focused on reconstruction of infrastructure, and rehabilitation of people affected by the conflict, in order to be able to quickly respond to the situation when peace is fully established. For this, there is a strong need to improve the efficiency and coordination of aid to ensure that it reaches the poorest regions and the most vulnerable groups of children. The MDG Progress Report-2005 is also a call to everyone to join hands with the common objective of promoting the well being of the vulnerable children by creating a level playing field for all children to receive fully the fruit of development. MDG PR indicates that resource requirements for Nepal are large and it is critical to increase cost-efficiency and reduce corruption and leakage.

In conclusion, periodic review of economic policies and strategies is probably a valuable instrument in carrying forward national efforts for human development, and this may require ongoing dialogue with financial planners. While reaffirming the importance of a stable macroeconomic environment, it may be necessary for these discussions to emphasize adequate spending on children as an effective investment in the country's growth. Similarly, advocacy, policy analysis and impact assessments may be needed to ensure that poverty reduction strategies and SWAPs remain systematically oriented to children. Transformations in the children's lives in the way budgets are allocated will not be achieved overnight. The government, confronted with limited resources, has prioritized budget allocations according to perceived economic and political pressures. As a policy to devolution of resources, the MoLD has introduced a new guideline on the block grant of Rs. 1,000,000 that is provided to each of the Village Development Committees (VDCs) out of which Rs 150,000 to be used in five sectors including for child welfare from this year. Actively motivating citizens, including having children to participate in budget procedures, and a rights-based approach can influence budgetary allocations over time in positive ways to promote rights of children in the changed political context.

4. MONITORING INSTRUMENTS TO TRACK WFFC/MDG TARGETS

A. MDG and WFFC Monitoring: General Context

As the primary medium-term strategy and implementation plan for reaching the MDGs, the country's Tenth Plan/PRSP (2002/03-2006/07) has incorporated the MDGs into its strategic framework, and has highlighted the importance of improving the monitoring mechanism. Furthermore, an MDG Needs Assessment identifies the intervention need and estimates the resources required to achieve the MDGs by the year 2015 with the aim of helping Nepal shape in future development interventions.

The government is committed to undertake effective monitoring of the MDGs through institutionalizing the Poverty Monitoring and Analysis System (PMAS)-a dynamic milestone framework developed to effectively monitor the PRSP. As the PRSP has incorporated interventions that contribute to achieving the MDGs, most of the outcome and impact level PRSP indicators are drawn from the MDGs, which make it possible for the PMAS to contribute to tracking the MDGs as well. The primary objective of the PMAS is to coordinate, consolidate, harmonize, and analyze data from the existing poverty monitoring system and to communicate the results in ways which provide effective feedback to the policy change under five components: 1) implementation monitoring 2) outcome monitoring 3) impact analysis 4) management information system; and 5) communication and advocacy.

The NPC Secretariat is the apex body for coordination among all line ministries, especially in annual and periodic planning and programming. At present there is a central monitoring system at the NPC Secretariat that monitors and evaluates specific projects and programs, based on annual and periodic plans. There are also planning, monitoring and evaluation divisions in line ministries that monitor their own projects and

programs, based on annual and periodic plans. The NPC as a lead agency for monitoring progress towards the MDGs houses a Poverty Monitoring Division (PMD) with a mandate of monitoring and analyzing poverty trends; tracking progress towards key human development and MDG indicators and the implementation of measures to ensure social inclusion and undertaking periodic reviews. The PMD through the annual poverty progress report tracks the indicators outlined in the PMAS based on various types of monitoring and evaluation as mentioned above.

Information on implementation of monitoring is mainly collected from the routine data collection system and management information systems such as the Health Management Information System (HMIS) and the Education Management Information System (EMIS) of the sectoral ministries. The outcome indicators under the outcome monitoring component of PMAS are monitored based on the information collected from national household surveys which consists of five major surveys under the PMAS, of which the Nepal Living Standard Survey (NLSS) and the Nepal Demographic and Health Survey (NDHS) are the two major surveys. The PMAS framework also envisions a District Poverty Monitoring Analysis System (DPMAS) which captures the information at district levels and below, as well as broad-based participation, including civil society, in monitoring. These aspects are in the process of being operationalized. At the same time, the need to modify the MDG indicators or adopt new indicators to better capture the situation has been realized. There is a need to corroborate the realization of the rights of the child in line with the MDG targets; thus, an in-depth analysis is envisioned on the following goals concerning the WFFC.

Under Goal 3, apart from the global indicators to measure the ratio of girls to boys in primary, secondary and tertiary education, additional indicators concerning domestic issues such as gender-based violence, trafficking-in girls, property entitlement, incidence of anemia amongst pregnant women, and reproductive health are being considered. Under Goal 4, in addition to the under-5 years and Infant Mortality Rates, the Neonatal Mortality Rate is taken as worth considering for inclusion in the regular monitoring mechanism. Accordingly under Goal 5, considering the difficulty in accurately measuring the maternal mortality ratio, several supporting indicators are deemed vital as proxy indicators in relation to the WFFC Action Plan. For instance, proportion of births attended by skilled health personnel, coverage of emergency obstetric service, adolescent fertility rate, coverage of antenatal care, and proportion of induced abortion to birth. Similarly under Goal 6, in order to get a clear picture of HIV/AIDS, issues such as children orphaned by HIV/AIDS, access to dual protection/prevention methods, and free voluntary screening/counseling and treatment services for STI/RTI, HIV/AIDS might be considered for future progressive reporting.

B. CRC and WFFC Monitoring: Specific Context

The CCWB is the central agency of the government under Ministry of Women, Children and Social Welfare with responsibility to monitor the effective realization of the rights of children at all levels. The specific mandate of the CCWB includes coordination, policy dialogue, facilitation, monitoring and evaluation of child related issues. Analysis and monitoring of progress in the achievement towards the MDGs is the core essence of the advocacy and policy dialogue, policy changes, resource allocations and the participation of civil society. For this, a bottom-up routine data-collection system is developed and surveys and research on cross-sectoral areas are conducted to broaden the knowledge base. Knowledge management system to collect, validate and provide up-to-date, strategic information on the situation of children identifying the most marginalized groups in order to address their needs in policy and programs is in place. The MWCSW and CCWB jointly coordinate the planning and implementation process with all line ministries, government agencies and development partners at the central level. Similarly, district level offices and/or committees of the MWCSW and CCWB coordinate monitor and evaluate district-level plans and programs, including implementation of their own programs. The CCWB provides guidelines and coordinating among DCWBs which is also striving for greater coordination among I/NGOs and develop monitoring indicators for CRC implementation.

The Local-Self Governance Act provides decentralized implementation, resource mobilization, and local-level programs monitoring. DDCs, VDCs and municipalities are directly concerned with the issue of child rights and development. The CCWB coordinates with the MOLD, ADDC/N, MUAN, NAVIN) and DDCs. Some NGOs are also monitoring their own programs. However, it is felt that harmonized efforts should be in place to coordinate to a synergistic effect.

The government has given priority to CRC in terms of reporting obligations. The combined Second and Third periodic report was prepared and submitted in 2002 in collaboration with Save the Children (SC) Norway and UNICEF along with other government line agencies, children's groups and organizations. The hearing of the report was held in May 2005 and the concluding observations of the CRC committee have been received and shared with concerned stakeholders, follow up actions to address the issues raised by the Committee are planned. In addition to the national report, some NGOs also submitted their own alternative report to the CRC committee. With these efforts, the aim is to develop a smooth working mechanism for coordination, monitoring and evaluation so that the annual status of child rights can be known and periodic reporting can be made effectively easy.

5. ENHANCEMENT OF PARTNERSHIPS, ALLIANCES AND CHILD PARTICIPATION

There has been perceptible progress towards the enhancement of partnership, participation and networking for the effective realization of the rights of the child. More and more child clubs are coming up and networks of child clubs are getting stronger over the past decade which is being recognized increasingly along with the fact that there are many advantages to children having a greater voice in their own development and in the development of their communities. Some difficulties with civil society and government in forging functional partnership remained until recently, but now, there are huge opportunities for partnership building in the changed political context. Large donors, including international financial institutions and bilateral agencies are coming into the social sector and children's issues. Many development agencies have embodied the social component with focus on gender and children as an in-built feature of programming.

Several functional alliances composed of institutions from governmental, non-governmental, inter-governmental and community-based organizations are in operation as consortiums of child clubs to monitor and implement the CRC. Some alliances are more focused on protection, social and economic justice through actions against children's exploitation as well as care, welfare and development. Others are more active in advocacy campaigns, institutional lobbying on policies and laws through dialogue and in supporting campaigns such as the "Global Movement for Children" and "Say Yes for Children" campaign. Alliances on working children for example, are engaged in the area of school inclusion of children, children self-help groups, mobilization of civil society for protection and care of children in difficult situations and family support. However, very few supporters of children's rights have been found blending WFFC in their advocacy and programming to build greater momentum for the MD,

Child participation is gradually becoming more central to the government and donor, civil society's programming processes which has been promoted by the government, UNICEF and I/NGOS. Besides monitoring CRC, the consortium also seeks sustained involvement and participation of children. Networks of child clubs/institutions as well as child-rights based NGOs have been promoted as pressure groups to oversee the implementation of the CRC. Child participation is encouraged and institutionalized in accordance with the age and maturity of the children for all stages of the program/project cycle from need identification to impact evaluation. With a view to better facilitate children's participation, a separate Guide Book has been prepared in consultations with children. Thus, in many instances, children are actively involved in the advocacy process, directly and through opinion-polling among children. More than 9,000 children related institutions and clubs, with nearly 250,000 members, are in operation with almost 40 percent

girls. In the child clubs, the total percentage of ethnic and indigenous children is almost 50,000 among which more than 40 percent are girls.

Many child clubs have gradually evolved into community development and rights advocacy. Some have begun with a very specific focus, for instance, school sanitation, but later expanded to other areas with broader objectives such as child rights advocacy. Others have worked on specific issues such as issue related child domestic workers. Children's involvement in child clubs has enhanced self-esteem, self-confidence, increased knowledge, awareness on a whole range of issues, and increased their ability to voice opinions. Some have negotiated a place in School Management Committees. Some child clubs have been able to engage in local policy development and influence the allocation of resources. Their participation has also been promoted in village and district review meetings. Many clubs have been able to negotiate with both state and Maoists during the period of armed conflict. Young views have been sought through radio programme. The child clubs have also brought about a change in the mindset of adults. They now listen to the children. Overall the child clubs have been successful in overcoming social rules and have brought about gender parity and to some extent social inclusion.

Coordination is now mandatory among all actors for experience sharing of planning, policies, working modalities/approaches, pros and cons, implementation, achievements etc. Collaboration with other UN agencies, bilateral and multilateral agencies, NGOs, civil society, local bodies and users' groups and relevant partners is pursued in all fronts although there are severe constraints and gaps for effective coordination. Integration is being promoted based on the nature of programs, and the needs and capacities of actors, target areas and beneficiary groups. Coordination with government agencies and/or local bodies (DDCs, VDCs and Municipalities) is made compulsory, especially for development partners.

It must be acknowledged that partnership among the key actors is still immature and the state-civil society relationship towards child protection is moving slowly. If the agreed goals and priority actions for children are to be integrated in broader partnership frameworks, it is important that this be done honestly, clearly, explicitly and comprehensively, in order to provide a basis for future common intervention approach and achieve progress towards all relevant goals and targets of WFFC.

Advocacy for the rights of all children, aiming to ensure that children are at the centre of national instruments and plans is a major component of all relevant NPAs. Strengthening the knowledge base, so that effective advocacy can take place for policy change, and building the capacities of relevant institutions to help monitor the implementation of the CRC are the issue of critical concern. Through communication interventions, efforts are undertaken to effectively inform and sensitize citizenry on children's rights at all levels of society.

In collaboration with media, efforts are made to enhance the skills of communicators regarding children's issues and to promote ethical ways of reporting on those issues. Children's concern and the MDGs are kept high on the agenda with the help of new and existing partnerships, especially with the donor community, international media and other UN agencies. The NPA on Children has highlighted the increasing need for issues to be addressed with cross-sectoral coordination particularly for HIV/AIDS, birth registration, emergency response and integrated interventions in the remote districts. However, the entire campaign needs more synergy and in order to synchronize the essence of MDGs and WFFC in the programming.

Collaboration is being strengthened with development partners, including UN agencies, the international financial institutions and bilateral donors. Tendency towards a paradigm shift within the international financial institutions and development partners to allocate more resources for social sector is evident. In addition, there has been functional partnership among development partners to coordinate their assistance within the national framework, triggered by the Paris Declaration. While there is still some room for improvement in both these aspects, these are welcome trends to maximize international support to children

in Nepal. The new political climate also is conducive for the government to work even more closely with I/NGOs and civil society organizations.

It is a time-honored fact that ensuring participation of children and adolescents as resources for intervention is vital. As such, the government facilitates organizations working on children to ensure their meaningful participation in matters that concern them in different contexts and at different levels in society, and within the organization itself. Strengthening local capacity is being emphasized to promote children's rights along with increased collaboration at national, regional and international level. Children and partner organizations are working in a coordinated and collaborative fashion to produce effective efficient services with ensured accountability for money received and for producing positive measurable outcomes. Development partners have demonstrated serious concern in supporting efforts to build leadership and advocacy internally and externally for children.

6. ACHIEVEMENT OF WFFC PLAN OF ACTION AND RELATED MDG TARGETS

The general national outlook in corroborating and achieving MDGs targets and WFFC PoA is below the intended mark although there are hopeful signs in some of the indicators. In terms of poverty eradication, Nepal saw a decrease of 11 percentage points (from 42% in 1995/6 to 31% in 2003/4) for the proportion of people living below the national poverty line. However, the progress is not reflective of the real situation in deeper Terai, high mountains and western regions. The poverty incidence in rural areas is still at 35% in comparison to 10% in urban areas for the year 2003/04. More importantly, these claims have been questioned since the social, economic and political situations were not favorable at all in the same reference period. Also, in relation to chronic hunger, the key problem with this indicator is that there has been very little progress on this in Nepal.. This is the result of chronic poverty, poor diet, and lack of access to safe sanitation compounded by gender discrimination. The problem is more acute in central, mid and far-western regions where over 50% of children are underweight.

Due to lack of adequate increase in the budget allocations for girls' education, free primary education (indirect costs mostly), scholarships, and school-food programs, Nepal may also not meet the goal of universal primary education. While Net Enrolment Rate increased from 64% in 1991 to 87% in 2005, access to education for children from low income and socially marginalized groups remains a challenge. The retention rate among these groups is also not satisfactory. More girls are out of school than boys, making it difficult to realize gender parity goals. Needless to mention, Dalit girl children are less in school than dalit boys, and less than non-dalit children. For example, Dalit girls are doubly disadvantaged in education because of their social class and gender. The main obstacles to primary education goals are extreme poverty, household chores, patriarchy, and expensive school costs.

Nepal has to work really hard to meet gender parity goal. Despite a wide range of measures adopted to enhance women's participation in public life, persistent gender disparities in education hinder women's equitable participation in employment. Efforts focusing on the empowerment of women and girls must be geared up by investing more in the provision of education and skills training opportunities, as well as investing in socio-economic infrastructures that serves the interest of poor women and children.

Non-agriculture wage employment of Nepalese women stands at 17% (CBS Report) which, given the current conflict, had rendered women vulnerable to poverty. To date, women's representation in Parliament remains second lowest in South Asia, which is less than 5.9%, given the unwillingness and internal structures of political parties as well as due to lack of mandatory provisions and strong enforcement of existing affirmative policies. Number of women in leadership positions in administration is also very minimal. Similarly, the maternal mortality ratio is as high as 500 per 100,000 births, while only 19% of births are attended by trained health personnel.

HIV prevalence rate cannot be halved by 2015 given the lack of access to testing facilities, counseling, and fear of being exposed, ignorance, and little use of condoms. HIV prevalence grew at an annual rate of 14.59% in the period 1999-2003 and it is expected to remain above 2.56% (target is 2%), which means it can be neither "halved" nor "reversed" by the end of 2015.

Dynamics of Bright and Dark Sides

Health and Nutrition: The National Health Sector Reforms Strategy and Implementation Plan (NHSP-IP), which formulated the goal, "To achieve (the) health sector MDG in Nepal with improved health outcomes for the poor and those living in remote areas and a consequent reduction in poverty" provides operational guidelines for its implementation. The Strategy works in tandem with the PRSP (2002-2007) to provide an equitable, good quality health care system in partnership with the MoHP and external development partners. The Essential Health Care Package (EHCP) of the NHSP pays special attention to child health and includes prenatal, neonatal, infant, and childhood healthcare.

Lessons learned from community-based activities are used to leverage support for scaling up cost-effective interventions. The areas of focus are high neonatal and maternal mortalities; inequality in access to and utilization of services, and HIV/AIDS. The program includes components that are national in coverage (immunization, vitamin A, control of iodine deficiency disorders) and a package of interventions to be implemented in selected areas, particularly in the rural poor communities. Through an innovative approach, births are being registered through community-based campaigns.

Support is provided to improve antenatal and emergency obstetric care in upgraded facilities, combining an efficient response to mothers' needs with care for the newborns as a way to prevent neonatal deaths. Since most deliveries take place at home, a special package is offered to those giving birth in hospitals. A comprehensive approach to prevention of mother-to-child transmission (PMTCT) of HIV is being promoted and includes technical support for policy development as well as vertical transmission interventions in specific facilities. To reduce malnutrition, the new strategies are developed for (a) sustained vitamin A supplementation, de-worming and reduction of iron-deficiency anemia among children, adolescents and women of child-bearing age; and (b) improvement of the private sector performance in salt iodization. Furthermore, child and maternal nutritional practices is improved through community-based FCHVs.

Nevertheless, the child health status continues to improve, post-MDG Second Report. Under-five and infant mortality rates have decreased from 91 to 65 and 64 to 52 respectively between 2001 and 2006. The proportion of fully immunized children increased from 66% in 2001 to 83% in 2006. For measles, 85% of children are immunized. Disparities persist between urban and rural, between development regions and ecological zones, as well as in the educational status of the mother, suggesting that more attention needs to be paid to reduce disparities and focus on the needs of the disadvantaged population (NDHS 2006 Preliminary Report). The child nutrition status has shown little progress. The proportion of children who are underweight decreased from 48% in 2001 to 45% in 2006. This means that almost half of the children are suffering from malnutrition, which results in health problems as well as impaired cognitive development (NDHS 2006).

Education: Gender discrimination is more pronounced at the secondary level, possibly due to the high dropout caused by early marriage as well as the work burden of girls. Looking at the literacy rates for the different age groups a challenge remains in narrowing the literacy differential between the sexes among adults (GON/UNDP 2005). Despite the efforts over the last 20 years, the progress in achieving universal primary education has been slow mainly due to poor implementation capacity and the centralized management of the educational system. The problem has been compounded by the intensifying conflict in the country, especially after 2001. On the whole, indicators on educational achievement show slow progress in the last one and half decade. At the present rate of progress, Nepal is going to be way behind in reaching

the target of providing primary education to all children. Many children of primary school going age from the disadvantaged minorities and *Dalits* are not in school.. This is mostly due to social, economic and educational constraints rather than lack of physical access to school.

In formal education, support is provided within the sector-wide program to reach national targets. Support is extended for in-service training of teachers in child-centred and participatory methods, innovative interventions for inclusive education, social mobilization and community participation to ensure that schools are child-friendly schooling, gender-sensitive, efficient and effective. Support is extended to secondary education to introduce life skills, including HIV/AIDS prevention, through the curriculum, extracurricular activities and teacher training.

In partnership with the inter-governmental agencies, NGOs and communities, the life-skills-based basic alternative models of education is provided for out-of-school children of primary school age in rural poor communities among which majority are girls. Many of these children have received livelihood training to expand their employment horizons. NGOs are advocating for policies and practical measures to improve the lives of working children and to decrease the incidence of child labor. The government forged its partnership with ILO in the TBP on the Elimination of the Worst Forms of Child Labor which ended recently.

Furthermore, the MoES has initiated free education program since 2005 in Karnali Zone along with students tracking to reduce the incidences of drop-outs. Additionally, gender strategy has been developed separate to address gender disparity. A special scholarship program has been launched dalits, disadvantaged, the disabled and girls' education to increase enrolment as an affirmative action. In order to strengthen public-private partnership, arrangements have been made that require private schools to enroll with scholarship at least one per 50 students from among dalits, victims of conflict and martyrs. Similarly, the Local Self-Government Act mentions provisions for providing scholarship to the students from backwards and marginalized communities. Although the school enrolment campaign of 2005 has added nearly 200,000 more children, it is hard to know how many will continue to go to school next year in the absence of any policy for their retention. Unless special initiatives to reach children from disadvantaged families are introduced with strong monitoring mechanisms, it will be difficult for Nepal to reach its target of 100% boys and girls achieving primary schooling. There is an urgent need for effective interventions to help children in conflict-affected areas and promote schools as zone of peace.

Water and Environmental Sanitation: Statistics show that approximately 81 percent of the total population in the country currently has access to drinking water from improved facilities. The corresponding figure for sanitation coverage was 39 percent. The annual growth rates of government expenditure on drinking water supply and sanitation by basic and non-basic category are uneven. A significant rise in the expenditure on basic drinking water is noticed; it grew from a negative growth of 15 percent in 2002/03 to 8.3 percent in 2003/04. It went up by 72 percent as per the allocated budget and programs for 2005/2006. There is an immense forward-looking program focuses on water quality, school sanitation and hygiene education through various low cost water supply projects such as Community Water Supply and Sanitation Project; Water Quality Improvement Project; and DDC, Municipals and VDC Drinking Water Components. Low cost sanitation initiatives such as Environmental Sanitation Project; Solid Waste Management; Urban and Environment Improvement Project; and Local Level Environment Management are some of the key intervention strategies to ensure effective sanitation programs. Programs have been developed to enhance a knowledge base on the water and sanitation sector through the analysis of program experience, the monitoring of sector developments and active involvement in various local, regional and national stakeholders. Given this trend, Nepal is likely to reach near universal access to drinking water and sanitation by 2015.

Child Protection: Several initiatives are underway for creating of a culture of respect for children's protection rights through advocacy, a change of societal attitudes, strengthened capacity in social work, and the

establishment of protective social services and mechanisms. The activities undertaken by various actors include programs for adolescents, especially girls and children at risk, and policy development, advocacy and legal reform. Adolescents equipped with appropriate life skills are able to better protect themselves from exploitation, violence, and abusive practices, including dowry and child marriage and trafficking. Experience has shown that the involvement of the family and community supports this improvement in life skills, with its positive effect on gender roles. Children without parental care, or who are involved in domestic labor or commercial sexual exploitation, are considered to be at risk, and their needs must be addressed with priority. Given the typical socio-economic context, child labor is still a glaring but unavoidable fact as a supplementary service in the household. Total elimination of child labor is a distant reality without securing family support and employment for the adults in the labor market. The unsafe and unskilled international labor migration of adults has further complicated the issue of child labor. The tug of war between zero tolerance to child labor and acceptance of supplementary contribution of child labor is unlikely to end in the near future. The MoLD has allocated NRs 1,50,000 per annum for each VDC for dalit, indigenous people, women, children and people with disability. At least 20 % of 150,000 has to be utilized child development and rehabilitation program. A support program in the reform of the juvenile justice system is being launched by promoting measures that do not deny children's freedom and that support rehabilitation in the children's natural social environment. In collaboration with government agencies, various organizations including UNICEF are implementing community based child protection programmes throughout the country. Similar efforts to reduce the violence against children in institutions especially in schools with focus on corporal punishment are under way. Programmes to support children at risk in the urban areas are also implemented by various organizations in collaboration with municipalities. As a new initiative of the government, a National Centre for Children at Risk has been recently set up with 'round the clock' information, response and action on missing, abused, abducted and trafficked children.

7. LESSONS LEARNED AND INITIATIVES FOR FUTURE DIRECTION

Armed conflict and frequent political upheaval along with glaring issues of exclusion and discrimination in the country has rendered a historic lesson towards effective realization of the rights of the child. Intensifying violence and political instability did not only hamper the effective utilization of aid, it also took a heavy toll on the economy and the people. The intensifying security threat compounded by political uncertainty seriously held up development activities for several years.

The period for the reporting of WFFC and the preparation for the MDG Progress Report coincide with the soaring armed conflict in which children and women were the hardest-hit of all kinds of violence. Killings, maiming, forced conscription, indoctrination and displacement were the routine of the day. Despite the adversaries, child protection remained a high priority through "Children as Zone of Peace" campaign and other 'do no harm' strategies in the intervention agenda among development partners, human rights and humanitarian agencies.

The dissolution of Parliament in 2002 meant further hindrances to enact or amend legislations or ratify international conventions. For example, a planned anti-trafficking bill could not be enacted and the government was unable to ratify the Optional Protocol to the CRC on the involvement of children in armed conflict and the SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution through the parliamentary process. Institutions that have an important role to play in protecting children's rights were paralyzed and obstructed. The mandates for the Women's Commission and Dalit Commission lapsed in March 2004, and while the Dalit Commission was reinstated in January 2005, the Women's Commission remains effectively suspended. The NHRC, which undertakes work on children's rights as an important component, was consistently undermined and prevented from carrying out its work independently. Since February 2005, many local human rights organizations faced serious harassment by

the security forces and the insurgents, which prevented them from carrying out their work and further reduced child rights protection.

In such an exceptionally difficult circumstance, Nepal was apparently unable to fulfill its obligations under the CRC to ensure that children deprived of their liberty are separated from adults (Article 37-c), have access to prompt legal and other appropriate assistance (Article 37-d) and are not subjected to torture or other ill treatment (Article 37-a). In the absence of competent and effective juvenile justice system and the only juvenile detention facility that does exist is overcrowded, resulted in many children being kept in adult jails. As a result, children who did go through the legal process were often dealt with by quasi-judicial District Administration Offices (DAOs). This is despite the stated policy in the Tenth Plan (2002–2007) of "establishment of legal system in line with children's rights".

The other key lesson learned in the course of past five years is that it is critical to link national and sub-national targets for children with resource allocations. The support of national and local political decision makers often has been decisive in ensuring sustained fiscal allocations. Exercises to introduce results-based budgeting into the national budget, with results defined in terms of the eight MDGs is vital because six of the eight goals concern children directly; these or similar exercises offer significant opportunities for creating a more "child-friendly" set of public policies. Many programs for children are found to be more effective if children themselves are involved in the planning process from the outset.

Progress towards Achievement of WFFC and Relevant MDGs

The Department of Education (DoE) has taken several steps to strengthen the Early Childhood Development Program (ECDP). A National Early Childhood Development Council (ECDC) was formed in 2005, with representation from the main actors in early childhood development. A new early childhood development policy has been developed. The Tenth Five-Year Plan (2002-07) sees early childhood care as a priority, and intends to increase coverage of child development centres to 32 per cent of the population by 2007 and 80 per cent (through 74,000 centres) by 2015. In 2005, the DoE released a guideline for the ECD, covering all phases from planning to execution. The DoE has disseminated the guideline broadly in an effort to unify the procedures of different early childhood development implementers. Various NGOs, INGOs and UN agencies play key roles in early childhood development, in cooperation with various ministries, local government bodies, NGOs and civil society organizations.

Remarkable reduction has been seen in vaccine preventable diseases such as mortality rates over the last decades. From a staggering infant mortality rate (IMR) of 200 per 1000 live births some 30 years ago there has been significant improvements in the recent years. The most likely causes of the decline in IMR are improvements in the management of diarrhea, improved immunization, Vitamin A supplementation, and the improved management of acute respiratory infections, especially pneumonia. Vitamin A supplementation for children of 6-59 months is universal, reaching all districts biannually with coverage rates consistently exceeding 95% since 1998 which alone reduces mortality by about 30% and is one of the main factors behind the reduction in child mortality observed since 1990. If this progress continues, it seems likely that Nepal will achieve this target for 2015. However, it must be emphasized that the country's child mortality rate (U5MR) is the fifth highest among all the countries of the South East Asian Region (WHO 2005).

Steady progress has also been observed for the expanded program of immunization (EPI). Routine EPI coverage rates have increased substantially since 1990 and immunization campaigns against polio, measles and tetanus have consistently achieved high coverage at or above 98%, 95% and 78%, respectively. As a result of the massive measles campaigns for children between 9 months and 14 years in 2004 and 2005, the number of measles outbreaks has been drastically reduced from 138 in 2004 to 1 in 2005, and the number of lives saved annually is estimated at 2,500. Using a similar campaign approach for women of child-bearing age, maternal and neonatal tetanus (previously a leading cause of neonatal death) is eliminated with verification completed in the end of 2005.

It is also worth noting that although more than 99% of all infants received some form of vaccination, only 60% were fully immunized by 12 months of age in 2001. Thus, immunization was widely available and accessible, but the service - despite being free - was grossly underutilized in particular in the *terai*, and among the more disadvantaged groups. Since then, concerted efforts have been made to focus on poorer performing districts, and with the steady increase in DPT3 and OPV3 coverage, there is good reason to believe, that a higher proportion is now fully immunized and disparities reduced.

Some vital ongoing measures supported by the National Safe Motherhood Program (NSMP) include measures to increase the availability of essential obstetric care (EOC) services through the establishment of pilot EOC facilities in 15 districts, and a gradual increase in the utilization of Comprehensive and Basic EOC, in particular among marginalized groups. While the national skilled birth attendants (SBAs) policy was drafted only in July 2005, the Government has provided cost sharing incentives to promote SBAs with the provision of nationwide transport for delivery services in 25 of the poorest and most conflict affected districts, and incentives to health workers providing delivery services in institutions and for home births. I/NGOs and the private sector, including social marketing organizations, have contributed significantly to family planning and maternal-child health programs. The national strategy on HIV/AIDS 2002-2006 has the overall objective of containing the HIV/AIDS epidemic among vulnerable groups, and focuses on young people, mobile populations, female sex workers (FSWs), male having sex with males (MSMs), injecting drug users (IDUs) and children.

It should be highlighted that data on maternal mortality is highly problematic in Nepal, as measurement of the maternal mortality ratio (MMR) suffers gravely from under-reporting and misclassification, and even household surveys are subject to wide margins of uncertainty due to such issues as variability of the sample, the small number of events, and differences in methodology. More recently, deliveries by skilled birth attendants (SBAs) have been proposed as a proxy indicator for the maternal mortality ratio. This indicator shows an increase from 7.4% deliveries (by skilled attendant and other health workers) to 18.7% in 2006. Although there has been steady improvement in the enrolment of girls both in the primary and secondary schools between 1991 and 2004, the rate of progress suggests that there is a significant challenge in meeting the target for this indicator by 2015.

National Health Care System (NHCS) comprises district-level health care, referral health care and central and specialized health care system. The district health care system includes three tiers: community first institutional and district-level health care. Only primary health care services are available at the community level, which is supported by Female Community Health Volunteers (FCHV), Trained Traditional Birth Attendants (TBA) and two types of outreach clinics.

The institutional set up at the grassroots starts with the sub-health posts (SHP) at the VDC level. In 2003, there were 3129 SHPs in 3915 VDCs in the country. The SHPs, along with the Health Posts (HP) and Primary Health Care Centres (PHC) or Health Centres (HC) in the electoral constituencies, are grouped into one category and commonly identified as "first institutional health care." These institutions are responsible for the delivery of disease-control services, reproductive health care services, child health care and nutritional services importance is given to alternative medicine as is evident from the presence of District Ayurvedic Health Centres. There are 287 such centres in the 75 districts.

Nepal has been conducting campaigns to meet disease-specific targets in the last several years on immunization which has been significantly improved, and deaths due to diarrhoeal diseases have declined. Deaths due to ARI have also declined in recent years. Campaigns promoting micronutrients such as Vitamin A together with de-worming tablets for children between 6 and 59 months biannually have fared well-biannual Vitamin A supplementation is said to have prevented the deaths between 12,000 to 22,000 children per year. The tetanus campaign coverage and the reported number of neonatal tetanus were all

positive indicators to point out the fact that Nepal can be said to have virtually eliminated neonatal tetanus. No case of wild polio has been reported since November 2000. A nationwide measles campaign was conducted in 2004/05 and reached over 95% of children between 9 months and 14 years. As a result, the number of measles outbreaks has gone down from 137 in 2004 to 1 as of July 2005 (PEN/WHO 2004)

It is obvious that several program-related challenges, including inadequacy of resources, persistently exist in giving a gender focus to the development endeavors. Resources alone are not enough. They must be matched by strong leadership and sincere commitments at all levels to achieve the MDG on gender equality and women empowerment. The main constraints for achieving the WFFC in combination with the related MDG goals are frequent changes of government, limited national resources for health services development, centralized administration, ineffective management and supervision, difficult geographic terrains and slow economic growth fueled by conflict.

Future Policy and Program Directions

- The WFFC Plan of Action will be fully incorporated into the government's social, economic, legislative and fiscal decision-making with widespread involvement of civil society, including families and children, in the development of national regional, district and village level programs, policies and plans for children;
- National planning, coordination and implementation of programs and policies for children will be strengthened through the strengthening of more effective, inclusive and democratic national bodies for the promotion and protection of child rights;
- Regular monitoring and periodic progress reviews of the situation of children will be carried out at national level and, where appropriate, at regional and sub-national levels through review and reframing of the NPA for children in the changed political context while directing both internal and external stakeholders to comply with the provisions of the NPA.
- Integration of the agenda into existing or future sectoral or multi-sectoral policy and legislative frameworks e.g., SWAPs, national health policies, national HIV/AIDS policies, national child protection policies and legislation will be fully ensured.
- Substantial upscaling efforts will be enhanced, such as incentives for children in the forms of scholarships, meals, better physical facilities and an improved teaching learning environment in the schools to address the needs of local schools in many areas calling for significant increases in public investment in education.
- A special task force will be formed to monitor and follow-up the time bound NPAs such as Education for All by 2015; Elimination of Worst Forms of Child Labor by 2005, Child Labor by 2010 and other relevant plans and policies.
- Civil society organizations including NGOs, CBOs, teachers' associations, trade unions, women's associations and other interest groups will be strengthened for their active role as change agents for the rights of the children.
- A concerted effort will be made in the institutional capacity building, infrastructure development, and human resource development and strengthening of concerned government agencies and line ministries including CCWB and DCWB.
- A special budget will be allocated to the local governments like VDCs, Municipalities and DDCs to encourage them for the effective reintegration of disarmed, demobilized and orphaned children implicated in armed conflict.
- A concrete policy and program will be formulated for the rehabilitation and psycho-social counseling of internally displaced, refugee and orphaned children and special budget will be allocated to this effect in the planned rehabilitation and reintegration process.
- Children's mandatory participation will be ensured in the process of planning, implementation and evaluation of development programs, particularly child rights in all levels, from the village unit to the NPC through a national framework on child participation.

- Progressive laws and regulations relating to children will be formulated, amended and reformed as per need and law-enforcing agencies will be sensitized and activated for the protection of children from harm, abuse and exploitation.
- The right to health and education will be enshrined as fundamental rights in the upcoming constitution and affirmative action will be undertaken to support the marginalized children from indigenous and minority groups. Birth registration campaign will be launched in a massive scale with community participation.
- Media from the government and private sector and community will be sensitized and encouraged to play important role in advocating and raising awareness on the rights of the children. Media will be influenced to publicize child-centered and child-friendly programs with the full participation of children as well.
- All relevant international instruments relating to children will be ratified and national laws and policies will be formulated in conformity with the provisions of the treaties and arrangements.

In conclusion, the transition to democracy has offered a historical momentum in defense and promotion of the rights of the child. It is essential in the changed political context to start a broad-based national dialogue on children's rights and on implementing the WFFC involving civil society, the private sector, donors and representatives of children and young people to review the situation of children and the goals and targets of WFFC in the light of the critical situation and the unique challenge that the nation faced in the past as well as opportunities ahead in the transition and beyond. It should also take into account, as appropriate, observations on the national report to the Committee on CRC. This process should result in a statement of joint commitment to a set of goals, targets and priority actions for children to be taken by different organizations, including policy and legislative measures. Meanwhile, it is vital to blend in a built-in manner the Plan of Action of the WFFC into national development plans or poverty reduction strategies. The time-honored reality is that merely "child-friendly" sectoral or inter-sectoral policies will not produce any tangible and desired results. It is essential that children's issues be included in the policy agenda in a systematic, institutionalized and sustained fashion.

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Annex I
PROJECTED RESOURCE NEEDS FOR CHILDREN (USD)

Objectives	2005-07	2008-12	2013-15	2005-2015
Legal Reform	4	10	5	20
Institutional development	1000	4000	2000	7000
Health and HIV/AIDs	4000	13000	8000	25000
Education	9000	25000	18000	52000
Rehab and Social Reintegration	1000	3500	1500	6000
Protection	1000	3000	2000	6000
Family and Community Development	2000	6000	3000	11000
Human Resource and Capacity Development	2000	6000	3000	11000
Advocacy and Awareness	500	1000	5000	2000
Information Management System	200	1000	500	1700
Research and Studies	200	600	300	1100
Others	500	1500	1000	30000
Total	21405	64610	39805	125820

Source: Central Child Welfare Board

Annex II

Millennium Development

Nepal Country Profile

Click on the indicator to view a definition	1990	1995	2001	2002	2003
1 Eradicate extreme poverty and hunger	<i>2015 target = halve 1990 \$1 a day poverty and malnutrition rates</i>				
<u>Population below \$1 a day (%)</u>	..	39.1	..	..	..
<u>Poverty gap at \$1 a day (%)</u>	..	11.0	..	..	..
<u>Percentage share of income or consumption held by poorest 20%</u>	..	..	..	..	..
<u>Prevalence of child malnutrition (% of children under 5)</u>	..	48.5	48.3	..	..
<u>Population below minimum level of dietary energy consumption (%)</u>	..	..	..	17.0	..
2 Achieve universal primary education	<i>2015 target = net enrollment to 100</i>				
<u>Net primary enrollment ratio (% of relevant age group)</u>	81.2	..	..	..	..
<u>Percentage of cohort reaching grade 5 (%)</u>	..	..	64.9	..	..
<u>Youth literacy rate (% ages 15-24)</u>	..	..	70.1	..	..
3 Promote gender equality	<i>2005 target = education ratio to 100</i>				
<u>Ratio of girls to boys in primary and secondary education (%)</u>	57.3	..	83.4	85.4	..
<u>Ratio of young literate females to males (% ages 15-24)</u>	..	..	74.6	..	..
<u>Share of women employed in the nonagricultural sector (%)</u>	11.8	..	..	..	..
<u>Proportion of seats held by women in national parliament (%)</u>	6.0	..	6.0	6.0	6.0
4 Reduce child mortality	<i>2015 target = reduce 1990 under-5 mortality by two-thirds</i>				
<u>Under 5 mortality rate (per 1,000)</u>	145.0	120.0	..	..	82.0
<u>Infant mortality rate (per 1,000 live births)</u>	100.0	84.0	..	..	61.0
<u>Immunization, measles (% of children under 12 months)</u>	57.0	56.0	71.0	71.0	75.0
5 Improve maternal health	<i>2015 target = reduce 1990 maternal mortality by three-fourths</i>				
<u>Maternal mortality ratio (modeled estimate, per 100,000 live births)</u>	..	..	..	..	..
<u>Births attended by skilled health staff (% of total)</u>	..	..	10.9	..	..
6 Combat HIV/AIDS, malaria and other diseases	<i>2015 target = halt, and begin to reverse, AIDS, etc.</i>				
<u>Prevalence of HIV, female (% ages 15-24)</u>	..	..	0.3	..	..
<u>Contraceptive prevalence rate (% of women ages 15-49)</u>	..	..	39.3	..	..
<u>Number of children orphaned by HIV/AIDS</u>	..	..	..	..	..
<u>Incidence of tuberculosis (per 100,000 people)</u>	211.3	211.3	211.2	211.2	211.2
<u>Tuberculosis cases detected under DOTS (%)</u>	..	..	55.8	57.2	60.3
7 Ensure environmental sustainability	<i>2015 target = various (see notes)</i>				
<u>Forest area (% of total land area)</u>	32.7	..	..	..	..
<u>Nationally protected areas (% of total land area)</u>	..	..	..	..	8.9
<u>GDP per unit of energy use (PPP \$ per kg oil equivalent)</u>	2.6	3.3	3.9	3.9	..
<u>CO2 emissions (metric tons per capita)</u>	0.0	0.1	..	..	..
<u>Access to an improved water source (% of population)</u>	69.0	..	..	84.0	..
<u>Access to improved sanitation (% of population)</u>	12.0	..	..	27.0	..

Access to secure tenure (% of population)

8 Develop a Global Partnership for Development

2015 target = various (see notes)

Youth unemployment rate (% of total labor force ages 15-24)

<u>Fixed line and mobile telephones (per 1,000 people)</u>	3.2	4.1	13.9	15.1	17.8
<u>Personal computers (per 1,000 people)</u>	..	1.2	3.5	3.7	..

General indicators

<u>Population</u>	18.1	20.4	23.6	24.1	24.7
	million	million	million	million	million
<u>Gross national income (\$)</u>	3.9	4.4	5.7	5.6	5.9
	billion	billion	billion	billion	billion
<u>GNI per capita (\$)</u>	220.0	220.0	240.0	230.0	240.0
<u>Adult literacy rate (% of people ages 15 and over)</u>	..	..	48.6	..	..
<u>Total fertility rate (births per woman)</u>	5.3	..	..	4.2	4.1
<u>Life expectancy at birth (years)</u>	53.6	..	..	59.9	60.2
<u>Aid (% of GNI)</u>	11.7	9.8	7.0	6.6	8.0
<u>External debt (% of GNI)</u>	45.1	54.9	48.5	53.5	55.7
<u>Investment (% of GDP)</u>	18.1	25.2	24.1	24.1	25.8
<u>Trade (% of GDP)</u>	32.2	59.5	53.8	47.0	45.4

Source: World Development Indicators database, April 2004

Note: In some cases the data are for earlier or later years than those stated.

Goal 1 targets: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day. Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

Goal 2 target: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

Goal 3 target: Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015.

Goal 4 target: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

Goal 5 target: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.

Goal 6 targets: Have halted by 2015, and begun to reverse, the spread of HIV/AIDS. Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases.

Goal 7 targets: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources. Halve, by 2015, the proportion of people without sustainable access to safe drinking water. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.

Goal 8 targets: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system.

Address the Special Needs of the Least Developed Countries. Address the Special Needs of landlocked countries and small island developing states. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term. In cooperation with developed countries, develop and implement strategies for decent and productive work for youth. In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.

Annex III
WFFC AND MDG TARGET

Goals	Will development goal be reached?				Status of supportive environment			
1A. Extreme Poverty Halve the proportion of people living below the national poverty line by 2015.	Likely	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
1B. Hunger Halve the proportion of people who suffer from hunger between 1990 and 2015.	Likely	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
2. Universal Primary Education Ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Likely	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
3. Gender Equality Achieve equal access for boys and girls to primary and secondary education by 2005 and to all levels of education no later than 2015.	Likely	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
4. Child Mortality Reduce under-five mortality by two-thirds by 2015.	Likely	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
5. Maternal Health Reduce the maternal mortality ratio by three-quarters by 2015.	Likely	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
6A. HIV/AIDS Halt and reverse the spread of HIV/AIDS by 2015.	Likely	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
6B. Malaria and Other Major Diseases Halt and reverse the incidence of malaria and other diseases by 2015.	Likely	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
6C. Tuberculosis Halt and reverse the incidence of tuberculosis by 2015.	Likely	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
7A. Environment Sustainability Reverse loss of environmental resources	Likely	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
7B. Access to Safe Drinking Water Halve the proportion of people without access to safe drinking water	Likely	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak

Source: MDG Second Progress Report, 2005

Annex IV
EFA INDICATORS AND TARGETS BY 2015
 Targets by core EFA indicators

Indicators	2000	2005	End of 10 th Plan, 2007	End of 11 th Plan, 2012	2015
1. Gross enrolment rate, GER for ECD	13	20	32	60	80
2. % of New entrants at Grade 1 with ECD	10.5	30	40	65	80
3. Gross Intake Rate, GIR at Grade 1	141	125	123	111	102
4. Net Intake Rate, NIR at Grade 1	53.7 ^a	67	73	89	98
5. GER at Primary Grade 1-5	119.8	110	110	110	105
6. Net Enrolment Rate, NER (Primary Grade 1-5)	80.4	88	90	95	100
7. Primary Exp./GNP	1.8 ^b	1.9	2.0	2.3	2.5
8. Primary Exp./Total Ed. Exp.	56.7 ^b	60	62	65	65
9. % of teachers with req. qualification and training	15.4	50	100	100	100
10. % of teachers with required Certification	-	60	100	100	100
11. Pupil Teacher Ratio	37	34	34	31	30
12. Repetition Rate : Grade 1	42	30	24	14	10
Grade 5	11	9	8	8	8
13. Survival rate up to G5	63	71	75	86	90
14. Efficiency	55	63	67	76	80
15. % of Learning Achievement at Grade 5	40	52	57	70	80
16. % of Literacy Age Group 15-24	70 ^c	76	79	86	95
17. % of Literacy : Age Group 6+ years	54 ^c	65	75	85	90
Age Group 15+ years	48 ^c	58	63	70	75
18. Literacy GPI (15+ years)	0.6 ^c	0.7	0.8	0.9	1.0

a/ 1997, b/2001/02, c/ 2001

Annex V

WFFC NATIONAL PLANS AND POLICIES

The Tenth Five-Year Plan, which is being implemented from the fiscal year 2002/3, has necessitated the integration of the maximum utilization of policy reforms, available infrastructures, and institutional development attained in the Ninth Plan, and the formulation of integrative programs with the objective targets for speedy poverty alleviation. As the Tenth Plan constitutes the first plan of the 21st century, and the third millennium, it has encouraged child participation in the development process, and addresses the rights of children as a cross-cutting issue. Policy is now shifting to a right-based approach from a welfare-based approach to clearly define the concept of well-cultured, competitive, prosperous, and equitable Nepal while reflecting the aspirations of Nepalese children in the Plan. In this context, strategies are directed towards achieving the set goal through participatory development process together with establishing the effective role of women in the national economic and social development, mainstreaming the down-trodden and ethnicities in the development process, and clearly defining the role of government, local bodies, the private sector, NGOs and the civil societies. The initiatives are instrumental in assisting the development of policies as well as legal and institutional reforms and to strengthen social protection services to support children and their families.

National Health Plan (NHP) is a comprehensive policy that addresses service delivery as well as the administrative structure of the health system. The 8th Health Plan (1992-1997), 9th Health Plan (1997-2002) and Second Long Term Health Plan (SLTHP) (1997-2017) were developed in keeping with the NHP. The main features of the health plan were the development of integrated and essential health care services at the district level and below, active community participation and mobilization of the private sector to develop general as well as specialized health services, ensuring quality assurance in health care making MCH/FP an integral part of PHC services, Inter and Intra sectoral coordination, decentralization of health administration developing the traditional system of medicine, and promoting the participation of national and international NGOs, private enterprises and foreign investors. In practical terms, achievements include the adoption of an integrated approach to all programs, and the implementation of special programs such as district health systems development, safe motherhood, community drug schemes, the health management information system, and special surveys to re-evaluate the achievements in the implementation of the health policy.

National Human Rights Action Plan (NHRAP) embodies actions to improve human rights situation and to spell out Government's commitment to human rights through actions; improve the current status of human rights for all Nepali citizens, particularly the poor, marginalized, vulnerable, dalit, indigenous and ethnic communities and those living in the backward and remote regions of the country; mainstream human rights in the

development plans and programs; foster collective ownership of all sectors related to the NHRAP and increase awareness and understanding; further mobilize national and international resources in order to protect and promote human rights. The **National Master Plan on Child Labor (NMPCL)** incorporates components such as policy and institutional development; education and health; advocacy, networking and social mobilization; legislation and enforcement; income and employment generation; prevention, protection; rehabilitation and research and study. Similarly, the **National Plan of Action on Disability (NPAD)** covers the areas including awareness Raising; Special Need Education and sports; Rehabilitation & Medical Care; Training and Employment; Support Services/Assistive devices; Accessibility; Facilities/Supports; Shelter for disable and its operation; Capacity building of self-help organization of PWDs.

Accordingly, the **National Plan of Action on Trafficking (NPAT)** has enshrined policy, research and institutional development; Legislation and enforcement; Awareness creation, advocacy, networking and social mobilization; Health and education; Income and employment generation; Rescue and reintegration; Trans-border, regional and international issues; and Monitoring and evaluation. The **National Plan of Action on HIV/AIDS (NPAHA)** has provisioned for prevention of STI/HIV infection among vulnerable groups; prevention of new infection among young people; ensuring treatment, care, and support services; expansion to the monitoring and evaluation framework through evidence-based effective surveillance and research; the establishment of an effective and efficient management system for an expanded response.

The **National Plan of Action for Gender Equality and Women's Empowerment** has been formulated to implement the Beijing Platform for Action towards ensuring gender equality. The POA identifies the empowerment of women as one of the focused areas of development and recognizes the gender equality as a key factor in the poverty analysis. In order to achieve gender equality and the empowerment of women, the Tenth Plan strategies are identified as, (i) harmonization of all women targeted programs, implementation, coordination, monitoring and evaluation to make them more effective; (ii) women's participation in all cycles of local level poverty alleviation and income generation projects; (iii) sensitization about gender equality to all sectors and at all levels; and iv) revision of discriminatory laws against women on the basis of equality and international commitments. The main triumph of the achievement is the legislative reform concerning women with the 11 amendment of the Civil Code on March 2002. It is taken as a step forward in eliminating legal discrimination against women, which was emphasized in CEDAW committee concluding comments in 1999 and also specified in the Beijing + 5 outcome document. Among others the highlights of the amended Civil Code are that it has treated sons and daughters as equal inheritors of the ancestral property (until daughters get married) and has legalized abortion under certain conditions.

The **NPA on Education for All (EFA)** (2004-2009) outlines detail programming on expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children; ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete, free and compulsory primary education of good

quality; Ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life skills programs; Achieving a 50% improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults; eliminating gender disparities in primary and secondary education by 2005 and achieving gender equality in education by 2015, with a focus on ensuring girl's full and equal access to and achievement in, basic education of good quality; improving all aspects of the quality of education and ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills.

One major achievement of the EFA programme is that monitoring progress against targets has been strengthened. The "Flash Reports" compile data from all schools at the beginning and the end of the school year, and provide information disaggregated for dalits and janjatis. This is important since these children are more disadvantaged in terms of access and retention in education. The Technical Review of School Education is a annual survey of 1000 schools, and can verify the information from the school reports.

A Welcome to School campaign was conducted nationwide at the beginning of the school year 2005/06 to encourage children, particularly those from disadvantaged families, to enroll in schools. The campaign resulted in a large increase in enrolment, particularly in Class 1.

A National Policy on Internal Displacement has been adopted in 2005. After the recent political transition, amicable solution for resettlement has been sought through the recently concluded Political Understanding and the Comprehensive Peace Accord to accelerate relocation and resettlement for all internally displaced persons (IDPs). It is envisioned that the agreements would include the programs to ensure access of all IDP and returned children by establishing "catch-up" programs for school drop-outs and availability of birth certificates and other necessary identification documents and psycho-social support programs including enrolment through feeding programs and other incentives.

Annex VI^a

WATER SUPPLY AND SANITATION

The Millennium Development Target is to halve the number of people without access to drinking water and sanitation facility by the year 2015. Statistics show that approximately 81 percent of the total population in the country currently obtains drinking water from improved facilities. The corresponding figure for sanitation coverage was 39 percent. Given this trend, Nepal is likely to reach near universal access to drinking water and sanitation by 2015.

Indicators	Status				Target		
	1990	1995	2000	2005	PRSP 2007	MDG 2015	2017
1. Proportion of population with sustainable access to improved water source							
- Rural	43	68	71	79	85	72	100
- Urban	90	96	86	93	85	95	100
- National Average	46	70	73	81	85	73	100
2. Proportion of population with sustainable access to improved sanitation							
- Rural	3	18	25	30	43	52	100
- Urban	34	67	80	81	83	67	100
- National Average	6	22	30	39	50	53	100

Source: MDG Second Progress Report 2005

Millennium Development Goals						
	1990	1994	1997	2000	2003	2004
Goal 1: Eradicate extreme poverty and hunger						
Percentage share of income or consumption held by poorest 20%	..	..	7.6	..	..	..
Population below \$1 a day (%)	..	39.1	..	..	..	..
Population below minimum level of dietary energy consumption (%)	..	..	26	..	17	..
Poverty gap ratio at \$1 a day (incidence x depth of poverty)	..	11	..	..	..	..
Poverty headcount, national (% of population)	..	..	42	..	..	..
Prevalence of underweight in children (under five years of age)	..	48.5	47.1	48.3	..	..
Goal 2: Achieve universal primary education						
Net primary enrollment ratio (% of relevant age group)	81.2	..	68.5	70.5	..	..
Primary completion rate, total (% of relevant age group)	55	..	..	70.5	78.1	..
Proportion of pupils starting grade 1 who reach grade 5	..	..	..	77.8	..	..
Youth literacy rate (% ages 15-24)	..	..	..	70.1	..	..
Goal 3: Promote gender equality and empower women						
Proportion of seats held by women in national parliament (%)	6	..	3	6	6	6
Ratio of girls to boys in primary and secondary education (%)	57.3	..	76.1	81.2	85.4	..
Ratio of young literate females to males (% ages 15-24)	..	..	..	74.6	..	..
Share of women employed in the nonagricultural sector (%)	11.8	..	..	..	..	..
Goal 4: Reduce child mortality						
Immunization, measles (% of children ages 12-23 months)	57	58	73	71	75	75
Infant mortality rate (per 1,000 live births)	100	84	..	69	61	61
Under 5 mortality rate (per 1,000)	145	120	..	95	82	82
Goal 5: Improve maternal health						
Births attended by skilled health staff (% of total)	7.4	..	9	11.9	..	..
Maternal mortality ratio (modeled estimate, per 100,000 live births)	..	..	..	740	..	..
Goal 6: Combat HIV/AIDS, malaria, and other diseases						
Contraceptive prevalence rate (% of women ages 15-49)	..	..	28.5	39.3	..	..
Incidence of tuberculosis (per 100,000 people)	211.3	211.3	211.2	211.2	211.2	211.2
Number of children orphaned by HIV/AIDS	..	..	..	..	..	..
Prevalence of HIV, total (% of population aged 15-49)	..	..	..	0.4	0.5	0.5
Tuberculosis cases detected under DOTS (%)	..	..	11.1	56	60.3	60.3
Goal 7: Ensure environmental sustainability						
Access to an improved water source (% of population)	69	..	..	..	84	..
Access to improved sanitation (% of population)	12	..	..	..	27	..
Access to secure tenure (% of population)	..	..	..	..	..	..
CO2 emissions (metric tons per capita)	0	0.1	0.1	0.1	..	..
Forest area (% of total land area)	32.7	..	..	27.3	..	..
GDP per unit of energy use (2000 PPP \$ per kg oil equivalent)	3.2	3.6	3.7	3.7	3.8	..
Nationally protected areas (% of total land area)	..	..	..	..	8.9	8.9
Goal 8: Develop a global partnership for development						
Aid per capita (current US\$)	23.5	22.5	18.7	16.9	18.9	18.9
Debt service (% of exports)	15	8	7	7	10	10
Fixed line and mobile phone subscribers (per 1,000 people)	3.2	3.8	6.6	12.4	17.8	17.8
Internet users (per 1,000 people)	0	0	0.2	2.2	3.4	..

Personal computers (per 1,000 people)	..	0.8	2.1	3.1	3.7	..
Unemployment, youth female (% of female labor force ages 15-24)	..	..	..	..	..	..
Unemployment, youth male (% of male labor force ages 15-24)	..	..	..	..	..	..
Unemployment, youth total (% of total labor force ages 15-24)	..	..	..	..	..	..
Other						
Fertility rate, total (births per woman)	5.3	4.6	4.4	..	4.1	4.1
GNI per capita, Atlas method (current US\$)	220	210	230	230	240	260
GNI, Atlas method (current US\$) (billions)	3.9	4.1	4.9	5.4	5.9	6.5
Gross capital formation (% of GDP)	18.1	22.4	25.3	24.3	25.8	25.8
Life expectancy at birth, total (years)	53.6	..	57.4	..	60.2	60.2
Literacy rate, adult total (% of people ages 15 and above)	..	..	..	48.6	..	..
Population, total (millions)	18.1	20	21.4	23	24.7	25.2
Trade (% of GDP)	32.2	50.4	64	55.7	45.4	47.7
Source: World Development Indicators database, April 2005						

Figures in italics refer to periods other than those specified.

Page: Country: Nepal **Row:** Series **Column:** Time