Executive Summary

Achievements

UNICEF provided lead support to the National Plan Commission (NPC), six Ministries of the Government of Nepal, and development partners to finalize the Multi-Sector Nutrition and Food Security Action Plan 2013–2017. The Plan, the first-ever initiative of its kind in the country, was launched by the Prime Minister of Nepal, a member of the Scale Up Nutrition (SUN) Lead Group, in September 2012. Based on UNICEF-supported pilots on Infant and Young Child Feeding/Multiple micro-nutrient powders and Integrated Management of Acute Malnutrition, the Ministry of Health and Population (MoHP) has decided to take both initiatives to national scale by 2017.

Five District Investment Cases using bottleneck analysis to strengthen health systems were completed. The MoHP endorsed the approach as an effective tool for evidence-based planning and budgeting. Working alongside local health authorities in 11 low-performing districts, UNICEF’s support has led to increased access to 24-hour/7-days per week (24x7) birthing centres from 37 per cent to 42 per cent, with some of the most disadvantaged populations benefitting the most.

Working with the Ministry of Education, UNICEF continued to help strengthen the focus on reaching the hardest-to-reach children. Using the Child-Friendly School approach, over 1,300 schools in 30 districts have reduced Grade 1 repetition and drop-out rates. Over 8,000 out-of-school children (68 per cent girls) across nine districts benefitted from non-formal education. In 864 communities in districts severely affected by political instability, the Schools as Zones of Peace (SZOP) initiative kept schools open, benefitting over 300,000 children.

As Chair of the Water Sanitation and Hygiene (WASH) Development Partners Group, UNICEF continues to make significant contributions to the WASH sector to harmonize the programmes and approaches of multiple partners. In 2012, access to improved drinking water sources increased by 5 per cent and sanitation coverage increased by 8 per cent in UNICEF-supported districts, while Tanahu became the third district to be declared Open-Defecation Free. The sanitation social movement is gaining increased ownership by the Government and political parties at all levels; for example, an investment of US$1 million was made by local authorities during 2012 leading to acceleration of the sanitation movement.

Shortfalls

Political instability continues to affect UNICEF programming in several ways, including in: the lack of constitutional bodies and commissions that hinders legal reform; frequent and large-scale turnover of civil servants that reduces the sustainability of capacity-building initiatives and increases fiduciary risks at all levels of government; and delayed and reduced national budget releases that compromise the implementation of government programmes.

Partnerships

In 2012, the partnership with the NPC continued to spur multi-Ministry initiatives, including a new Sanitation and Hygiene Master Plan and guidelines to mainstream HIV and AIDS.

The United Nations Adolescent Girls’ Task Force (UNICEF, UNFPA, UNESCO, UN Women, WHO and ILO) formed an inter-agency collaboration with nine Ministries and five Non-Government Organizations (NGOs) in order to focus attention on the challenges Nepali girls face. Led by the NPC, this inter-agency group developed Nepal’s first-ever National Framework of Action on Holistic Adolescent Development, which involved large-scale consultations with adolescents, and was launched by the Vice-President of Nepal on the International Day of the Girl Child 2012.
Country Situation as Affecting Children & Women

More than five years after the comprehensive peace agreement in the country, Nepal's political process is still far from complete. Nepal's Constituent Assembly (CA) was dissolved following its failure to draft a permanent constitution by end-May 2012 – the final deadline stipulated by the Supreme Court. The election of a new CA, initially set for November 2012, was not possible due to the constitutional and legal issues.

Amidst protracted political disagreement among the main political parties, the President has initiated a process to form a Unity Government after declaring Dr. Baburam Bhattarai’s Government as a caretaker. The effort to forge a consensus has, however, been unsuccessful and important decisions such as appointments in various constitutional bodies are on hold, severely affecting the approval of new laws, legislations and allocation of the national budget to new programmes that address social inclusion and inequity. The partial budget, valid until November 2012, was extended and approved to a full-year budget to avert the repercussions of any government shutdown.

The Universal Periodic Review recognizes the need for reforms of institutions and legislation to more effectively include the disadvantaged and to fulfill commitments to children. Policies and recently revised National Plans of Action (NPAs) for children exist, but would benefit from stronger inter-sectoral coordination and dedicated budgets.


The results of the 2011 Census were released, showing Nepal’s population increased to 26.5 million, with annual growth rate of 1.35 per cent since 2001 (The National Census 2012 <http://cbs.gov.np/>). Although the fertility rate has declined from 2.25 per cent in 2001, the Census confirmed Nepal is a young and overwhelmingly rural nation, with over 55 per cent population below 25 years, 42 per cent below 18 years, and 24 per cent between 10–19 years.

The Census documented 126 caste and ethnic groups, and 123 languages spoken as mother tongue. Nepal’s overall literacy rate increased to 66 per cent in 2011, from 54 per cent a decade earlier. However, the gender gap in the literacy rate is wide (men 75.1 per cent and women 57.4 per cent). More than one-quarter of households reported that one or more members were absent or living abroad, most of whom are likely to be males and migrant labourers.

Female headed households increased to 26 per cent from 15 per cent in 2001. About 2 per cent of the population has some form of disability. About two-thirds of the total population has access to electricity and a mobile phone, while more than one-third of the population does not have access to a toilet facility.

The 2011 National Population and Housing Census, the Nepal Demographic Health Survey (NDHS) 2011, and the Nepal Living Standard Survey III (NLSS III) in 2011 have provided evidence that Nepal is on track to achieve most of its national Millennium Development Goal (MDG) targets, despite political uncertainties. Nepal has made significant progress in the social sectors, mainly in education and health. The net enrolment rate at the primary level reached 95 per cent in 2011 (School Level Educational Statistics of Nepal, Consolidated Report 2011).

There has been a significant increase of 10.9 per cent between 2004 and 2011 in children enrolled in Early Childhood Education and pre-primary classes, with an improvement in the Gender Parity Index (GPI) to 0.93. The under-five mortality rate has declined from 61 deaths per 1,000 live births in 2006 to 54 deaths per 1,000 live births in 2011. Using the national poverty line from the NLSS III, which was set at US$230 per annum, overall poverty has declined to 25 per cent in 2011, from 31 per cent in 2005. Nevertheless,
disparities in accessing quality services prevail across geography, caste, ethnicity, and sex and wealth quintiles, resulting in high rates of child and maternal under-nutrition and low-birth weight among certain populations.

Trend analysis of the 2011 NDHS data shows the national rate of improvement in child stunting was substantial, at 1.4 percentage points (ppts)/year; improvement was found in all the eco-zones, but the greatest was in the hills and the Terai flatlands (Crum, J., John Mason, Paul Hutchinson, 2012, Analysis of trends in nutrition of children and women in Nepal, Tulane University, School of Public Health and Tropical Medicine, Report for Nutrition Section, UNICEF Nepal).

Child underweight improved at a rate of 1.1ppts/year, exceeding the rate needed to meet the MDG by 2015. Stunting and underweight are improving both within and across education groups; rapidly increasing access to education for women (with other factors) has contributed greatly to decreasing child under-nutrition. Stunting improved significantly within all wealth quintiles. Water supply and sanitation had significant, interactive effects on stunting – either taken alone, had little effect. Differences in child and maternal under-nutrition were found between caste/ethnic groups. Maternal underweight has improved through time, with the most improvement occurring in later years and in the Terai.

The National Centre for AIDS and Sexually Transmitted Disease Control (NCASC) estimates that the number of people living with HIV in 2011 was 50,200, with an overall national HIV prevalence of 0.3. Census 2011 shows 83 per cent households have access to improved drinking water source (tap/piped water and tube/hand pump), which exceeds the 2015 target of 73 per cent, and 62 per cent households have access to toilet facilities. In community schools in all levels, 80 per cent have toilet facilities, 65 per cent have a separate toilet facility for girls, and 77 per cent schools have adequate drinking water facility.

In 2012, the Government submitted the CRC State Party Report to the Committee on the Rights of the Child in Geneva; approved the revised National Plan of Action (NPA) for children 2004–2014; developed the National Child Policy; and started implementation of the Multi-Sectoral Nutrition Plan (MSNP). The United Nations Development Assistance Framework (UNDAF) was approved by the Government; the UNDAF provides the overall framework for the United Nations Country Team’s work between 2013 and 2017. The United Nations plans to allocate a total of US$686 million to Nepal over the next five years.

### Country Programme Analytical Overview

Nepal has made rapid progress, as measured by the Human Development Index (HDI)—from 0.210 (1970) to 0.458 (2011)—but this would have been one-thirds higher, had past progress been distributed more evenly across society (UNDP (2011) Human Development Report 2011. Sustainability and Equity: A Better Future for All). Three interdependent sets of factors underpin this inequity: “policy”, including the need for adequate governance, policy, legislation, and investment; “system”, including the need for more comprehensive, accessible and quality social services; and “societal”, including the need to address social norms and practices that impact access to and use of services or increase vulnerability. The overall goal of the 2013–2017 Country Programme is to directly address these three main sets of inequity factors that impinge upon children’s rights.

**Addressing policy bottlenecks.** Nepal’s development challenges require well-coordinated multi-Ministry approaches. Inter-sectoral collaboration, especially at the sub-national level, will receive stronger investment. Effective collaboration between the WASH and Education sectors has been demonstrated where local governments have coordinated the promotion of hygiene and sanitation, both in schools and communities across whole districts in the mid- and far-western regions. Advocacy will continue to contribute to equity-focused social policies, budgets, and laws, Sector-Wide Approaches (SWAps), and the preparation of the Constitution. Advocacy will be enhanced through new data generation and analysis, especially on adolescent girls, urban children and children living with disabilities.

**Addressing system bottlenecks.** Most of the children, adolescents and women being left out of Nepal’s progress are denied many of the same rights simultaneously. UNICEF’s experience with Child-Friendly Local Governance (CFLG) demonstrates that to address multiple disparities, integrated systems are needed that
bind together different programmatic interventions in a coherent, mutually reinforcing manner.

While UNICEF will continue to work with government on nationwide policy development and implementation and system strengthening across key sectors, a newly designed composite Child Deprivation Index (CDI) has allowed the National Planning Commission to identify at least 15 districts (and their municipalities) in need of concerted UNICEF support to strengthen social service systems.

Pending the availability of funds, service systems in another set of disadvantaged districts and municipalities will be supported through selective UNICEF programming. While primacy will continue to be given to rural areas, attention will also be paid to urban inequity issues. There will also be stronger engagement in Disaster Risk Reduction (DRR) rather than just emergency preparedness. UNICEF has already supported the Government to map child-centred disaster risks in order to prioritize districts and municipalities.

**Addressing social norms.** Challenging social norms and practices regarding children and adolescents persist in some parts of the country, most notably child labour, gender-based and sexual violence, trafficking, child marriage, violent discipline, and discrimination, for example, against third genders. Much greater investment and programming at scale in Communication for Development (C4D) will be made to achieve positive social norms, as well as better utilization of available services and interventions. UNICEF and partners will also intensify their focus on adolescent girls and boys, including on their need for civic engagement and sustainable socio-economic integration.

**Humanitarian Assistance**

Over the past year, Nepal has been quiet in terms of large-scale disasters that require external humanitarian assistance. However, the frequency of small-scale and localized landslides, flooding, cold waves, fire incidences and disease outbreaks has been on the rise. These localized disaster events, coupled with the late onset of monsoon rains, are likely to have a negative impact on food security and the “silent malnutrition emergency”. According to World Food Programme (WFP) initial assessments, only 40 per cent of arable land has been planted with rice in some southern plain districts and 80-90 per cent in the hill districts.

While progress has been made in developing district disaster preparedness and response plans, recent response to localized disaster events has highlighted the importance of strengthening emergency capacity and resilience at the local level to ensure that local stakeholders have the capacity to mitigate, prepare, respond and recover from such events, which in most cases do not attract national attention.

The Government has, therefore, developed a Disaster Risk Reduction (DRR) strategy and sector guidelines to guide DRR mainstreaming in sector development programmes. Similarly, UNICEF and UNDP have initiated a multi-sector comprehensive disaster risk management planning process in four of the most disaster-prone districts with the view of rolling out the process in all the vulnerable districts.

### Effective Advocacy

*Fully met benchmarks*

### Capacity Development

*Mostly met benchmark*

### Communication for Development

*Mostly met benchmarks*
UNICEF Annual Report 2012 for Nepal, ROSA

**Service Delivery**

*Mostly met benchmarks*

**Strategic Partnerships**

*Fully met benchmarks*

Led by the National Planning Commission (NPC), the Multi-Sector Nutrition Plan was approved by the Cabinet and launched by the Prime Minister. Nepal is also a member of the Scaling Up Nutrition (SUN) Lead Group. Other cross-Ministry achievements led by NPC with UNICEF support include a new Sanitation and Hygiene Master Plan, guidelines to mainstream HIV and AIDS, a National Plan of Action on Holistic Adolescent Development, and the final draft of the National Social Protection Framework. These multi-sector policies allow stakeholders to agree on a common vision and contribute to more coherent implementation and fiscal effectiveness.

UNICEF support through Inter-Ministerial Steering Committees also ensured the Government’s completion of its Convention on the Rights of the Child (CRC) periodic report. The partnership with the Nepal Staff College is being strengthened to mainstream child rights in the required curricula for public servants across sectors.

Strategic engagement with Development Partners, including International Finance Institutions, has also been essential in advancing policy dialogue. UNICEF Nepal’s partnership with the Asian Development Bank continues to leverage improvements in social protection and other sectors, and partnership with the World Bank has featured technical assistance and joint data analysis in Health and Nutrition.

UNICEF, UNHCR and UNDP collaboration has influenced the Constitution drafting to ensure human rights standards. UNICEF has been active in the Global Fund Round 10 plans for Children Affected by AIDS (CABA), in particular advocating for clearer guidelines on a proposed CABA cash transfer. United Nation joint programmes included monitoring and rehabilitation of Verified Minors and Late Recruits (UNSCR 1612), Gender-Based Violence Response and the Local Governance and Community Development Programme. UNICEF is active in the UN Gender Theme Group, Social Inclusion Action Group and UN Youth Advisory Panel.

The United Nations Adolescent Girls' Task Force Group (UNICEF, UNFPA, UNESCO, UN Women, WHO and ILO) developed an inter-agency task force with Save the Children, Plan Nepal, Consortium on Child Rights and other stakeholders to focus attention on the need to address the challenges Nepali girls face, celebrating the first International Day of the Girl Child in Nepal in 2012.

Multi-partner initiatives across Government and NGOs have also led to advances in Child Protection system building and Early Childhood Development. UNICEF led an extensive child protection system mapping and assessment initiative that increased understanding of policies, structures, roles, procedures and services and resulted in a new partnership to ensure placement and capacity building of Child Rights Officers and Welfare Officers in all the districts. Child protection has also started to be incorporated in nurses’ and ECD facilitators’ training and increased focus on protection in the Child-Friendly School Initiative. Collaboration across Government Ministries and NGO partners led to the first national conference on Early Childhood Development (ECD) led by the NPC, and collaboration with UNESCO, Save the Children, and the Embassy of Israel continued on Early Childhood Development (ECD) capacity development with the Government.

Education-related partnerships also included an international conference on Schools as Zones of Peace hosted by Nepal, and featured new alliances with the Norwegian Government in addition to the partnership with Save the Children.
Knowledge Management

Fully met benchmarks

Research and Situation Analysis: In 2012, data from the Nepal Demographic Health Survey (NDHS) 2011 was released and provided opportunities for UNICEF programmes to support the Ministry of Health and Population in conducting the further analysis of NDHS data, such as Trend Analysis of Nutrition. Furthermore, the 2011 Census data is now being analysed in collaboration with the Central Bureau of Statistics (CBS) and United Nations Population Fund (UNFPA) to generate new knowledge on disparity and inequity. A new Child Deprivation Index developed by UNICEF contributed to the UN Development Assistance Framework (UNDAF) by identifying the most vulnerable districts. The same methodology is being applied by district governments in their monitoring of bottlenecks in the most disadvantaged Village Development Committees.

Accountabilities and deliverables: In 2011, UNICEF Nepal developed a Knowledge Management Strategy. The Monitoring and Evaluation Knowledge Management Advisory Group is tasked to promote and implement the strategy. Many activities in the 2012 Integrated Monitoring and Evaluation Plan supported the development of national capacities for more systematic knowledge activities. For example, DevInfo capacity was enhanced within NepalInfo by the CBS and within the Ministry of Federal Affairs and Local Development’s Decentralised Poverty Monitoring Analysis System.

Working with partners: Bottleneck analysis workshops were carried out in the 15 most-deprived districts with district authorities and an UN Interagency team to analyse the bottlenecks that are hindering the achievement of results for children. In each district, bottlenecks and possible solutions to remove the bottlenecks were identified. Outcomes of the bottleneck analysis will be built as a knowledge bank on bottlenecks, solutions and good practices. A regional forum to share solutions and innovations across district governments is being planned for early 2013, as part of the work planning process.

Systems and Tools: As and when new knowledge is generated, it is shared internally through an email-Knowledge e-digest and documented in a Lotus Notes Database-Nepal Document Repository. Tacit knowledge of the long-term serving staff is captured and shared through the local intranet. Regular meetings among, for example, the Gender and Social Inclusion Team, the Monitoring and Evaluation Knowledge Management Advisory Group, the Programme Team, and Kurakani (Learning) sessions provide opportunities for knowledge and new programmatic and sectoral issues to be shared internally among staff. New knowledge and publications are shared externally through UNICEF Nepal websites and the UN Information Platform.

Human Rights Based Approach to Cooperation

Fully met benchmarks

Gender Equality

Mostly met benchmarks

The UNICEF Gender and Social Inclusion (GESI) team reviewed and revised the new Intermediate Results and Indicators by applying the Gender Equality Marker in the process of finalizing the new Country Programme Action Plan 2013–2017. As a member of the UN Gender theme group, UNICEF provided technical and written inputs to the Secretary-General’s Seven Point Action Plan for Gender-Responsive Post-conflict Governance for Nepal. UNICEF also provided technical and financial support to mainstream gender in the Government’s Local Governance and Community Development Programme.

In the area of Water, Sanitation, and Hygiene (WASH), the representation of women in local User Committees is now almost 40 per cent versus the target of 50 per cent. UNICEF’s continuous advocacy with the Department of Education has led to the allocation of budget and the construction of 4,288 out of a target of 5,500 girls’ toilets with separate changing rooms for menstruation hygiene management in 2012. UNICEF supported a study that revealed an increased need to address issues related to the dignity of women and girls; both groups of rights holders aspire to have private sanitation facilities. UNICEF maintains emergency
WASH supplies in four strategic locations across the country, including for gender-specific needs such as sanitary pads and napkins during emergency situations.

In the area of child protection, UNICEF supported the Ministry of Women, Children and Social Welfare to establish 1,027 Paralegal Committees in 59 districts to assist in the prevention of and response to violence against women and children. The Paralegal Committee—comprising approximately 15,000 members (98 per cent female, 16 per cent from disadvantaged groups, 47 per cent from Janajati/Ethnic groups, and 36 per cent adolescent girls)—have been recognized as a valuable platform for protecting women and children from different forms of violence and promoting women’s empowerment. UNICEF supported capacity building of district implementing partners to link around 250 girl children associated with armed forces and armed groups to credit and savings groups established by the local District Women’s Office. Many girls are active participants and leaders of local children’s clubs. By training all police officers in child- and gender-sensitive investigative techniques and psycho-social interventions, UNICEF strengthened the capacity of Women and Children Service Centres to respond to cases of violence against women and children.

The National Planning Commission (NPC), together with members of the United Nations Adolescent Girls' Task Force Group, nine ministries and five NGOs organized an event to celebrate the first International Day of the Girl Child. The event was attended by the Vice-President of Nepal and over 300 participants, including adolescents from different districts, representatives from government and partner organizations, media personnel and professionals working in areas concerning girls and children. The recommendations from the discussions will feed in the National Plan of Action on holistic adolescent development. An HIV risk-reduction package was developed for and with representatives of the Lesbian, Gay, Bisexual, Transgender and Intersex communities and implemented.

Environmental Sustainability

Mostly met benchmarks

South-South and Triangular Cooperation

Twelve representatives from Nepal’s law enforcement and judicial sectors were supported on a study tour to South Africa’s Constitutional Court, Children’s Courts, Centers for the multi-disciplinary attention and care of victims of sexual violence (Tutu Zela Centers), and One Stop Justice Centers for Juveniles in Conflict with the Law. The tour allowed for exchange of experiences and expertise in the area of Justice for Children, and motivated the Nepalese authorities to work towards the introduction and application of restorative justice and diversion mechanisms.

UNICEF arranged a visit to the Philippines for officials from the Ministry of Women, Children and Social Welfare, Central Child Welfare Board, the Department of Women and Children and a range of other ministries to study the country’s social welfare system. The tour raised their awareness and understanding of what a child protection/social welfare system is, and what is required to develop such a system, focusing on the role of the State.

Three high level officials from the Department of Education participated in the “WASH in All Schools: Making It a Reality” South Asia Regional Conference in New Delhi. A concept note on ‘Fit for Schools’ fostering group activities on daily hand-washing, tooth-brushing and bi-annual de-worming in schools has now been developed. Government budget allocation for the construction of girls’ toilets also increased. Two Department of Education Officials were then sent to the UNICEF-GIZ “WASH For All Schools Learning Exchange” in the Philippines, where they found the Essential Health Care Program (EHCP) to be an outstanding example of action at scale to promote children’s health and education. The next steps include integrating a similar approach to EHCP into Nepal’s Annual Education Sector Improvement Plan.

UNICEF sponsored the Deputy Director General and Senior Divisional Engineer of the Department of Water Supply and Sewerage and Senior Divisional Engineer of the Ministry of Urban Development responsible for monitoring and evaluation to learn about the Sri Lankan Government’s leadership in the WASH sector and the
management of the WASH information system and sector performance assessment. Development of simplified tools to monitor water and sanitation access in Nepal is underway.

Senior officials from the Department of Water Supply and Sewerage participated in the Sanitation Marketing Learning visit to Cambodia to understand sanitation marketing and to learn about demand creation through the production of affordable, simple sanitation packages and development of local supply entrepreneurs. The Department of Water Supply and Sewerage is now excited to adopt sanitation marketing to facilitate easier access to hardware and supplies for communities.

An international conference on Schools as Zones of Peace (SZOP) was hosted by the Government of Nepal with UNICEF and Norwegian Government support. Officials from four countries with education systems affected by conflict learned from the Nepali experience in keeping schools as safe havens during conflicts. As a result, India has brought up SZOP in its National Consultation on Education in Areas Affected by Civil Strife, and the Liberian Minister of Education has shown great interest in adopting the SZOP concept.
### Narrative Analysis by Programme Component Results and Intermediate Results

#### Nepal - 2970

**PC 502 - Social policy**

**PCR 2970/A0/04/502** The Social Policy programme aims to strengthen the capacity of partners to develop and implement policies, legislation and budgets that advance children and women’s rights, particularly among marginalized groups. The programme consists of three projects: (i) the policy and institutional support project, (ii) the monitoring and evaluation project, and (iii) the child rights promotion project. Through the broader context of social and economic policies, this programme will work closely with other programmes engaged in sectoral policy development.

**Progress:**

- **PCR 2970/A0/04/514** Children and women, with a particular focus on the disadvantaged, increasingly benefit from improved governance, at both the local and national level, and legislation and policies that are based on evidence and the voice of children and young people.

**Progress:**

UNICEF’s advocacy convinced parliamentarians, political leaders, inter-Ministerial partners and stakeholders to advance legislative and policy reforms, despite the protracted political transition and suspension of the Constituent Assembly. Proposed revisions have been submitted to address the concerns regarding the citizenship and child rights language in the draft Constitution that contravenes the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW). The CRC State Report was submitted to the Committee on the Rights of the Child following inclusive consultations and a revised Child Rights Bill.

The Government has finalized a draft National Social Protection Framework in line with the UN Social Protection Floor. Expansion of the Government of Nepal’s (GoN) child grant is featured in the draft Framework, and the grant continues to be implemented in the five Karnali Districts. Government data reports over 90 per cent coverage of the child grant. An ongoing midline survey will help to verify the data. Leading and facilitating collaboration between Development Partners, including International Financing Institutions, has built policy coherence and leveraged resources for common social protection system building actions, in particular the Management Information System for registration linking to birth registration.

The assessment of the GoN’s block grant reveals that the total funds allocated by local bodies to the target groups increased steadily; municipalities dedicated greater resources to women, children and disadvantaged groups than planned.

Ministry of Federal Affairs and Local Development (MOFALD) expanded Child-Friendly Local Governance (CFLG) to 39 Districts and 15 municipalities. Capacity building of senior MOFALD officials led to greater ownership. CFLG is now mainstreamed in the Local Governance Community Development Programme (LGCDP) in social mobilization training and is featured prominently in the Phase 2 document, to begin in July 2013. Capacity building of ministry officials and the National Planning Commission (NPC) has improved awareness. Partnership with the three Local Body Associations (LBAs) is proving strategic for future sustainability as the LBAs have influential ex-political leaders as members, the network and the mandate to build capacity of District Development Committees (DDCs) Village Development Committees (VDCs), and Municipal Committees. Partnerships with local NGOs with expertise on local governance and media has helped MOFLAD to develop key policy guidelines, music videos, and comic strip style training manuals.

As a follow up to the child club strategic review, pilot training modules were devised for children, Child Welfare Board, NGOs and other partners. In addition to capacity building of child clubs and ensuring their participation in local committees in 18 Districts, multiple media platforms have been used to communicate with young people.
The Mid-Term Review (MTR) of the National Plan of Action (NPA) for children in 2010 led to the revision of the NPA in 2011, which was approved by the Cabinet in 2012. Upon the approval of the revised NPA, the NPA Monitoring Committee was activated to guide sectoral ministries and DDCs on the integration of the NPA at the national and sub-national levels. Accordingly, the Integrated Planning Committee at the VDC level and Ward Citizen’s Forum at the ward level will use the NPA to incorporate the priority actions and allocate resources in the integrated period in 2013.

**Progress: Indicator 1:** Assessment of GoN’s capital block grant reveals the total funds allocated by local bodies to the target groups increased steadily; municipalities dedicated more than the 35 per cent allocation target. Budgets earmarked were spent on infrastructure development, social/capacity development, economic/skills development, and institutional development.

**Indicator 2:** The Ministry of Federal Affairs and Local Development (MOFALD) expanded and trained officials on Child-Friendly Local Governance (CFLG) in 39 Districts and 14 municipalities. Consequently, 24 Districts, 240 VDCs and 11 municipalities completed 2 of the 6 processes for CFLG implementation namely, orientation and endorsement of the allocation for children, (10-15 per cent for Districts; 10-17 per cent for Villages; 10-13 per cent for Municipalities). These increased allocations, from the minimum of 10 per cent, are an indicator of commitment. The guidelines by MOFALD provided clarity to local bodies in the development of CFLG, including the development of investment plans and the codes for dealing with children. The representation of children (one boy and one girl) in the VDC has been achieved. Local councils are supporting children’s demand, including for libraries, leadership development, stationery supplies, play equipment and awareness campaigns around social issues such as child marriage, chaupadi, and child labour.

**Bottlenecks/solutions:**
**Access to services:** The frequent transfer of local officials, Local Development officers (LDOs) affected the smooth implementation of the CFLG activities.

**Management/Coordination:** In Districts where UNICEF’s field presence will cease a clear strategy and a mechanism will be required to continue. Supporting the development of an integrated plan in the 15 priority districts from 2013 will require concerted efforts from MOFALD, line agencies, and local bodies.

**Budget/Expenditure:** Some local bodies have not adhered to the compliance of block grant guidelines, creating concerns of equitable allocation for children and women. A simple database to collate, analyze and monitor that could be used during annual regular reviews is needed.

**Progress: Indicator 1:** As a result of UNICEF’s policy advocacy, the MOFALD has assured UNICEF that CFLG will be reflected prominently in the output and activities of Phase 2 of the Local Governance and Community Development Programme (LGCDP) programme. UNICEF’s participation at the national and regional social mobilization committees has influenced CFLG to be integrated in training related to Social mobilisation, Gender and Social Inclusion and Annual Planning Guidelines nationwide.

**Indicator 2:** MOFALD will review the Disadvantaged group mapping in 2013.

**Indicator 3:** CFLG alignment with LGCDP continues through: (1) minimum earmarking of 10 per cent block grant funding; or 15 per cent in CFLG VDCs; and (2) ensuring children’s participation in the VDC committee
responsible for the allocation of funding; in LGCDP’s Ward Citizen Forums (WCF) – an inclusive group that facilitates the demands of the targeted population in the 35,000 wards and in the District Gender and Social Inclusion committees. Citizen Awareness Centres comprising disadvantaged women have been equipped with tools, such as Community Information Boards to facilitate discussion of children’s issues.

**Bottlenecks/ Solutions.**
**Management/ Coordination:** Children’s participation in Local Governance has been understood by DPs and MOFLAD. The concept that CFLG provides a common platform for integrated planning for children is, however, still not understood. Nevertheless, the development of integrated plans will be an important element in Phase 2 of the LGCDP and UNICEF’s experience and engagement during the consultations will bring clarity.

**Budget/Expenditure:** Funds channeled to MOFALD/ LGCDP for central- and district-level CFLG activities through District Development Fora in 18 districts are reflected in the UN Joint Programme. Nevertheless, since there are no reporting requirements through LGCDP, a clear reporting mechanism needs to be developed.

- Met

**IR 2970/A0/04/514/003** Child and equity prioritized legislation, social protection policies and budgets that are evidence-based and in line with CRC and CEDAW developed and implemented.

**Progress: Indicator 1:** UNICEF’s policy advocacy with parliamentarians, political parties and other partners successfully incorporated child rights concerns in the work of the Constitution Drafting Committee, notably around the citizenship clause that will contravene the CRC and CEDAW. The Parliamentary Forum on Child Rights was proactive in preparing proposed revisions and continues to advocate on the issues. Visits of the Norwegian Ombudsperson for Children and former Chair of the Committee on the Rights of the Child effectively advanced advocacy, in particular on child rights mechanisms and the pending Child Rights Act.

**Indicator 2:** The Government of Nepal has submitted the 3rd, 4th and 5th consolidated State Report to the Committee on the Rights of the Child with technical assistance from UNICEF.

**Indicator 3:** Under UNICEF’s continued leadership, the Development Partner Social Protection Task Team (SPTT) is supporting the Government in the development of a National Social Protection Framework (NSPF). Following extensive consultations, the Inter Ministerial Steering Committee has finalized a draft Framework in line with child-sensitive social protection best practices and the UN Social Protection Floor, and expects to get Cabinet approval in 2013.

**Indicator 4:** UNICEF’s partnership with Asia Development Bank to support the Government’s new child grant linked with Infant and Young Children Feeding in the five most disadvantaged Districts continues to progress. UNICEF’s policy advocacy has facilitated new prioritization to birth registration by the Government, with the development of a cross-Ministry initiative and support of other donors expected in 2013. Government data reports are incomplete, but indicate over 90 per cent coverage of the child grant; UNICEF capacity and system building will help to verify the data through the ongoing mid-line survey, as also when the registration system improvements are implemented over 2013–2014.

**Bottlenecks/solutions:**
**Legislation/Policy:** The protracted political transition and suspension of the Constituent Assembly has hampered the incorporation of child rights concerns in the new Constitution, progress on the Child Rights Act and consensus building for the new National Social Protection Framework.

**Management/Coordination:** Fragmented cross-Ministry structures and weak institutional capacity at the national and sub-national levels constrains progress in revising guidelines on child grant and vital registration and the adoption of improved social protection registration and payment systems. More consolidated inter-Ministerial structures are proposed to facilitate more coherent policy development and implementation.

- Met
**Progress: Indicator 1:** A Strategic Child Club Review was initiated and completed by the “Consortium” partnership of the Central Child Welfare Board, International and national NGOs with UNICEF support. The review demonstrated the growing impact of the more than 13,200 child clubs across Nepal, out of which 5,401 child clubs have been supported by UNICEF. Importantly, the review found 47.6 per cent representation of girls in child clubs. UNICEF advocacy has succeeded in formal provisions made for child representatives to participate in Integrated Planning Committees (the main decision-making body for resource planning at the VDC level), Ward Citizen Forums (WCF) and District Social Mobilization committees in order to articulate children’s concerns in these forums. Representation of children (one boy and one girl) from the 5,401 child clubs in UNICEF-supported districts, municipalities and VDC CFLG committees in 18 Districts has influenced the allocation of 10 per cent block grant. As a follow up to the child club strategic review, 62 children from approximately 50 child clubs have been trained in organizational development and are implementing action plans to apply tools to explore alternative models for leadership, decision-making and information management. Altogether 22 district-level NGOs and District Child Welfare Board staff were also trained and are applying their knowledge by implementing individual action plans. UNICEF has initiated the process of developing a National Plan of Action (NPA) for holistic adolescent development and participation by engaging the National Planning Commission, UN agencies, civil society and adolescents. Ongoing consultations at the community and district level, reaching approximately 2,500 adolescents from 34 districts, will contribute to the NPA drafting process.

**Indicator 2:** Under the Jamarko Equity Initiative 1,400 adolescents (50 per cent girls, with 35 per cent from marginalized groups) identified and discussed issues of their concern. The most significant change technique was applied to monitor changes resulting in 147 stories, of which 57 per cent were on changes in personal development. The weekly youth-run radio programme, SSMK, broadcast through national and local radio stations, received feedback from its listeners through 81,645 SMS, over 2,000 emails and letters on issues relating to young people. The feedback has resulted in SSMK developing more responsive radio programs.

**Bottleneck and solutions:**

**Social Norms:** Based on the feedback from young people, Radio SSMK will coordinate with the UNICEF Adolescent Development and Participation section and focus more on adolescent issues. While duty bearers have understood the importance of listening to children, ensuring their meaningful participation remains a challenge. Capacity building will continue and simple guidelines will be developed to facilitate meaningful participation. Also, a stronger link will be established between child clubs and SSMK listeners.

**IR 2970/A0/04/514/004** Children, especially the disadvantaged, are increasingly engaged in participatory processes that help to address the issues that affect their well-being.

**Progress:**

**Indicator 1:** The final report of Nepal Multi-Indicator Cluster Survey (MICS-4) 2010, which covered vulnerable populations of the mid- and far-western region was officially disseminated by the National Planning Commission (NPC) and Central Bureau of Statistics (CBS) together with a child-friendly report. The survey provided new data broken down by the regions and evidence for local level planning. The Nepal sub-national MICS experience increased the capacity of the CBS in conducting the survey of international standard in social development. As a result, the CBS has committed to conducting a national MICS-5 in 2013–14 for the Global MDG 2015 assessment. The data from MICS-4 will be further analyzed by applying the Multiple Overlapping Deprivation Analysis to assess the multi-dimensions of deprivation of children. The NepalInfo database was upgraded with new data from the Nepal Demographic Survey 2011 and National Living Standards Survey 2010–11.

Real time monitoring using the World Food Programme’s Vulnerability Analysis and Mapping (VAM) provided disaggregated data for education, water and sanitation, child grant, out-migration and birth registration by ethnicities and wealth groups – which revealed disparities for the first and second quarters 2012. This real-
time monitoring will be used for monitoring bottleneck indicators identified for 15 priority Districts from 2013 onwards.

**Indicator 2:** The Ministry of Federal Affairs and Local Development and NPC have continued to provide support to District Poverty Mapping and Analysis System (DPMAS) after the Government decided to implement the system nationwide in 2010–11. Annual refresher training for all the districts on the upgraded version of software was provided, based on feedback received from 27 districts. Out of 75 districts, 37 collected and entered the all sectoral administrative data set in DPMAS. The Government completed a comprehensive review of indicators with the sectoral Ministries after two years of implementation.

**Indicator 3:** The NPC is conducting an assessment of the quality of evaluations conducted by the Government and use of evaluation to facilitate the results-based planning and accountability function. Limited national evaluation capacity was recognized by the NPC as bottleneck to results-based management of national planning. A broader consultation with national stakeholders will be held to develop a national strategy for strengthening national evaluation capacity in 2013. The revised NPA for Children 2004–14 informed by the 2010 mid-term review as endorsed by the Cabinet. The revised NPA includes policies to promote child rights through legal reforms, institutional strengthening and streamlining between programmes and plans, as well as provision for a Monitoring & Evaluation (M&E) Plan to improve its use.

**Progress:**

**PC 503 - Child protection**

**PCR 2970/A0/04/503** The Child Protection programme aims to strengthen Government and civil society capacity to protect children—including the girl child—against violence, exploitation and abuse. This will be done based on a protective environment approach. Thus, rather than treating each child protection issue separately on an issue-by-issue basis, the programme will support the building of protective systems covering all types of violations of children’s protection rights. The programme consists of three projects: (i) capacity building for child protection systems project, (ii) responses to children affected by armed conflict project, and (iii) legislation and policies for children’s social protection project.

**IR 2970/A0/04/503/018** Project support 2012

**IR 2970/A0/04/503/022** Capacity building for Child Protection

**IR 2970/A0/04/503/023** Prevention & Response to CAAC

**IR 2970/A0/04/503/024** Legislation and Policy for Children’s Social Protection

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**Progress:** Since 2011, the Child Protection Programme has been gradually moving from an issue-based to a system approach, and from mostly implementation by non-governmental organizations (NGOs) to government strengthening.

UNICEF contributed to the introduction of the concept of the child protection system in the National Plan of Action for Children.

In the justice sector, UNICEF continued to strengthen the capacity of the security and justice system to implement child-friendly investigative and court procedures for all children in contact with the law. In particular, victims and witnesses need greater protective measures, a concept recently introduced by UNICEF. UNICEF is promoting an open discussion across sectors on reducing recourse to the deprivation of liberty, through the promotion of non-custodial sanctions, restorative justice, and diversion.

In the child welfare sector, the concerted efforts of UNICEF, international NGOs and the Government were
instrumental in providing training to District Child Rights and Child Welfare Officers. The training, the first of this kind, will ensure that government authorities responsible for child protection will gradually develop the capacity to ensure care and protection decisions are made in the child’s best interest, carry out case administration, lead referral mechanisms, monitor services, and formulate local child protection plans for better coordination and budget earmarks. Critical special protection services for the reintegration of children formerly associated with the armed groups, child labourers, and children victims of violence, as well as family support services for children at risk, have been delivered by NGOs, with the financial and coordination support of the Government child protection authorities.

At the community level, the recent integration of 1,027 Paralegal Committees into the structures of District Women and Children Offices (WCO) provides an opportunity to strengthen the capacity of statutory authorities in the area of child protection, while ensuring the establishment of referral mechanisms from community to District level, and strengthen efforts for behaviour change.

Bottlenecks and Solutions:
Legislation/Policy: The revised Children’s Bill and National Plan of Action for Children and the new Child Policy are still issue-based and numerous issue-based NPAs, laws, regulations and standards overlap with each other, and lack specific targets, accountabilities, coordination mechanisms and budgets.

Adjustments for 2013: In selected districts, the programme will fill the gaps and build on previous interventions and existing structures to bring together and strengthen all the components into a comprehensive, regulated and coordinated system to prevent and respond to a wide range of child protection risks. Procedures, standards and training developed to support local level implementation will be linked to priorities set in key policy documents and legislation.

IR 2970/A0/04/513/001 Legal system provides better protection for children

Progress: Indicator 1: In 2012, UNICEF continued dialogue to ensure alignment of a Children’s Bill with international standards. A Revised National Plan of Action for Children and new Standards for Operation of Child Homes, to which UNICEF had provided inputs in previous years, were endorsed by the Cabinet.

Indicators 2 and 3: In the area of Justice for Children, UNICEF support resulted in: (i) increased application of child-sensitive investigative and court procedures through the training of 500 judges, public prosecutors and criminal defense lawyers, and 550 police from the 75 Women and Children Service Centres; (ii) increased effectiveness of Juvenile Benches in 32 districts through the organization of experience sharing seminars and training of court-appointed child psychologists and social workers; (iii) improved condition of around 500 liberty-deprived juveniles through the provision of free legal aid, vocational training and training of staff of the two correctional facilities; (iv) improved administration of justice by quasi-judicial authorities of all 75 districts through orientation on national legislation; (v) improved condition of around 1,000 children in 58 detention facilities through monitoring and advocacy with authorities.

Bottlenecks and Solutions:
Legislation/Policy: The dissolution of the Constituent Assembly in May 2012 brought a halt to all legal reform initiatives. Obstacles to children’s access to child-sensitive justice include: (i) Social norms: the reluctance of the population to report cases of violence against women and children and the preference to resort to traditional or informal mechanisms; (ii) Access to services: the lack of adequate and accessible legal, medical, social and psychological services for child victims; (iii) Management: delays in administration of justice; (iv) Financial access: cost of justice; (v) Legislation: lack of protection of victims; (vi) Legislation: lack of alternatives to detention for child offenders.

Adjustments for 2013: (i) Incorporation of child protection in national police training curriculum; (ii) support to implementation of child-friendly justice in selected Districts; (iii) increased linkages with social services.
IR 2970/A0/04/513/002 Social welfare system provides a better response to children in need of special protection.

**Progress: Indicator 1:** Child protection system mapping and assessment resulted in Government and civil society stakeholders gaining increased awareness and understanding of policies, structures, roles, procedures, Programmes and services required to prevent and respond to child protection risks in an effective, sustainable, and holistic manner, in particular with regard to the child welfare system and respective roles of the state and NGOs.

**Indicator 2:** Revision of training curriculum resulted in 75 Child Rights Officers and 75 Child Welfare Officers equipped with knowledge, skills, guidelines and tools to fulfill their responsibilities with regard to child protection.

**Indicator 3:** Through implementation of multi-actor work plans in eight municipalities, 2,558 working children and children at risk of labour exploitation were enrolled in Non-Formal Education programmes. In four remote rural districts, child separation from family was prevented through the provision of counseling to 3,673 families. Support was provided to biological, kinship or foster families of 642 children, including some reintegrated with their own families following de-institutionalisation or temporary foster placement. In all, 150 cases initiated in previous years were successfully closed. The Child Helpline received 2,978 calls, 273 cases were registered and 41 children victims of violence were rescued and provided social and legal services. The National Child Protection in Emergency contingency plan was updated and the capacity of state and non-state actors in Emergency Preparedness and Response/Disaster Risk Reduction enhanced through five regional workshops and one national orientation initiative.

**Bottlenecks and Solutions:**

**Legislation/Policy:** Lack of the definition of mandates/roles of government child protection authorities.

**Budget:** Lack of financial and human resources.

**Legislation/Policy:** Lack of standards, procedures, accreditation and monitoring system for care and protection decisions, case management and service provision.

**Adjustments for 2013:** (i) Advocacy for role clarification; (ii) advocacy for allocation of financial and human resources; (iii) development of costed, multi-actor, multi-sector plan for the implementation of the child protection system.

On-track

IR 2970/A0/04/513/003 Children, Families, Communities, Government and non-Government actors improve Knowledge, attitude practices on Child Protection and establish mechanism to provide better protection for children

**Progress: Indicators 1 and 2:** UNICEF helped to establish an inter-agency coordination mechanism, resulting in the harmonization of external development partners’ support to child protection structures. An additional child protection module was incorporated in Vulnerability Analysis and Mapping and child protection indicators in the District Poverty Mapping and Assessment System; the child protection components of Child-Friendly Local Governance tools were improved. Child protection was incorporated in the health sector through a workshop on child abuse with the National Pediatric Society and child protection module for nurses’ training. Child protection was incorporated in education through a child protection module for Early Childhood Development facilitators and increased focus on protection in the Child-Friendly School initiative.

**Indicator 3:** The number of Village Paralegal Committees (PLCs) increased from 900 to 1,027, covering 59 of the country’s 75 Districts. PLCs recorded around 11,000 cases of violence against women and children, with approximately 15 per cent related to children. In June 2012, the Ministry of Women Children and Social Welfare, recognizing the valuable contribution of PLCs, decided to integrate the Programme into its existing structures and system. This strategic decision, besides ensuring long-term sustainability, coverage and impact of the Programme, will also increase the ownership and accountability of the Government in all efforts to gradually build child protection systems. The behaviour change communication components of the PLC,
including child labour, family support and conflict-affected children programmes were strengthened, and a communication campaign on violence against children through the national, local and social media, was initiated.

Bottlenecks and Solutions:

**Cultural practices:** Socio-cultural attitudes and perceptions unfavourable to child protection.

**Access to information:** Insufficient understanding of laws and policies on the part of communities.

**Access to services:** Lack of child protection services and referral mechanisms at the village and district level.

**Adjustments for 2013:** The Programme will be restructured into four components: (1) Child Welfare, (2) Child Justice, (3) Social Change, and (4) Policy, Planning, Budget and Data; the latter two components will be given more importance than in the current cycle.

**Met**

**IR 2970/A0/04/513/004 Children are better protected from the impact of armed conflict and humanitarian crises.**

**Progress: Indicator 1:** In all, 1,946 (45 per cent female) Children Associated with Armed Forces/Armed Groups (CAAFAG) and other Children Affected by Armed Conflict (CAAC) received education support; 10 per cent benefitted from vocational training and income generation, with 250 female CAAFAG linked to informal microfinance groups; 377 Verified Minors and Late Recruits received education support; and the Implementation Guideline for the National Plan of Action for reintegration of Conflict-Affected Children (NPA-CAAC) was developed, and funding proposals were submitted; (ii) United Communist Party of Nepal-Maoist (UCPN-M) was delisted from the UN Secretary General’s Annual Global Report on CAAC under UN Security Council Resolution 1612 for successful implementation of the Action Plan for Discharge and Rehabilitation of Disqualified Maoist Army personnel signed in 2009 by UCPN-M, the Government of Nepal and United Nations.

**Indicator 2:** As a result of continued mine risk education in schools and communities and incident surveillance system operational in 75 Districts, casualties from explosive devices/small arms decreased by 33 per cent, 11 and 49 respectively. Government took increasing ownership and leadership in Mine Action; UNICEF continued to support armed violence inter-agency working group for coordination, capacity building and action plan development.

**Indicator 3:** In all, 46 cases of sexual and gender based violence were documented, out of which 10 could be considered for possible submission to the Truth and Reconciliation Commission (TRC); 382 clients received psychosocial counseling, and 659 legal counseling. Seventy cases of conflict-related sexual violence were identified as qualifying for possible submission to the TRC.

**Bottlenecks and Solutions:**

**Management:** There is a lack of technical capacity among key government agencies to implement the National Plan of Action for the reintegration of Conflict-Affected Children.

**Political:** The Truth and Reconciliation Commission was not established, so transitional justice related activities were not implemented.

**Adjustments for 2013:** As Nepal is transitioning to a peace and development context, structures, mechanisms, services and capacities were developed throughout most districts of the country under conflict; post-conflict programmes will be built upon to strengthen/establish local child protection systems to prevent and respond to a broader range of child protection related risks.

**Progress:**

**PC 504 - Education**

**PCR 2970/A0/04/504 The Education programme aims to improve access to quality learning opportunities that are socially inclusive and conflict- and gender-sensitive, enabling children, particularly girls and marginalized children, to complete a basic education cycle and transition to the lower-secondary level. The programme consists of four projects: (i) the early childhood development project, (ii) the formal primary education project, (iii) the non-formal education project, and (iv) the peace education and emergency**
The programme will work closely with the water, sanitation and hygiene programme in regard to improving facilities and hygiene practices in schools. The education programme will also support the HIV/AIDS programme in the implementation of life-skills based education using the school health curriculum.

**IR 2970/A0/04/504/022 PEDU IR for Sindh 2011 city to provide for equitable access to pre- and primary-education services, particularly for girls and vulnerable groups.**

**On-track**

**PCR 2970/A0/04/511 Children will have increased equitable access to child-friendly learning opportunities that are socially inclusive, conflict gender-sensitive and have social diversity.**

**Progress:** Working with the Government of Nepal in high-level advocacy and policy development continued to help strengthen the focus on reaching the hardest-to-reach children as part of the equity focus in national education policies/strategies. UNICEF kept strongly advocating for equity/quality in the Sector-Wide Approach (SWAp) group supporting the Ministry of Education (MoE) to implement its national education plan “School Sector Reform Plan (SSRP)”. UNICEF, together with the MoE, led the MoE-Development Partners’ (DPs) thematic group to start developing a comprehensive equity strategy. The amendment of the Education Act reflects several equity-oriented measures, such as the increased provision of female and teachers from marginalised population groups.

On the ground, 1,371 schools were supported to improve education quality in early primary grades through the Child-Friendly Schools (CFS) initiative. These schools were also supported to improve governance through School Improvement Plans and Social Audits. In all, 8,048 children (of which 68 per cent are girls) participated in Non-formal Education (NFE) programmes. The results of the Out-of-School Children (OOSC) mapping in eight districts were used to develop action plans in five districts. UNICEF contributed to increasing Early Childhood Development (ECD) coverage by two-fold in the target districts during the past two years, as well as to improve service quality. Efforts continued to mainstream Disaster Risk Reduction (DRR) in the sector, and to strengthen MoE and stakeholders’ capacities.

Regarding PCR indicators, the percentage of children enrolled in ECD countrywide increased from the baseline of 66.2 per cent (girls 64.8 per cent, boys 67.5 per cent) in 2009/2010 to 72.9 per cent (girls 72.1 per cent, boys 73.6 per cent) in 2011–2012. The Net Enrolment Rate for basic education increased from 83.2 per cent (girls 82.0 per cent, boys 84.3 per cent) to 86.6 per cent (girls 86.1 per cent, boys 87 per cent) for the same period. The percentage of children transiting into secondary education increased from 91.2 per cent (girls 90.7 per cent, boys 91.7 per cent) to 92.5 per cent (girls 92.1 per cent, boys 92.8 per cent). While these indicators reflect the impact of UNICEF and partners’ upstream support, they do not adequately mirror specific support to target districts; these are corrected in the new country programme.

In the new programme, the development of MoE’s comprehensive equity strategy will be at the heart of UNICEF’s upstream support. Studies will cast light on previously overlooked topics, such as disabilities and violence in schools and their impact on children’s education. The capacities of service providers in vulnerable Districts to ensure child-friendly ECD and basic education will be strengthened. CFS will be revisited and a more scalable model developed. Non-formal Education (NFE) programme relevance will be increased through development of shorter transition programmes to formal schools and stronger linkages with livelihood improvement opportunities for older adolescents.

**On-track**

**IR 2970/A0/04/511/001 Education legislation, policy, and plan are progressively demonstrating Gender Equity and Social Inclusion (GESI) in education interventions (ECD, formal, non-formal and peace building and emergencies).**

**Progress:**

UNICEF pursued collaborations with Development Partners (DPs) to support the MoE in implementing the School Sector Reform Plan (SSRP). Collaborative advocacy led to the MoE decision, during the SSRP mid-
term review, to develop a comprehensive equity strategy. UNICEF is the Development Partner lead agency for the MOE-DP thematic group in charge of developing this strategy. Although still in the preparatory phase, UNICEF has strongly advocated for a holistic equity vision, embracing the processes and outcomes of education beyond access.

**Indicators 1, 2 and 3:** The amendment of the Education Act now reflects several equity-oriented measures, such as the increased provision for females and the marginalised population in the teaching force and School Management Committees (SMCs).

**Indicator 4:** ECD inclusion in the Education Act, as an integral part of compulsory basic education, will provide a stronger rationale to ensure coverage for the currently unachieved. The Multi-Sectoral Nutrition Plan, inclusive of the educational aspects, was endorsed, and convergence was strengthened through research on the integration of social stimulation in nutrition-related activities.

**Indicator 5:** In order to advocate for the development of a national policy on education for Out-of-School Children (OOSC), a workshop was organised jointly with the MoE and NGO partners to highlight the specific education needs of out-of-school adolescent girls. The results of the mapping of OOSC were shared with decision-makers in the concerned Districts.

**Indicator 6:** In view of the "School Zones of Peace" and the success in keeping schools in conflict-affected areas open despite political disturbances, an international conference was held to share the Nepali experience with other countries having similar issues. Following the integration of Peace, Human Rights and Civic Education in the curricula, the Grade 7 textbook now incorporates this topic, and is being piloted.

**Bottlenecks and Solutions:**

**Legislation/Policy:** Due to the slow process in promulgating the amended Education Act, several reform measures have not been not fully implemented.

**Adjustments for 2013:**

UNICEF will continue to advocate for increased equity in education legislations/policies using the comprehensive equity strategy as an entry point.

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**Met**

**IR 2970/A0/04/511/002** Children, and in particular girls and marginalized groups, in MDAG VDCs of DACAW and girls’ education districts and humanitarian crisis-affected districts have increased access to a child-friendly learning environment (including WASH facilities) as defined by the National Framework of the MoE/DoE.

**Progress: Indicator 1:** In all, 1,371 schools in 30 Districts achieved three CFS indicators: (1) Wall painting, seating arrangement, display of children’s work, (2) Outside play materials, and (3) Teachers trained on child-friendly teaching methods. The Grade 1 repetition rate in these districts dropped from 27.1 per cent in 2009–2010 to 22.4 per cent in 2011–2012, while the drop-out rate dipped from 10.07 per cent to 8.0 per cent. Although all the target schools achieved the indicators in Grade 1, less than 300 schools achieved them in Grades 2 and 3.

**Indicator 2:** In all, 8,048 out-of-school children (68 per cent girls) in nine districts participated in NFE. Menstrual hygiene management training was added to the Girls’ Access to Education Programme, in collaboration with the WASH section. The results of OOSC mapping in eight districts served to mobilise district-level stakeholders to plan activities for these children.

**Indicator 3:** UNICEF and partners’ support on parental education, materials, and facilitators’ training helped boost demand and improve quality. This, combined with the government’s financial allocation, contributed to a two-fold increase of ECD centres in target Districts, from 5,713 in 2009–2010 to 11,599 in 2011–2012. Collaborative efforts with Save the Children and partners resulted in the development of District ECD plans in five districts.
**Indicator 4:** UNICEF advocacy and support to the Department of Education (DoE) led to Government budget allocation for toilet construction (notably girls’ toilets) from 2010–2011. The number of public schools with toilets rose from 60 per cent in 2009–2010 to 80 per cent in 2011–2012. Girls’ toilets saw an impressive coverage increase, from 26 per cent to 65 per cent of public schools during this period. DoE engineers were trained to ensure construction supervision following the Child Gender Disability (CGD) friendly WASH technical guidelines.

**Bottlenecks and Solutions:**
**Quality:** The CFS initiative could not be scaled up, despite the limited scope (three indicators), and its impact was insufficiently documented.

**Adjustments for 2013:**
CFS model will be revised in order to develop an approach more effective in effecting a larger impact.

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**IR 2970/A0/04/511/003 Stakeholders** (Implementing partners: Government, I/NGOs, SMCs, children, civil societies, education cluster members, communities, young people) have the knowledge and skills to address DRR and manage humanitarian crises.

**Progress: Indicator 1:** In order to mainstream Disaster Risk Reduction/Education in Emergencies (DDR/EiE), the Government endorsed a 10-point roadmap to better reflect DRR/EiE in national education plans, notably the Annual Work Plans. A school safety national level steering committee was set up. UNICEF continued to support the Government so that it could exercise stronger leadership for the Education Cluster at the central, regional, and district levels. Some 296 stakeholders have strengthened knowledge of their roles and responsibilities. Effectively, 100 per cent of the 23 targeted disaster-prone districts have incorporated education in their district-level Disaster Preparedness and Response Plans. In all, 14 districts have updated their Education Contingency Plans.

Earthquake preparedness of children and teachers was enhanced through the School Earthquake Safety Programme in 855 schools of 11 districts where the earthquake risk is high. Altogether, 400 stakeholders (District Education Office, line agencies, teacher associations, political parties) and 984 teachers from primary, lower secondary, and secondary schools were trained and developed school safety plans and conducted simulation drills, benefiting 276,376 children.

**Indicator 2:** In 864 school communities in nine districts severely affected by political instability, SZOP served to safeguard schools as “zones of peace” and keep them open during official opening days, benefiting around 300,000 children. The SZOP was recognised as one of the effective tools to protect schools from political interference and was shared with four other conflict-affected countries through an international conference held in Nepal in 2012.

**Indicator 3:** Prepositioning of education supplies was continued to ensure a prompt response in case of emergencies. Following the large-scale fire in Siraha district in May, the Education Cluster was able to ensure the resumption of education of 531 children within two weeks, in line with the Core Corporate Commitments in Emergencies (CCC).

**Bottlenecks and Solutions:**
**Management/Coordination:** Notwithstanding government endorsement of the SZOP national framework in 2011, regional conflicts continued to hinder its effective application.

**Adjustments for 2013:** The focus will be on stronger advocacy, consensus-building and capacity strengthening of stakeholders for a more effective application of SZOP.

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**IR 2970/A0/04/511/004 Stakeholders**—District Education Offices (DEOs), teachers, School Management Committees (SMCs), Parent-Teacher Association (PTAs), community and children—have knowledge and skills to address and understand transparency and accountability issues in schools in DACAW and GE districts.
Progress:

**Indicator 1:** School Management Committees/Parent Teacher Association members and teachers in 516 schools and 40 Madrassas received refresher training on developing School Improvement Plans and conducting Social Audits. Between 2011 and 2012, 100 per cent of the 1,200 CFS target schools conducted Social Audits.

**Indicators 2 and 3:** Journalists from Bajhang, Bajura, Achham and Humla districts were briefed on the School Sector Reform Plan and developed radio programmes to increase public awareness on government education policies, such as scholarship entitlements, as well as on the importance of education. Some local FM radio stations carried out school visits, and this had visible impacts on the attendance of both teachers and students. Public hearings were organised in 12 districts in partnership with the Education Journalists’ Group. Through these, parents, teachers and other stakeholders were better informed on Government policies, which is hoped to improve school management and accountability.

**Indicator 4:** Joint monitoring visits with Government officials, NGOs, media, and the academia served to improve the learning environment in some target schools. These have also helped MoE officials to have a better understanding of the implementation of their policies and strategies at the local level, and the system is now replicated even without UNICEF support. Children were mobilised as actors for school improvement/monitoring through the support of Young Champions (YCs) in seven Districts. In all, 260 YCs worked closely with child/adolescent clubs and the DEOs to ensure child-friendly learning environments and prevent drop-outs in 104 schools. Following the training they have received, the child clubs in these schools are creating school newspapers.

**Bottlenecks and Solutions:**

**Quality:** The actual outcomes of innovative initiatives to improve transparency/accountability are not well known.

**Adjustments for 2013:**

Different initiatives (radio programmes, young champions) will be documented with a focus on outcomes. Activities will build on the strong partnership built with the media, and partnerships will be expanded to the media in disadvantaged target districts.

Progress:

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<tr>
<th>PC 505 - Health and nutrition</th>
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<td><strong>PCR 2970/A0/04/505</strong> The Health and Nutrition programme aims to improve access to quality high impact child, maternal and newborn interventions in normal and emergency situations, contributing to improved child and maternal survival. The programme consists of four projects: (i) the child survival project, (ii) the maternal health project, (iii) the nutrition project, and (iv) the national health sector support project. The health and nutrition programme will work closely with the HIV/AIDS programme in all areas, with particular focus on the interaction between maternal health and the prevention of mother to child transmission.</td>
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**IR 2970/A0/04/505/017 Project Support**

- On-track

**PCR 2970/A0/04/510 PCR 1:** Improve the health and nutrition status of mothers, children and adolescents with the focus on socially excluded and economically marginalized groups through an equitable and participatory approach and by implementing high-impact cost-effective proven interventions.

**Progress:** The National Demographic Health Survey (NDHS) 2006-2011 has shown encouraging results for maternal and child health, with the exception of neonatal health. The overall mortality rate for children under the age of five has decreased from 61 per 1,000 live births in 2006 to 54 per 1,000 live births in 2011. There, however, remains a significant equity gap with the highest wealth quintile at 36 per 1,000 live births and the poorest quintile at 75 per 1,000 live births. The neonatal mortality has stagnated at 33 per 1,000 live births, while the equity gap has increased. The maternal mortality ratio stands currently at 170 deaths per 100,000 live births. Ante-natal care coverage among women from the lowest wealth quintile has improved from 18
per cent to 33 per cent, and in the highest quintile, from 84 per cent to 92 per cent. Institutional delivery, meaning delivery in either a clinic or a hospital among the women from the lowest wealth quintile, has increased from 4 per cent to 11 per cent, and in the highest wealth quintile, from 55 per cent to 77 per cent. In addition, institutional delivery in rural areas, where most of the socially disadvantaged and economically marginalized community resides, has increased from 13.5 per cent to 31.6 per cent, while in urban areas it has increased from 48 per cent to 71 per cent.

Nepal continued to perform well on ensuring that children receive the necessary multiple micro-nutrients: 90 per cent of children aged 6-59 months received Vitamin A and 84 per cent of children aged 12-59 months were de-wormed during the twice-yearly Vitamin A days; 80 per cent of households used adequately iodized salt; 56 per cent of pregnant mothers received 90+ tablets (*Department of Health Services, 2011*), representing a significant increase from 5.7 per cent in 2001 (*DHS*). However, anaemia among under-two-year-olds is very high, at 69 per cent. Though childhood stunting declined by 1.4 percentage points per year over the last five years, four in 10 children are still affected, and the greatest reduction occurred among the richest quintile and the Terai (flatlands), widening the inequity gap.

Wasting, a condition in which the weight for height is less than the standard, remained stagnant at 11 per cent. UNICEF was at the forefront of a push to raise awareness around nutrition and provided lead support to the National Plan Commission (NPC) to develop a costed multi-sector nutrition plan (2013-2017), to accelerate the reduction of maternal and child under-nutrition, focussing on the poorest and most affected areas. It was approved by the Council of Ministers and launched by the Prime Minister of Nepal, who is a member of Scale Up Nutrition (SUN) Lead Group. Based on the outcome of UNICEF-supported pilots on Infant and Young Child Feeding (IYCF)/ Multiple micro-nutrient powders (MNPs) and Integrated Management of Acute Malnutrition (IMAM), the Ministry of Health and Population (MoHP) decided to gradually scale-up both by 2017, as part of the health Sector-Wide Approach (SWAp).

**IR 2970/A0/04/510/001 IR 1: Health and Nutrition related policies and strategies to address equity in maternal, adolescent girls and children's outcome improved.**

**Progress: Indicator 1:** An Immunization Act has been developed which explicitly mentions the establishment of an Immunization fund for sustainable immunization financing aimed at reaching the unreached and drop-out children.

**Indicator 2:** The District Investment Case (DIC) using bottleneck analysis has been completed in five districts, one per region. District-specific strategies and action plans have been developed, focusing on equity and continuum of care. The finalized district plans were disseminated to the high-level government officials and partners/donors in health for incorporation into the annual plan. The Government has endorsed the approach as an effective tool for evidence-based planning and budgeting for the next programme.

**Indicator 3:** The Multi-Sector Nutrition Plan (MNSP) was approved by the Cabinet and launched by the Prime Minister. Key ministries, including health, agriculture, education, Water Sanitation & Hygiene (WASH), local development, finance, and women and children were signatories. United Nations agencies, civil societies, donors and the private sector were also signatories. The National Nutrition and Food Security Secretariat was established at the National Planning Commission (NPC) to advocate for, monitor and build national capacity on implementation of the MNSP. UNICEF supported MoHP to establish a National Nutrition Centre (NNC); plans are ongoing to conduct a National Nutrition Centre (NNC) Organizational and Management survey. Key national strategies and plans were developed on: IYCF, Maternal Nutrition, Iodine Deficiency Disorder (IDD) elimination, and Anemia control. A manual on Iron/Folic Acid for adolescent girls is being developed.

**Bottlenecks and Solutions:**

**Legislation/Policy:** The Immunization Act was not endorsed as there was no standing Parliament.

**Budget/Expenditure:** Only a partial Government budget was released for health, which affected the implementation of activities. UNICEF is advocating with external development partners to ensure adequate resources for health.
Management/Coordination: The frequent turnover of government officials had implications on the implementation of the work plan. A new Human Resource Strategy was developed with external development partners. This strategy is expected to be implemented in the next programme cycle.

IR 2970/A0/04/510/002 IR 2: Access and utilization of equitable health and nutrition services improved for women, adolescent girls and children.

Progress: Indicator 1: Immunization coverage for districts having less than 80 per cent for the DPT-Hep-Hib 3 vaccine decreased from 28 to 15. UNICEF provided assistance in planning, cold chain strengthening and behavior change communication/social mobilization. The NDHS (2006–2011) showed an increase in coverage from 83 per cent to 87 per cent, with no significant difference between gender or ethnic groups (NDHS 2011 and Analysis of disaggregated health data from ten pilot Districts).

Indicator 2: Universal access to community management of newborn illness was expanded in five UNICEF Districts. The institutional delivery increased from 39 per cent to 69 per cent, while more than two-thirds of women who had recently delivered were counseled by Female Community Health Volunteers (FCHVs). The improvement in newborn care was highest in the Dalit ethnic group; as an example, institutional delivery increased from 33 per cent to 64.5 per cent and the care of newborns within four weeks of delivery increased from 43 per cent to 72 per cent (Endline survey 2012). The key to success has been the extensive mobilization of FCHVs to promote newborn care, together with home visits.

Indicator 3: The use of Zinc and Oral Rehydration Salts (ORS) improved from 48 per cent in 2009–10 to 88 per cent in 2010–11(Health Management Information System report). Completion of the dosage, however, remains low at 7 per cent (NDHS 2011). A five-year costed plan was developed, which included interventions to improve the compliance, such as in the promotion of ORS-zinc combo packs, intensive Behaviour Change Communications and social mobilization, with follow-up by FCHVs.

Indicator 4: Access to 24-hour, 7-day per week (24X7) birthing centres has increased from 37 per cent to 42 per cent. Delivery sites increased from 185 to 216, of which 40.26 per cent are established in the most disadvantaged VDCs. Advocacy to establish 24X7 functional birthing centres in the most disadvantaged VDCs, partnership with the local Health Facility Management Committee and creating demand within the community were key strategies.

Bottlenecks and Solutions:
Quality of care: Low zinc compliance has been addressed in the multi-year plan.
Access to services: Frequent transfer of trained skilled birth attendants hampers the smooth functioning of the birthing centres. UNICEF is advocating with local authorities to hire Auxiliary Nurse Midwives from the local community and to cover salaries using local government funds.

IR 2970/A0/04/510/003 IR 3: Access and utilization of micronutrients (Vitamin A, iron tablets, MNP Powder, Iodized salt) with focus on children and mothers in disadvantaged groups and urban areas increased.

Progress: Indicator 1: Twice-yearly Vitamin A supplementation (VAS) coverage was high at 90 per cent among 6-59 months children (out of 3.7 million) and de-worming among children 12-59 months was at 84 per cent in 2011/2012. However, VAS coverage among 6-11 month old babies was low at 73 per cent; it is lower among children in urban (86 per cent) than rural areas (91 per cent). UNICEF supported the development of a new policy to integrate VAS with routine measles vaccination to reach younger children and those in poor urban areas that are being missed. Currently, this policy is being piloted in three Districts.

Indicator 2: Over 55 percent (56 per cent) of pregnant women took 90+ tablets from the Female Community Health Volunteers (FCHVs), but it was lower in rural (54 per cent) than urban areas (68 per cent). UNICEF supported the development of national anemia control plan to address the bottlenecks.
**Indicator 3:** Multiple micro-nutrient powders (MNPs) with Infant and Young Child Feeding (IYCF) programmes in six pilot districts covered 92 per cent of children 6-23 months of age via FCHVs and mothers’ groups, including in disadvantaged areas. Based on the positive findings of the pilot programme, the Ministry of Health and Population is scaling it up to the rest of the country, as per the health Sector-Wide Approach (SWAp) and Multi Sector Nutrition Plan. The initiative was expanded to nine districts in 2012; a baseline impact evaluation is ongoing in two districts, with the results expected by the middle of 2013.

**Bottlenecks and Solutions:**

**Cultural practice:** Exclusive breastfeeding beyond six months of age is at 70 per cent, but only 24 per cent of young children fall within the three WHO recommended IYCF practices, which include breastfeeding status, multiple food groups, and the number of feeding times per day. UNICEF is thus supporting the development of a comprehensive national IYCF Strategy. Maternal under-nutrition affects 18 per cent of women and 47.6 per cent pregnant women are anaemic. UNICEF has supported the development of a Maternal Nutrition Strategy, plus a national communication plan on maternal and young child nutrition to improve feeding and child and neonatal nutritional care behaviour and practices.

**Progress: Indicator 1:** The percentage of Recently Delivered Women (RDW) who are knowledgeable about essential new-born care has increased in the pilot Districts. The RDW in the lowest quintile who dry and wrap their newborns immediately after birth has increased from 42.6 per cent to 69 per cent. The increase was highest in Janajati with an increase from 49 per cent to 77 per cent. The use of a new blade for cord-cutting remained constant at 57.5 per cent (End Survey 2012 – UNICEF/MoHP). Key strategies included interpersonal communication through FCHVs, mobilization of watch groups, and mass media to promote essential newborn care.

**Indicator 2:** An increased number of mothers gained knowledge on the importance of starting complementary feeding at six months; 82.5 per cent of mothers introduced semi-solid and solid food on time in six IYCF/MNPs pilot Districts (*IYCF/MNPs coverage survey 2012*). Multiple platforms were used to get messages to mothers, including interpersonal communication through health facility workers, FCHVs, and local radio broadcasts.

**Indicator 3:** Awareness was increased in four remote districts of the Karnali region about optimal IYCF, hygiene and sanitation, early childhood development practices (ECD) and cash grant among VDC secretaries, FCHVs, media, community based organizations, child and youth club members (7,480) and parents (14,802).

The assessment on impact of change in behavior will be carried out in 2013. About 168,500 families in Achham and Doti received messages through various media platforms on the benefits of using adequately iodized salt, which is expected to increase the intake of iodized salt.

**Indicator 4:** A national hand-washing programme was launched in seven districts involving FCHVs; as a result, the awareness of 280,000 mothers increased on hand-washing with soap during critical times, such as feeding and meal preparation.

In Maternal Neonatal Health (MNH) districts, 43 per cent of deliveries were conducted by skilled birth attendants, an increase of 5 per cent compared to the previous year. In the most disadvantaged VDCs, 78 per cent of deliveries took place in the birthing centres (*HMIS*).
Bottlenecks and Solutions:

**Availability of essential materials/inputs:** Collecting disaggregated data on the wealth quintile and ethnicity is a challenge. UNICEF thus supported a revision of the Health Management Information System (HMIS). The effectiveness of mass media, especially local radio programming, needs evaluation.

On-track

IR 2970/A0/04/510/005 IR 5: The capacity of Government/ stakeholders in disaster preparedness, response and recovery enhanced to ensure the health and nutrition status of children (boys and girls), adolescents girls and women during humanitarian crises.

**Progress: Indicator 1:** The facility associated with the Community Management of Acute Malnutrition (CMAM) pilot programme reported data in six districts. Out of 14,627 children who were reported to have Severe Acute Malnutrition (SAM) and who were admitted from 2009 to 2012, 88.1 per cent (12,884) were discharged. Of this number, 85.3 per cent recovered, and less than 1 per cent died—a significant performance compared with the commonly accepted international standards set out in the Sphere handbook.

The programme was evaluated as part of UNICEF’s global evaluation covering five countries in addition to Nepal, which made a recommendation to "scale up the Community Management of Acute Malnutrition (CMAM) in the current ... and ... new districts using direct technical assistance ... to the national health system.” The Ministry of Health and Population has thus decided to expand the Community Management of Acute Malnutrition to the most affected districts by 2017 and to integrate the programme with a facility-based approach. As a result, the CMAM Programme is now called the IMAM (Integrated Management of Acute Malnutrition) and was scaled up to six districts in 2012 as part of the Health Sector-Wide Approach, Multi Sector Nutrition Programme, and Nutrition in Disaster Risk Reduction. The revised national integrated management of acute malnutrition guidelines, protocol and training package was developed for both humanitarian crises and development situations.

**Indicator 2:** UNICEF supported the review of the Multi-sector Nutrition Information System (MNIS) in line with the Multi-Sector Nutrition Programme. On this basis, a national MNIS strategy and survey guideline is being developed using the Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology, with links to existing early warning system to predict possible crises.

**Indicator 3:** The nutrition component of the District Contingency Plan prepared for 20 districts in 2011 was updated; UNICEF led an update of the cluster operating guidelines; the terms of reference, as well as the 3Ws (Who, What, Where) mapping and nutrition cluster contingency plan, were re-drafted. In all, 43 pregnant and breastfeeding women, 319 children under-fives (girls 176, boys 143) received supplementary feeding for two months through the nutrition cluster coordination mechanism during an emergency fire outbreak in Siraha in August 2012.

**Indicator 4:** The Nutrition Cluster, under UNICEF’s lead, supported the pre-positioning of emergency supplies for 3,000 children affected by Severe Acute Malnutrition and for 50,000 people in the event of floods and/or earthquakes.

Bottlenecks and Solutions:

**Access to adequate services:** There was a high turnover of government health and nutrition staff in Mugu and Jajarkot. UNICEF and MoHP jointly recruited officers in 2012.

**Progress:**

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<td>PCR 2970/A0/04/515 Socially excluded and economically marginalized groups increasingly utilize and participate in the management of safe and sustainable drinking water and sanitation facilities and improved hygiene practices.</td>
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Progress:

UNICEF, as the Chair of the Water Sanitation and Hygiene (WASH) Development Partners Group in Nepal, has made significant contributions to the WASH sector to stimulate the roll-out of a nationwide hygiene and sanitation social movement and in harmonizing the programmes and approaches of multiple partners.

**Indicator 1:** Access to improved source of drinking water has increased by 5 per cent in UNICEF-supported Programme districts from 77 per cent in 2008 to 82 per cent in 2012 (Water Supply and Sanitation Divisional Offices 2012). During 2012, UNICEF contributed to the provision of safe water supplies to 19,746 people living in the most disadvantaged areas of Nepal. The national drinking water coverage stands at 85 per cent, with an increase of 5 per cent over the baseline (Census 2012).

**Indicator 2:** While a 19 per cent increase in access to improved sanitation at the national level has been recorded, from 43 per cent in 2008 to 61 per cent in 2012 (National Monitoring and Information Programme), access to improved sanitation in UNICEF-supported Programme districts has increased by 25 per cent from 36 per cent (2008) to 61 per cent (2012). The WASH sector is spending over US$18 million as off-budget (15-20 per cent of the total budget of the sector) outside the Government’s central budget records (the “Redbook”), while US$52 million has been utilized for the installation of over 1,400 water supply projects, benefitting over 950,000 people.

**Indicator 3:** The WASH sector policies and strategies have clearly defined provisions for 33-50 per cent representation of women and traditionally marginalised groups in all key decision-making structures and systems. In 12 UNICEF-supported Programme districts, the representation of women and traditionally marginalised groups in Water and Sanitation Committees (WSC) has increased to 40 per cent, from 34 per cent in 2011, while the representation of women and traditionally marginalised groups in the District Federation of Drinking Water and Sanitation User Committees is more than 50 per cent, thus ensuring the voices of women are heard in the overall project management, implementation, monitoring and sustainability of water and sanitation services.

IR 2970/A0/04/515/001 National WASH Programme formulated, ensuring the incorporation of gender, social inclusion and equity issues.

Progress: The WASH sector in Nepal is moving towards harmonization of approaches and multi-partner efforts for scaling up rural and urban water and sanitation coverage. The main achievement at the policy level in the year 2012 was the agreement on the terms of reference and draft roadmap for the formulation of a coherent WASH sector Programme.

**Indicator 1:** In line with the plan to come up with a sector financing strategy, UNICEF supported the Government to reach a consensus on the terms of reference of a study to assess the sustainability and cost effectiveness of different implementation practices by different agencies in the WASH sector. This study will lay the foundation and provide the critical primary data evidence for a future WASH sector financing strategy. In addition, guidelines for the implementation of the Sanitation and Hygiene Master Plan (SHMP), including a chapter on sanitation financing have been prepared with UNICEF support.

**Indicator 2:** A joint progress review of the WASH sector 2011–2012 was conducted and captured key outputs/outcomes and sector investments. The Government’s presentation, using a spatial analysis of sector Monitoring and Evaluation (M&E) data, clearly provided evidence that the sector has yet to reach deprived and remote locations. In an effort to standardize and improve sector performance and progress reporting, the draft annual WASH guideline was prepared and shared among Department of Water Supply and Sewerage (DWSS) district officials for comments and adoption.

**Indicator 3:** Recent sector review meetings have reviewed the progress against the Joint Sector Review recommendations and concluded that the majority of recommendations are on track.
**Bottlenecks and Solutions:**

**Management/Coordination:** Lack of a common approach on community support mechanisms related to household-level subsidies for sanitation is hampering the sanitation movement. The Sanitation Master Plan implementation guidelines currently under review are expected to propose a practical consensus for the nationwide uniform application by all stakeholders.

**On-track**

**IR 2970/A0/04/515/002** Households and institutions especially in MDAG VDCs in DACAW, diarrhea-prone and low sanitation coverage districts increasingly utilise improved sanitation, hygiene and water supply facilities.

**Progress:** The sanitation social movement is gaining increased ownership by the Government and political parties at all levels; consequently, US$ 1 million of investment was made by local bodies during 2012 leading to acceleration of the sanitation movement.

All UNICEF-supported Programme districts have developed district WASH Plans for harmonized implementation. Prototypes of toilet designs have been developed and field tested for mass production under the Sanitation marketing initiative.

**Indicator 1:** During 2012, sanitation coverage increased by 8 per cent in 22 targeted districts and Tanahu district was declared Open Defecation Free (ODF); As reported under Indicator 3, out of the 104 additional Village Development Committees (VDCs) declared ODF in 2012, 50 VDCs fall under the category of the most disadvantaged VDCs.

**Indicator 2:** In 2012, 19,746 people in the most disadvantaged VDCs gained access to improved drinking water supply.

**Indicator 3:** In 2012, households in 104 ODF-declared VDCs (47 per cent in the most disadvantaged VDCs) and 902 ODF school catchment areas improved access to sanitation and hygiene facilities.

**Indicator 4:** In 2012, children in 190 new schools (15 per cent in most disadvantaged VDCs) gained access to Child-, Gender- and Disability-friendly WASH facilities, including menstrual hygiene management. Over 5,000 adolescent girls, including Girls Access to Education participants from the Out-of-School Programme, have practical skills on low-cost reusable sanitary pad making and coping with menstrual stress.

**Bottlenecks and Solutions:**

**Management/Coordination:** There was a lack of adequate capacity of district and VDC level stakeholders to ensure a district-wide roll out and minimum quality of sanitation promotion activities. In order to overcome this bottleneck, it is planned to intensify training efforts under the aligning for action initiative and to formulate a coherent capacity building Programme under the emerging National WASH Programme.

**Met**

**IR 2970/A0/04/515/003** Cluster leadership and equitable access and use of emergency WASH services in line with the CCCs and Sphere standards.

**Progress:** A major highlight of UNICEF’s support to systematic capacity building of the Government counterpart institutions was the formulation of a Disaster Risk Management (DRM) Programme concept in the WASH sector. The Department of Water Supply and Sewerage is now in the process of drafting the DRM guideline that will guide its district, regional and national offices for action on disaster risk reduction, climate change adaptation, and disaster management.

**Indicator 1:** UNICEF, together with UNDP, is piloting a Disaster Risk Management Plan preparation in four disaster-prone districts. This is a major shift from basic disaster preparedness response to include mitigation, adaptation and early recovery.
Indicator 2: As the lead of the WASH Cluster, UNICEF conducted the first ever Simulation Exercise of the WASH cluster and also formed a working group to create a common Information-Education-Communication package for a more uniform WASH humanitarian response. UNICEF continued to pre-position stockpiles for 20,000 households in its four strategic locations. The pre-positioning also helped UNICEF and partners in their immediate response to several small-scale emergencies that occurred in parts of Nepal in 2012; the emergencies included a major fire in Aurahi VDC of Siraha district in May 2012, where 461 households and 2,063 people were directly affected. Similarly, UNICEF worked with its partners, Nepal Red Cross Society and Epidemiology and Disease Control Division of Department of Health Services, in responding to the diarrhoea and cholera outbreak in Doti and Bajang.

Indicator 3: UNICEF continued to build the capacity of Government and its staff through exposure to various national and international trainings, together with training to 3,425 people (419 men and 3,006 women) at the community level to ensure adequate local response capacity in emergency-prone areas.

Bottlenecks and Solutions:
Management/Coordination: There is a limited capacity of government institutional response and ownership on disaster risk reduction and climate change adaptation issues. UNICEF is providing a series of training initiatives on child-centred disaster risk reduction with various partners.

Progress:

**PC 507 - HIV/AIDS**

**PCR 2970/A0/04/507** The HIV and AIDS programme aims to improve access to preventive services for pregnant women and adolescents, as well as improved access to AIDS treatment, care and support for children and pregnant women. As part of the Joint United Nations Programme and Team on HIV/AIDS, the programme will support the implementation of the National Strategic Plan on HIV/AIDS (2006–2011) to reduce the spread of HIV among those under 18, and mitigate its impact on children and their families.

UNICEF aligns its goals and actions with the Global Unite for Children, Unite against AIDS Campaign and will assume the agreed roles in the division of labour. The programme consists of four projects: (i) the prevention of mother to child transmission project, (ii) the paediatric HIV/AIDS treatment project, (iii) the adolescent HIV/AIDS prevention project, and (iv) the protection and care for children affected by HIV/AIDS project.

The HIV/AIDS programme will work closely with the child protection programme in the linkage between most-at-risk adolescents and children affected by armed conflicts, as well as in ensuring protection and care for children affected by HIV/AIDS. The programme will also work closely with the health and nutrition programme, with particular focus on the interaction between maternal health and prevention of mother-to-child transmission. The programme will also work closely with the education programme when implementing life-skills based education, using the school health curriculum.

**IR 2970/A0/04/507/017 Biratnagar- IR 1.3:Udaypur**

**On-track**

**PCR 2970/A0/04/512** Children, Adolescents and pregnant women, specifically the most-at-risk and disadvantaged have access and increasingly utilize relevant services to prevent HIV and mitigate the impact of HIV and AIDS.

**Progress:** Among Ante-natal care (ANC) women in 32 districts, around 33 per cent of pregnant women received Prevention of Mother-to-Child Transmission (PMTCT) services. In 2010, Mother-to-Child Transmission (MTCT) was around 17 per cent, which reduced drastically to 8 per cent in 2011, and by July 2012, had reduced to 3.1 per cent. This has been possible because the Government of Nepal (GoN), with support from UNICEF, has expanded PMTCT sites from 22 in 2011 to 41 in 2012. The number of community-based PMTCT sites also increased from 50 in 2011 to 72 in 2012. In addition, triple Antiretrovirals (ARVs) were made available. UNICEF contributed mainly in national level advocacy, capacity strengthening, developing guidelines and a plan of action, capacity development, and monitoring and onsite coaching for quality improvement in PMTCT and Paediatric Antiretroviral Therapy (ART) services.
As per the national estimation report 2012, new infection in all the age groups, including adolescents, is declining. Compared to 2011, the new infection rate among adolescent girls aged 10-19 declined by 10 per cent and among boys by 25 per cent (from 116 to 93 among boys; from 81 to 65 among girls). However, owing to the increase in HIV Testing and Counselling service uptake, 111 new HIV cases among girls and 56 among boys were reported in 2012. In 2011, 125 (42 boys and 83 girls) new HIV cases were recorded.

An estimated 28,000 children are affected by AIDS in Nepal. Out of them 15 per cent (4,200) are receiving some form of social protection support. Taking account of the number of identified Children Affected by AIDS (CABA), the service coverage was 42 per cent in 2012 as compared to 32 per cent in 2011.

Realizing the importance of a multi-sectoral approach, the UNICEF Nepal Country Office (NCO) has initiated the process of integrating HIV in relevant sectors from 2013. To initiate a similar process in government sectors, UNICEF supported a National Planning Commission (NPC) to review the policies of nine relevant ministries; based on the review findings, multi-sectoral guidelines on addressing HIV have been developed, endorsed and disseminated.

It has also been realized that comprehensive programming, which encompasses all aspects of child survival, development, protection and participation, should be promoted for and with adolescents as opposed to a top-down, vertical approach. With these lessons learned, a holistic Adolescence Development and Participation (ADAP) programme has been designed for the 2013–2017 programme cycle.

Met

IR 2970/A0/04/512/001 Pregnant women and adolescents from MARP groups in intervention areas, and who need ARV treatment are empowered to opt for appropriate services for themselves and their children.

Progress: Indicators 1 and 2: By July 2012, 13.7 per cent HIV-infected pregnant women received antiretroviral drugs (ARVs) compared to 7.3 per cent in 2011 and 3.29 per cent in 2010. In 2012, 32.9 per cent children received ARVs compared to 20.2 per cent in 2011 and 19 per cent in 2010.

The Government, with UNICEF’s support, expanded PMTCT services in 19 hospitals/Primary Health Care Centres, 22 Health Facilities, and 14 Paediatric Antiretroviral Therapy (ART) service sites.

The national capacity was strengthened by training 16 trainers from eight hospitals on PMTCT (Parent/Mother to Child Transmission) to build the capacity of service providers. In all, 107 staff members from CB-PMTCT districts were trained to provide quality PMTCT/ART services.

Following the 2011 recommendation of operational research on stigma and discrimination in PMTCT, UNICEF supported the government to develop a stigma reduction toolkit and trained 20 national trainers to roll out the training in 2013 among all PMTCT service providers.

As a result of effective advocacy, a national directive was issued to the Government’s health departments to operationalize integration of PMTCT into health services in 39 districts. A standard operating procedure was developed to roll out integrated services. The GoN was supported in developing Early Infant Diagnosis (EID) guidelines.

In 2011, HIV had been integrated in adolescent sexual and reproductive health (ASTH) services in 25 health facilities of three districts. These health facilities started to provide integrated HIV and ASRH services, including referring to HIV Testing and Counselling (HTC) services.

UNICEF supported the GoN in preparing an accurate Global AIDS Reporting on Progress report, as also service quality monitoring and onsite coaching in PMTCT/ART sites. Successful advocacy was carried out for task shifting from laboratory technicians to other trained health workers on HIV testing. Consequently, HTC uptake increased significantly.

**Bottlenecks and Solutions:**
Management/Coordination: Inadequate coordination among hospital, the District Health Office (DHO) and care centre affecting quality treatment, care and support to women and children. The government has developed forms for establishing a reporting mechanism.

IR 2970/A0/04/512/002 Adolescent girls and boys, specifically Most-At-Risk Adolescents (MARAs) and Especially Vulnerable Adolescents (EVAs), have comprehensive knowledge and skills to protect themselves from HIV in intervention areas.

Progress: Indicator 1: In the absence of a baseline value on comprehensive knowledge for Young Key Affected Population (YKAP), the data from the 2006 Demographic Health Survey was kept as baseline. The programme aimed to increase comprehensive knowledge in the intervention area to 80 per cent. All prevention programmes for and with the YKAP started with the baseline survey. In baseline, 75 per cent YKAP reported having comprehensive knowledge; the figure increased to 96 per cent after programme implementation.

Indicators 2 and 3: In all, 62 per cent adolescents from the intervention areas were reported as having skills to assess HIV risks and negotiate for safer sex as compared to 37 per cent before programme implementation.

The HTC service uptake increased after intervention, 58 per cent reported utilizing the HTC services as compared to 43 per cent before intervention.

In 2011, mapping of the HIV prevention programme for YKAP was conducted, including a review of HIV prevention and life-skills materials. Based on the review, an HIV risk reduction and avoidance package was developed. In all, 37 national trainers were capacitated to roll-out the training. They have trained 310 core trainers from various networks and organizations to expand the capacity to reach YKAP. In total, 822 YKAP (428 girls, 394 boys) were reached by the end of 2012.

To create the opportunity for YKAP for transiting to safe environment, 35 commercially sexually exploited children were enrolled in non-formal education out of estimated 1,000 girls in a centrally located District.

UNICEF, with the National Planning Commission, led the process of carrying out a literature review on adolescent development and participation to inform the development of the National Plan of Action on holistic adolescent development. To inform the plan, consultations with adolescents were conducted in 32 districts. On 11 October 2012, the 1st International Day of the Girl Child was celebrated with partners, and included the participation of adolescents.

A Minimum intervention package for HIV prevention among YKAP is also being developed.

Bottlenecks and Solutions:
Availability of essential commodities/inputs: Lack of age and gender disaggregated data at the national and district level.

IR 2970/A0/04/512/003 Children Affected by AIDS (CABA), specifically adolescent girls, have access to programmes to strengthen their life skills and to protection mechanisms that provide them with protection and care services from families, communities and the Government in intervention areas.

Progress: Indicator 1: There are 35 Community-Based Organizations (CBOs) providing support to Children Affected by HIV/AIDS. Around 4,200 CABA are receiving education, nutrition and treatment support through the Government and NGOs. In 2011, there were 29 organizations providing services for CABA.

Indicator 2 was abandoned as most CABA were not engaging in high-risk behaviour and could not be categorized as most at risk. However, an HIV prevention package was implemented in three districts among
affected adolescents; the impact of the programme is yet to be measured.

Technical and financial support was provided to the Government for developing national guidelines for implementing cash grants under a Global Fund Round 10 grant aimed at affected children. Support was also provided for making the national social protection framework HIV-sensitive.

A national guideline on mainstreaming a psychosocial component in existing programme/services has been developed. In Sunsari, Achham and Kailali, a pool of service providers was trained in providing psychosocial counselling to children/families affected by AIDS.

Members of a national network of Women Living With HIV (WLHIV) were trained as master trainers in HIV risk reduction and avoidance for adolescents. They have trained representatives from 25 CBOs to use the package. These 25 CBOs have reached 1,250 adolescents to enhance their knowledge/skills on HIV prevention.

Members of the WLHIV network were trained as trainers in financial literacy "Afalateen". In Sunsari, Syangja and Kathmandu, CABA have formed Afalateen groups. Skill building games/discussions that promote saving behaviour and prepare adolescents to deal with monetary issues were made available to 200 adolescents.

A sensitization package and animated video on CABA has been developed and implemented by the Central Child Welfare Board.

Bottlenecks and Solutions:
Legislation/Policy: In the absence of an implementation guideline on CABA cash grants, UNICEF is supporting the government to develop a National CABA cash grant implementation guideline.
Effective Governance Structure

The Nepal Country Office (NCO) spent time and extensive effort to prepare the Office and workforce for the upcoming structural changes triggered by the changing programmatic focus and competencies in its human resources. The first half of 2012 was focused on the preparation of the Country Programme Management Plan (CPMP) and the Programme Budget Review submission, while the second half was critical for change management implementation.

(a) The Office adopted a participatory approach to change management through the establishment of the Change Management Team (CMT), which includes staff association representatives, as a forum for open and constructive dialogues between the management and staff regarding the structural changes present in the new Country Programme 2013–2017. This resulted in sustained teamwork and upbeat staff morale and helped avoid any negative impact that the upcoming changes could have had on the overall momentum and achievements the Office has made thus far in programme delivery.

Among the various constructive recommendations, the team proposed to enhance the capacity of staff affected by post abolishment; this resulted in several learning and coaching activities held and facilitated by in-house resources, as well as external experts. Thanks to these efforts, all the staff members on abolished posts were absorbed in the new structure.

(b) A total of seven CMT meetings were convened in 2012 to discuss various management issues, including the change management process and, among others, the Office renovation work that the Office has initiated in 2012 to be completed in 2013.

(c) Three Joint Consultative Committee meetings were held in 2012 to discuss staff issues and find ways to constructively address them. A review of the services rendered by the Common Services Unit (CSU), including areas for improvement, was undertaken in the last quarter of 2012. The findings of the CSU Client Satisfaction Survey revealed that clients were generally satisfied with the services provided.

(d) The management of Office performance continued to be based on the review of key performance indicators (KPIs). In fulfilling its oversight role, the CMT examined openly and honestly the effectiveness of KPIs reported against organizational benchmarks and took necessary steps required to overcome the constraints in reaching stated levels. With commitment from senior management toward a performance culture, all management indicators were at satisfactory level over the year.

(e) As part of its regular performance review, the CMT continued to monitor compliance to audit recommendations—related to the Office of Governance and Operations management—which were rated satisfactory by the 2008 internal audit.

Strategic Risk Management

(a) In accordance with the Enterprise Risk Management (ERM) plan developed in 2010, the Office continued to monitor the implementation of the mitigation strategies in the areas of greatest risk that could impair the delivery of the results and damage the reputation of the Office. International Public Sector Accounting Standards (IPSAS) requirements were analyzed and staff was sensitized to its importance, including the changes brought about by the new accounting system. To fulfill IPSAS requirements with regards to inventory management, the Office called upon the support of a senior expert, Chief of Supply and Logistics from the India Country Office, to conduct an inventory and warehouse management review in the last quarter of 2012. The assessment identified key areas for improvement for which remedial actions were immediately taken. A comprehensive review of capacity requirements for Supply Management will be undertaken in early 2013 to adequately manage risks in this functional area.

(b) The Office placed high emphasis on risk management, particularly segregation of duties. The data on conflicting roles in VISION supplied by Headquarters was carefully reviewed and corrective actions were promptly taken to address the issue of Segregation of Duties violation. Staff roles in the system were altered
for better risk management and compliance.

(c) & d) The Business Continuity Plan (BCP) was updated accordingly. The Office maintains a container (size 8ft x 8ft x 20ft) with a sister UN agency as an alternate Data Centre equipped with a generator, a solar panel, and IT/telecommunication equipment.

(d) Mechanisms are in place to ensure timely activation of the BCP and response to changes in the internal and external operating environment.

Evaluation

The Multi-Year Integrated Monitoring and Evaluation Plan (IMEP) of the extended Country Programme Action Plan (CPAP) 2011–12 was used as a reference for Annual IMEPs. UNICEF’s internal Monitoring and Evaluation Advisory Group reviewed each IMEP and proposed evaluations in the plan, while the Planning, Monitoring and Evaluation (PME) Section provided quality assurance. The Office issued guidance on IMEP management and evaluation functions in 2009 to ensure the implementation of the global UNICEF Evaluation Policy 2008. To maintain a level of independence in evaluation and enable the PME Section to provide technical appraisal and inputs to planned evaluations, a new work process was established in accordance with the UNICEF Evaluation Policy.

The National Planning Commission (NPC) is responsible for evaluating Government implemented projects, while the Social Welfare Council is responsible for evaluating projects implemented by I/NGOs in Nepal. Local capacity in the country lies in consultancy firms and individuals and is mostly concentrated on research rather than evaluation. There are limited evaluation-focused agencies, weak coordination, and there is no forum for sharing evaluation knowledge.

The NPC had developed national guidelines on Results Based Monitoring and Evaluation in 2010 that emphasised results-based evaluation and independent evaluation, including third party involvement. Evaluation has been largely limited to externally-funded projects. As a result of advocacy from development partners, NPC has undertaken a few strategic evaluations of key programmes. Overall, the lack of evaluation culture, non-utilisation of evaluation recommendations, low level of policy commitment and capacity gaps in managing evaluation are major challenges in Nepal. Nepal is yet to make a serious effort to strengthen its national evaluation system. However, with the recent leadership change in the Poverty Monitoring Division at the NPC, the assessment of quality of 30 evaluations conducted with the support of the Government of Nepal (GoN), UNDP, the Japanese International Cooperation Agency (JICA) and the Asia Development Bank (ADB) has been initiated. Initial consultation with the Government has suggested a broader consultation with national stakeholders to develop a national evaluation strategy in 2013. An International Evaluation Conclave is being planned for early 2013 under the leadership of the Nepal-based Community of Evaluators, which will provide a forum for sharing knowledge on evaluation.

Three evaluations were completed in 2012: Community Management of Acute Malnutrition Community (CMAM); Micro Nutrient Powder/Infant and Young Child Feeding; and Community-based new-born care package (now in final draft). The technical review and clearance of the terms of reference was supported by the PME Section. A Technical Review Committee chaired by PME was formed to guide the selection firms or consultants for evaluation, maintain independence throughout the process, and ensure the review and clearance of evaluation reports meet UNICEF evaluation quality standards by mobilising the M&E Advisory Group. A Management Response Plan to the three evaluations is being developed for the Country Management Team review and follow-up on the status of implementation of planned actions. The Management Response Plan submitted for 2011 and approved by the CMT is being constantly monitored, with follow up when needed.
Effective Use of Information and Communication Technology

The Office continued to strive for improved efficiency and client satisfaction through the provision of timely, reliable, client-focused and secure information technology services through several avenues.

(a) Long-Term Agreements were established with vendors for timely procurement and quality assurance.

(b) IT equipment was disposed in an environmentally secure and safe manner and as far as possible, IT peripherals were recycled.

(c) The Office ensured adequate maintenance of UNICEF applications and interfaces as per the prescribed practices and standards to meet business continuity requirements.

(d) Given that 2012 was the first year of VISION implementation, the Office was able to overcome technical challenges presented at the time of system migration from ProMS to VISION. The Office took timely action to increase Internet bandwidth and this was among the contributing factors to the success of the system migration.

(e) The Country Office was successful in increasing accessibility and redundancy via its subscription to an additional Internet Service Provider (ISP), which provides secondary links to improve the quality of IT services for both the Country Office and the Regional Office for South Asia, also located in Kathmandu.

(f) Critical telecommunication hardware in the zonal offices was strategically upgraded with new equipment, with additional features and attributes, such as voicemail, billing system and SIP integration. The new system is now in place in Bharatpur and Biratnagar, while the system improvement work was ongoing as of the end of 2012 for the new premises at the Nepalgunj Zone Office, with completion expected in 2013. This would contribute to sizeable cost savings and efficiency in the long run. The responsibility of maintaining the Business Continuity Plan (BCP) site for the Country Office was assigned to the Information Communication Technology (ICT) section for which simulation exercises were conducted at the Kathmandu BCP site, while one for disaster response was carried out for the Nepalgunj Zone Office. During these exercises, staff members were trained on the use of a voice and data communication system and to process VISION transactions. The BCP sites for the zonal offices are yet to be finalized. Nevertheless, the zonal offices concerned did maintain a minimum stock of Emergency Communication System equipment for backup connectivity and emergency response. Network folders were backed up at the BCP site daily. By the end of 2012, around 98 per cent of the staff members were in possession of laptops equipped with Cisco VPN. This depicted a significant improvement in the effectiveness and flexibility in accessing ICT resources by the users. All vehicles were equipped and comply with Minimum Operating Security Standards (MOSS).

Fund-raising and Donor Relations

The Country Office sent all 44 required donor reports (100 per cent) on time and ensured each met quality standards. Other Resources mobilized during the year met the planned targets. The Deputy Representative closely monitors the implementation of all grants on a monthly basis and on a weekly basis for grants that are expiring in three months, as a result of which the Office utilized almost 99 per cent of expiring grant amounts in 2012. However, the implementation rate for two grants (SC100374 and SC110506) is 94.9 per cent and 91.5 per cent, respectively. (The amount for SC100374 reflects refunds received after the grant expired). Four grants were requested for extension, of which three were due to receipt of additional funds from the donors and one was extended upon request from the Global Help Desk due to a technical problem in the new accounting system.

The Office Fundraising Committee oversaw several fundraising initiatives, including maintaining close links with UNICEF’s Funding Market Place in Geneva where Nepal Communication Toolkits for Education, Protection, and Health were uploaded. An HIV Toolkit was also prepared and accepted by Geneva. A total of US$751,659 was raised through the Education Toolkit in 2012 from the Swedish and German National Committees and the US Fund, and US$400,000 was raised from the Dutch National Committee in 2012 through the Health Toolkit.
A continued focus on high-level, high-value National Committee and Donors visits was sustained with six visits in 2012, including the US Fund, Japan Coop, New Zealand, Netherlands, Finland and Sweden helping with visibility and also contributing to fund-raising. A total of US$270,000 was received in 2012 from the New Zealand and Japanese National Committees for HIV and AIDS and Child-Friendly Local Governance, respectively. The Public-Private Partnership for Hand-washing with Soap continued to mobilize in-kind contributions to promote hygiene practices across Nepal. New funding from the Korean Government for child survival is expected in early 2013. The Dutch National Committee assisted UNICEF Nepal to secure full funding for its new Adolescent Development and Participation Programme from ING for two years with a high possibility of extending support beyond 2014.

Management of Financial and Other Assets

(a) Several assessments of partners’ and Government’s financial management systems were carried out and several areas for improvement were identified. The Office was effective in disbursing funds to the concerned implementing partners, as well as to the Zonal Offices, while successfully managing to keep its outstanding Direct Cash Transfers (DCTs) in excess of nine months at a nominal level (less than 5 per cent threshold during most of 2012). Various assurance activities, including spot checks of selected Government and NGO implementing partners, were conducted. Additionally, the Office supported efforts geared towards strengthening the capacity of International Professional staff in financial management, especially on issues related to the Harmonized Approach to Cash Transfers (HACT) and Funds Authorization and Certification of Expenditures (FACE). The second macro assessment of the financial management system of the government of Nepal was handled in collaboration with the other ex-com agencies. The Office engaged in a discussion with the other UN counterparts and the government’s supreme audit institution to further promote the harmonization of the audits of Implementing Partners and align with the national system, as mandated by the HACT guidelines. UNICEF was an active player in scaling up the joint HACT-related initiatives with the other UN agencies and put in place new Long-Term Agreements (LTAs) for Micro Assessments, audits and spot checks of Implementing Partners.

(b-d) The Country Office efficiently managed its financial resources and adequately maintained its overall liquidity position during the year. Even though the overall financial management scheme was changed significantly in the new accounting system, the NCO managed to perform all essential transactions smoothly during the initial stage. The system shift did generate a number of challenges and despite the limited training provided to the concerned staff, financial reports were compiled and submitted to NYHQ in a timely manner. Bank Reconciliation reports were among the key tasks that required more time for completion owing to the procedural changes brought about the system migration from the old accounting system to VISION. The CMT closely monitors the implementation of programme funds and grants; 99.63 per cent of Regular Resources (RR), 98 per cent of Other Resources (ORR), and 99.72 per cent of Other Resources Emergency (ORE) were utilized.

(e) The Country Office took the initiative to pioneer the Electronic Payment system, which led to incremental efficiency in the payment and bank reconciliation processes. The new system was successfully tested during the year with support from NYHQ and cooperation from Standard Chartered Bank.

Supply Management

(a) Supplies constituted around 30 per cent of the total Country Programme in 2012, an increment of 5 per cent compared to that in the previous year. Goods and Institutional Services amounted to a total of US$6.73 million (US$5.62 million for the Country Office and US$1.11 million for the Regional Office).

(b) New Long-Term Agreements (LTAs) were signed for high demand services, such as Media-related Services, Photography/Video/Translations Services, Art Work and Graphic Designing Services, Local Transportation for logistics and deliveries to end-users, and Clearing and Forwarding arrangements for offshore procurement. A number of LTAs signed in 2011 were extended until October 2013, including for
hygiene kits, child-friendly teaching–learning materials, and school kits.

(c) The Supply Unit worked collaboratively and closely with the concerned programmes, both internally within the Office or externally with key government counterparts, including the Government’s Logistics Management Division (LMD).

(d) The Market Survey completed in 2011 continued to serve as a reliable source. An inspection of the pre-qualified vendors was a useful exercise for verifying their capacity and expertise and particularly the quality of the products that they offered.

(e) The Country Office also received in-kind contribution from a private institution and with effective clearance and facilitation, the Office was able to deliver the products to meet the requirements of a key programme-related campaign in February–March 2012.

(f) Common UN LTAs were established for drinking water supplies, uniforms for drivers and ancillary Staff Members. Selected LTAs, such as international courier services, maintenance and repair services for photocopiers and generators, were extended in 2012. The UN family agreed to maintain a roster of hotels offering competitive corporate rates to the UN within Kathmandu Valley for use by each participating agency.

(g) As cited in the Strategic Risk Management section, the findings of the recent Warehouse Management assessment confirmed the need to develop capacity in this functional domain. The same was planned in early 2013.

(h) Thanks to the established LTA with a reliable local transport service provider, supplies were forwarded to end-users. More systematic monitoring will be streamlined and implemented in 2013.

(i) The Country Office counted on the support of the Supply Division, Copenhagen, especially for the procurement provided with the Global Alliance for Vaccines and Immunization (GAVI)-funded shipment amounting to US$6 million in value in 2012.

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**Human Resources**

The year 2012 involved a major recruitment exercise in readiness for the new Country Programme 2013–2017. Thirty-nine posts were abolished and 38 new posts created. A Change Management Team, consisting of senior management, staff association representatives and other selected staff, was formed to develop a roadmap, taking into account the voices of not only Kathmandu-based staff, but also those posted in the Zone Offices. Learning opportunities were provided and coaching made accessible to interested staff in preparation for the recruitment exercise.

(a) The recommendations from the Office for the posts to which staff on abolished posts applied were completed and submitted to the Regional Office and due approvals were obtained within one week. For the remaining posts at the GS level, the process was initiated in November 2012 with completion of the selection processes envisaged in January 2013.

(b) A staff development plan developed with the Regional Office for South Asia and a Human Resources Development Team (HRDT) was formulated and approved. A total of 74 staff members participated in at least one group training session (covered by a total budget of US$19,530), while 33 staff members availed of individual training opportunities (entailing US$70,109 from various budget sources). The training included: on-line technical training; group training on First Aid Orientation Training, Professional Writing and Communication Skills, Career Development, and Performance for Results; in-country development assignments for six national staff; the University of Pennsylvania Advances in Social Norms Learning Program; the Ohio University Communication 4 Development Training; the Management Development
Programme; and an orientation on handling of personal information within the UN workplace focused on 10 minimum standards of UN Cares was organized.

(c) Consultant and Individual Contractor Contracts have been identified as a priority area for work process simplification. In consultation with the Regional Chief of Human Resources, ROSA, a new set of forms was developed and would be proposed to the management for approval in early 2013.

(d) The Office worked hard to strike a gender balance in the staffing mix. This yielded a slight improvement to the ratio of 47 per cent (F) to 53 per cent (M) in 2012 in the National Professional category compared to 46 per cent and 54 per cent, respectively, in 2011.

(e) Staff Performance Evaluation Review (PER) reports for the year 2011 was completed by April 2012. The Country Office was able to achieve a high rate of 91 per cent of the first phase completion, noting that the remaining 9 per cent accounted for those who were either new employees or unfilled positions. It is expected that the implementation of the Electronic Performance Assessment System (E-PAS) and the 360 degree feedback system for national staff would be implemented in the near future and would contribute to an improved performance management system in the Office.

(f) Staff members were encouraged to take advantage of the 5 Peer Support Volunteers (PSV) in NCO.

UN Trainee Program: A UN trainee programme for individuals from marginalized groups in Nepal provided opportunities for 5 competent individuals to gain an 11-month work experience with UNICEF.

### Efficiency Gains and Cost Savings

(a) Office Renovation
The Office actively looked for ways to improve efficiency and reduce operating costs in the long run and explored the feasibility of Office renovation to not only improve and maximize the utility of the existing space but also to ensure that the setup and devices installed would promote interaction and knowledge sharing among staff. Building on the experience of UNICEF India Country Office, it was anticipated that the Nepal Country Office too would benefit from cost savings and improved morale and job satisfaction among staff.

(b) Business Improvement Initiatives
In close liaison with the UNICEF Regional Office for South Asia (ROSA) and the Common Services Unit (CSU), the Country Office actively took part in the review of key business processes that could be made "paperless", further simplified for better efficiency and workload reduction to concerned staff members. The outcome of the review was favourable. The recommended processes will be proposed to the management of both ROSA and the Country Office for final comments and approvals with a roll-out expected in the first quarter of 2013.

Furthermore, the CSU also took part in a preliminary discussion around the establishment of the Business Support Centre, a unit with a mandate to provide support and services to its clients located at a given duty station. A more in-depth analysis would be carried out in 2013 to define a roadmap on the structure and implementation.

### Changes in AMP & CPMP

The year 2013 marks the start of a new programme cycle. Under the overall leadership of UNICEF’s Representative, programmes will be coordinated by the Deputy Representative through matrix management since all contribute via 26 Intermediate Results to the new programme’s three Component Results (PCRs).

**PCR 1** reflects intensive policy reform work in the context of preparations for a new Constitution and anticipated state restructuring. PCR 1 will be guided by UNICEF’s Chief of Social Policy and Economic Analysis, supported by a multi-programme team of senior officers focused on national-level policy analysis, formulation, advocacy and support for implementation across development sectors to ensure all dimensions
of inequity are addressed comprehensively. Economic and social policy analysis will play a critical role as UNICEF helps the Government to strengthen child poverty and disparity analysis, social budgeting, social protection and pro-child public policy and legislative reforms to leverage national budgets and partner resources in favour of children. To mark the increased importance of these roles, the capacity of UNICEF’s Social Policy and Economic Analysis Section has been strengthened and the Chief of Section will report directly to the Representative.

The latter two PCRs will prioritize at least 15 districts considered to be the most vulnerable through a newly designed Child Deprivation Index. **PCR 2** will be directed by UNICEF’s Deputy Representative and will involve senior officers from all programmes and a new set of programme officers providing technical support at sub-national level through UNICEF’s three Zonal Offices. PCR 2 is focused on the strengthening of integrated social service systems that bind together different programmatic interventions in a coherent, mutually reinforcing manner. The Government’s Child-Friendly Local Governance Framework will be the organizing principle of this PCR. To ensure the organization’s strongest commitment to addressing child inequities, UNICEF will place or ensure frequent travel by professionals into these 15 prioritized districts, in addition to its current presence in three regional centres and in Kathmandu.

**PCR 3** aims to engage children, adolescent girls and boys, men and women, and all relevant duty-bearers in social change for children. The profile and impact of C4D interventions across the entire Country Programme has been significantly raised. This function will be embedded in different Sections and Zonal Offices, but will be guided by a C4D Unit in Kathmandu headed by a Chief of Communication who will also lead the External Communications Unit. Combining the skills of both communication disciplines (communication for development and external relations) under the managerial oversight of one Chief will allow UNICEF Nepal to build the Government’s capacity to enhance vital linkages between families, volunteers, communities, government, civil society, media, political bodies, the corporate sector, and social media platforms to achieve results for children.

Recognizing the serious issues facing Nepal’s young people, a new Adolescent Development and Participation (ADAP) Programme is proposed and will focus on civic engagement and sustainable socio-economic integration, including life skills, livelihoods and entrepreneurship.

### Acronyms

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<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>ADAP</td>
<td>Adolescent Development and Participation</td>
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<td>ANC</td>
<td>Antenatal Care</td>
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<td>CAC</td>
<td>Citizen Awareness Centre</td>
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<td>CBIMCI</td>
<td>Community-based Integrated Management of Childhood Illness</td>
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<td>CBNCP</td>
<td>Community-based Newborn Care Package</td>
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<td>CBS</td>
<td>Central Bureau of Statistics</td>
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<td>CCWB</td>
<td>Central Child Welfare Board</td>
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<td>CFLG</td>
<td>Child-Friendly Local Governance</td>
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<td>CFS</td>
<td>Child-Friendly School</td>
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<td>CMAM</td>
<td>Community-based Management of Acute Malnutrition</td>
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<td>CPAP</td>
<td>Country Programme Action Plan</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<td>DACAW</td>
<td>Decentralized Action for Children and Women</td>
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<td>DMIS</td>
<td>District Management Information Systems</td>
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<td>District Poverty Monitoring and Analysis System</td>
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<td>Disaster Risk Management</td>
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<td>Disaster Risk Reduction</td>
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<td>ECCE</td>
<td>Early childhood care and education</td>
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<td>Acronym</td>
<td>Description</td>
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<td>Iron Folic Acid</td>
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<td>Intermediate Result</td>
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<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<td>KAPB</td>
<td>Knowledge, Attitude, Practice and Behaviour</td>
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<td>Prevention of Mother-To-Child Transmission of HIV</td>
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<td>PoU</td>
<td>Point-of-Use</td>
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REACH Renewed Efforts against Child Hunger
RWPs Rolling Work Plans
SBA Skilled Birth Attendants
SSRP School Sector Reform Plan
SUN Scaling Up Nutrition
SWAs Sector-wide approaches
SZOP Schools as Zones of Peace
UNAIDS Joint United Nations Programme on HIV/AIDS
UNDAF United Nations Development Assistance Framework
UNDP United Nations Development Programme
UNESCO United Nations Educational, Scientific and Cultural Organization
UNFPA United Nations Population Fund
UNHCR United Nations High Commissioner for Refugees
UNICEF United Nations Children’s Fund
UN-Women United Nations Entity for Gender Equality and the Empowerment of Women
U5MR Under-five Mortality Rate
VAM Vulnerability Assessment Mapping
VAS Vitamin A Supplementation
VDC Village District Committee
WCO Women and Children Officer
WCFs Ward Citizen Forums
WFFC A World Fit for Children
WFP World Food Programme

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Evaluation

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<td>2012/001</td>
<td>Survey</td>
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<td>2 Coverage Survey on Integrated Community IYCF and Micronutrient Powder Distribution in Makwanpur, Palpa, Parsa and Rupandehi Districts</td>
<td>2011/012</td>
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<td>3 Nutrition Assessment of Children 0-59 months in the Districts of Mid and Far Western Regions of Nepal</td>
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### Lessons Learned

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Child Protection System Mapping and Assessment

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**Abstract**

Despite ratifying various treaties and passing a number of laws relating to child protection, there is a dire lack of human and financial resources assigned to government child protection systems in Nepal. UNICEF took the lead in carrying out a mapping and assessment of the child protection system in Nepal, along with the Central Child Welfare Board, and the six major International NGOs to collect and analyse information for planning and advocacy purposes, and to raise awareness among participants at different levels and in different sectors, of what a child protection system should consist of, as well as the strengths and weaknesses in the existing system. The main methodological innovation was to have key stakeholders in child protection discuss real cases, thereby learning about the system approach from personal experiences. Next steps include developing a costed multi-year national plan to implement a child protection system, in particular the child welfare system.

**Innovation or Lesson Learned**

The methodological innovation was to have key stakeholders in child protection – government social welfare personnel, police officers, judicial authorities, public prosecutors, teachers, health workers, local officials, community workers, women's groups, child clubs and NGO service providers, analyse their case responses and discuss it among themselves, from actual situations they dealt with, thereby learning about the system approach from personal experiences. Another innovation was to film the participants while they were telling the story, which can be used when presenting the findings to policy-makers.

**Potential Application**

Reflecting upon real cases provides valuable information about the circumstances and chain of events which led to the harmful situation, and how most children are affected by more than one issue, for example child labourers are often without parental care and victims of abuse. This will serve as evidence to advocate for a comprehensive multi-sectorial child protection system which addresses multiple causes of protection risks and includes prevention, early intervention and rehabilitation. Cases highlight gaps in procedures and services, as well as the fact that people resort to traditional or informal justice or go through community-based organisations or NGOs to access formal justice and services. They also provide a clear picture of the situations which put a child at risk, for example re-marriage of parents or informal kinship care, thereby demonstrating the need for community-based mechanisms for early detection and intervention.

**Issue**

Following the ratification of the Convention on the Rights of the Child, Nepal passed the Children’s Act and formulated a National Plan of Action for Children. Over the last two decades, it also endorsed a number of laws, policies, regulations and national plans related to specific child protection issues such as child labour, juvenile justice, trafficking, domestic violence or inter-country adoption. Child Welfare Boards, Juvenile Benches and Police Women and Children Service Centres have been established. Yet the existing legal framework lacks a clear definition of mandates, roles, structures, accountabilities and procedures for the detection, reporting, rescue, rehabilitation and reintegration of children in need of care and protection, and the implementation of programmes and services. There is a dire lack of human and financial resources assigned to government child protection systems. Most services are provided by Non-Governmental Organisations (NGOs) without state accreditation, monitoring or coordination.
**Strategy and Implementation**

In this context, UNICEF took the lead in carrying out a mapping and assessment of the child protection system in Nepal, along with the Central Child Welfare Board, and the six major International NGOs (INGOs) which support child protection government structures – Plan, Save the Children, Terre des hommes, World Education and World Vision. The mapping exercise was designed not only to collect and analyse information for planning and advocacy purposes, but also to raise awareness among participants in the process at different levels and in different sectors, of what a child protection system should consist of, as well as the strengths and weaknesses in the existing system. This was achieved in particular at local level through focus group discussions in 6 districts at regional, district, village/municipality, ward and community level. During focus group discussions, participants were requested to select child protection cases they had handled and to analyse the response from detection and reporting to closure of the case. They were also asked to list obstacles and recommendations with regard to the functioning of the child protection system.

**Progress and Results**

A total of 100 cases were collected. Preliminary findings indicate that most children rescued from harmful situations such as labour exploitation, sexual abuse, psychological and mental abuse from employers, neglect in residential care or as a result of loss of parental care, etc. were provided with some kind of emergency response and sent back with their families or relatives. However, in most cases, there was no follow up, review and closure of the case, only some of the steps had been documented and no formal procedures were followed, including for alternative care placements. The participants admitted that they did not know the situation of the children following the initial response. Many children did not have access to psychosocial counseling, justice or medical care, and the economic support for reintegration was often a one-time small grant. Participants explained that they found the exercise very useful and helped them identify gaps and recommendations for system strengthening. Many wanted to take the worksheet home to use it as a guideline.

**Next Steps**

The next step will be a thorough quantitative and qualitative analysis of the 100 cases, which will be part of the broader report. The complete mapping and assessment report will include more traditional components of such exercises: a legal review, an analysis of government mandates, structures, roles, procedures, national plans and budgets, human resources, programmes and services for child protection. It will also contain an analysis of the situation of children with regard to protection, drawing on official statistics and secondary sources, as well as a summary of observations collected in the course of the field work in communities. Finally, a nationwide online survey will be conducted to map government and NGO child protection services operating in the country, which will serve as a basis for an online service directory, as well as to collect information on case management processes, roles, plans and budgets at local level. The final report will include a summary of key findings and recommendations, which will be used for advocacy for policy formulation and resource mobilization.

A task force comprising government officials, the 6 INGOs and UNICEF, will be working on a proposal for government child protection structures with clearly defined roles in the short-, medium- and long-term. The task force will then work on a costed multi-year national plan to implement a child protection system, in particular the child welfare system. The plan will be multi-sectorial and will include the incorporation of child protection in security and justice, health, education, local governance and social protection sectors. The objective is to use the plan as an advocacy and resource mobilisation tool with Government and External Development Partners, as well as the basis for a sector-wide approach to ensure coordinated implementation and monitoring of interventions.

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**Contact Person**

Saba Mebrahtu

**Language**

English

**Abstract**

Recognizing that the high rate of child stunting, estimated at 41%, is threatening accelerated achievement of the MDGs and national development, the Government of Nepal made a strong commitment to tackle this issue. A costed Multi-Sector Nutrition Plan (2013-2017), was launched by the Prime Minister of Nepal, who is also a member of the Global Scaling Up Nutrition (SUN) Lead Group. The plan was developed, with UNICEF support, through systematic consultative process, led by the National Planning Commission (NPC), involving five key Ministries and partners, to address the immediate and underlying causes of undernutrition – including inadequate feeding and care, and poor hygiene and sanitation. This process assured strong ownership of the government and partners; declaration of commitment was signed to accelerate reduction of under-nutrition by the NPC, key Ministries, UN agencies, donors, civil society and private sector. MSNP will be implemented in selected model districts in 2013, and gradually scaled up.

**Innovation or Lesson Learned**

1. Government-led NAGA with key partners’ support, helped to define the way ahead, building on the nutrition sector’s strengths and addressing the remaining gaps – such as strengthening nutrition coordination, and multi-sector policy.

2. Sharing successful experiences on micronutrients and commitment to tackle stunting at the UNLDC and SUN High Level events, generated strong government commitment and leadership.

3. Series of consultations by reference groups for each sector, involving key experts, government, NGOs, and private sector, on nutrition review findings, highlighted the importance of nutrition, explained and internalized their respective roles, informed development of strategic objectives, identified proven essential interventions, monitoring indicators by sector. Joint meetings involving all the sectors helped specify the linkages, ultimately engendering strong joint ownership.

4. UNICEF played important role in successful MNSP development, and is similarly playing a key role in supporting district bottlenecks analysis, which will help inform district MSNP implementation, with initial focus on the most affected areas.

**Potential Application**

The experience in Nepal showed that high level government commitment and leadership can help bring on board key sectors, with clearly defined roles and responsibilities, in support of MSNP development and implementation. Nutritional investments yield the greatest return when targeted during the “narrow window of opportunity” and on the most affected areas. Both the immediate and underlying causes should be addressed for accelerated results, requiring a multi-sector approach. Very few countries have multi-sector nutrition plan in place. Demonstration of effective district MSNP implementation with initial focus on the most affected areas can help generate evidence to guide future policy decisions.

**Issue**

Nepal is on track to reach MDG 4 and 5 targets related to child and maternal mortality reduction. Considerable progress on micronutrients – especially vitamin A, Iodine, and Iron Folic Acid, has contributed towards this achievement. Though child stunting has declined, it remains high at 41%, with marked inequity by wealth quintiles and geographic areas; wasting is stagnant at 11%. Accelerated attainment of all the MDG is threatened unless concerted efforts are focused to tackle the immediate and underlying...
causes of chronic and acute under-nutrition, including inadequate feeding and care, poor hygiene and sanitation, and food insecurity through a multi-sector approach.

**Strategy and Implementation**

The following main strategic activities were implemented with UNICEF support, in collaboration with the World Bank, Helen Keller International, REACH, among others:

1. High-level advocacy to improve understanding on critical importance of addressing under-nutrition for accelerated achievement of the MDGs and cost-effective nutrition interventions identified by the 2010 SUN framework;
2. Strengthen multi-sector nutrition coordination and partnership, as per the Nutrition Assessment and Gap Analysis (NAGA) recommendation;
3. Undertake nutrition evidence reviews to assess effectiveness of ongoing programs to deliver essential nutrition ‘specific’ and nutrition ‘sensitive’ services in Nepal, as input to the multi-sector nutrition plan development;
4. Prepare an evidence-based and costed multi-sector nutrition plan through a systematic consultative process involving the key stakeholders;
5. Support key reviews and analyses, to help refine a district-level implementation strategy of the MSNP; Nutrition trends analysis, including inequity, based on Demographic Health Surveys 1996-2011; Food security and nutrition analysis, including inequity, using the 2011 National Living Standards Survey; Multi-Sector Nutrition Information Systems (MNIS) review, and five-year costed strategic plan; Nutrition capacity assessment for all the levels, and on this basis develop a detailed five-year costed plan on nutrition capacity enhancement; and national/selected district stakeholders mapping;
6. Development of an operational guideline for implementation of MSNP, which is in the final approval stage.

**Progress and Results**

(1) UNICEF advocacy helped Nepal join the Global SUN movement, with the Prime Minister as member of the SUN Lead Group, thus receiving recognition for successes on micronutrients – sustained high twice-yearly Vitamin A supplementation and deworming coverage; increase in iron folic acid supplementation with deworming to women during pregnancy (90+ tablets) from 6% in 2001 to 56% by 2011; nearing Universal Salt Iodization (USI) goal, at 80%, plus strong commitment to reduce stunting through a multi-sector approach.

(2) NAGA recommendation on strengthening of nutrition architecture, led to formation of High Level Nutrition and Food Security Steering Committee (HLNFSC), chaired by the Vice Chairperson of the NPC and involving key Ministries, responsible for policy direction, guidance and oversight. Steering Committees will be formed at the District and Community levels, focusing on coordination, guidance and oversight functions, as articulated in the MSNP.

(3) Nutrition reviews helped focus the plan on proven package of nutrition interventions, targeting the narrow window of opportunity – children under two and maternal nutrition.

(4) Consultative process enhanced government ownership, culminating in signing of declaration of commitment by all the key stakeholders.

(5) A series of analyses and operational guideline will help further guide district implementation of the MSNP.

**Next Steps**

(1) Development of harmonized MSNP implementation guideline, orientation and training materials on maternal and young child nutrition package, planning, coordination, monitoring and supervisory tools and mechanisms.

(2) Continuous advocacy to ensure adequate budget allocation at the national and district levels to support MSNP scale-up implementation.
(3) REACH is on-board with UNICEF providing technical guidance during the first year. In addition, the REACH team will be supported by dedicated professionals on food security, nutrition, communication, and monitoring and evaluation with funding from the World Bank, UNICEF, and WFP. This will enhance National Nutrition and Food Security Secretariat capacity for effective MSNP coordination and monitoring.

Scaling Up Integrated Management of Acute Malnutrition As Central Part of the Health System in Nepal

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Abstract

Mortality among children with severe acute malnutrition (SAM) is 5 to 20 times higher compared to their well-nourished counterparts. Globally, community management of acute malnutrition (CMAM) is proven efficacious to save lives of the affected children. In Nepal, some 91,000 children under-five are suffering from SAM and are not likely to survive unless they are identified early for effective treatment. A two-pronged strategic approach resulted in a government policy decision to scale-up CMAM to 50 of the most affected districts by 2017, as part of the health Sector-Wide Approach (SWAP) and Multi-Sector Nutrition Plan (2013-2017). This included downstream demonstration of feasibility, cost-effectiveness, relevance and sustainability of CMAM in selected pilot districts; and upstream support to include CMAM in national policy.

Innovation or Lesson Learned

(1) A high number of children were treated through an effective community-based mechanism of the primary health care system involving Female Community Health Volunteers and mother groups – through community screening, referrals, follow-ups, Infant and Young Child Feeding counseling support, use of community-based OTPs located in the local health facilities for the treatment of SAM children without complication using RUTF and management of acute malnutrition with medical complications at local hospitals.
(2) Strong technical and monitoring support has led to the CMAM pilot programme demonstrating effectiveness and high quality performance as per the SPHERE Standard.
(3) Advocacy efforts resulted in district councils endorsing the CMAM approach as part of the district development agenda;
(4) Coordination with the MoHP and other partners and advocacy efforts helped enhance national ownership and commitment to scale up CMAM to 6 additional targeted districts in 2012 and 50 priority districts by 2017 through cost sharing between UNICEF and other partners.

Potential Application

The CMAM pilot programme in Nepal was developed as potential model not only to treat acute malnutrition but also to prevent it over the long run. But, the preventive aspects need strengthening. The revised package will include key preventive measures – Infant and Young Child Feeding, care, hygiene and sanitation, and HIV, and streamline Rehabilitation Homes into the national program. Recognizing that acute malnutrition is serious requiring urgent attention, MoHP has decided to scale up IMAM in 50 districts with the highest burden of acute malnutrition, to save lives of children with SAM and to reduce acute malnutrition rate to less than 5% by 2017.

Issue

Nepal is on track to achieve MDG4 target related to child mortality. But, MDG1 target especially related to stunting reduction is not on track, even though it has declined. Unfortunately, wasting has remained stagnant at 11%, affecting 385,000 under-fives out of which 91,000 are suffering from severe acute
malnutrition (SAM). Concerned with this serious situation, UNICEF provided technical support to design and implement a community management of acute malnutrition (CMAM) pilot program in five districts in 2009, which was then evaluated and served as input to a CMAM scale-up strategy, plan and policy decision in 2012, as part of the Nepal Health Sector Program II (2010-2015) and multi-sector nutrition plan (2013-2017).

**Strategy and Implementation**

The following key strategic activities were undertaken:

(1) Pilot CMAM in five districts: Achham, Bardiya and Mugu as of 2009; and Jajarkot and Kanchanpur as of 2010. Support districts to establish 76 Outpatient Therapeutic Feeding Centers to treat SAM children without medical complications and six Stabilization Centers to treat those with medical complications. Based on facility reported data in six districts, out of 14,627 SAM children admitted from 2009 to 2012, 88.1% (12,884) were discharged out of which, 85.3% recovered, and less than 1% died, which is good performance compared with the SPHERE standard: recovery rate of >75% and death rate <10%.

(2) Support to include CMAM in NHSP II (2010-2015), which states: “If the results of ongoing pilots prove promising, the programme will also support community-based management of severe acute malnutrition... a potentially cost-effective alternative... to rehabilitation centres.”

(3) Support CMAM evaluation as part of global UNICEF evaluation covering five countries in addition to Nepal, which recommended to “scale up CMAM in the current... and... new districts using direct technical assistance... to the national health system.”

(4) Advocate for and support a CMAM scale-up strategic plan targeting 50 priority districts by 2017.

**Progress and Results**

(1) The CMAM pilot program has so far treated 12,884 children with SAM, out of which 85.3% (10,988) have recovered, and only 1% have died, which is good performance compared with SPHERE standards: recovery rate of <75% and death rate <10%, thus effectively contributing to enhance survival of these children.

(2) CMAM capacity of approximately of 3,050 Female Community Health Volunteers and 508 health workers was enhanced through training to manage acute malnutrition in the communities through strong community outreach for early case findings and referrals to the appropriate treatment: OTPs located in community based health facilities of the Ministry of Health and Population (MoHP) (health posts or sub-health posts) using Ready to Use Therapeutic Food (RUTF) for children without complications; and for management of those with medical complications in the local hospitals.

(3) CMAM evaluation served as input towards a national policy decision to scale up the CMAM programme six additional districts in 2012, to at least 50 priority district by 2017. Out of the six new CMAM scale up districts, UNICEF continued to provide technical and financial support in five districts.

(4) UNICEF advocacy efforts resulted to additional budget allocation for nutrition through the health SWAP to scale up essential nutrition interventions, including CMAM.

**Next Steps**

The following next steps will be taken:

(1) Support national CMAM evaluation dissemination and sharing of the findings during upcoming regional/global CMAM fora.

(2) Help finalize the revised national IMAM guideline, protocol, and training package including strengthening of the preventive aspects – IYCF, ECD, WASH etc.

(3) Support finalization of the national IMAM scale-up strategy and costed plan to scale up to 6 additional districts in 2012 and progressively to 50 priority districts by 2017.

(4) Continue to advocate for incorporation of IMAM in MoHP Annual Work Plan and Budget (AWPB) with adequate budget allocation for IMAM scale up and programme support.