

SITUATION OF CHILDREN AND WOMEN IN NEPAL 2006



For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

unicef 

**SITUATION OF CHILDREN
AND WOMEN IN NEPAL
2006**

© The United Nations Children's Fund (UNICEF) 2006

For further information, please contact

United Nations Children's Fund
Nepal Country Office
P. O. Box 1187
UN House, Pulchowk
Kathmandu, Nepal
Email: kathmandu@unicef.org

Cover photo: © UNICEF/Hugues Laurence
Design: Format Graphic Studio, Kathmandu, Nepal



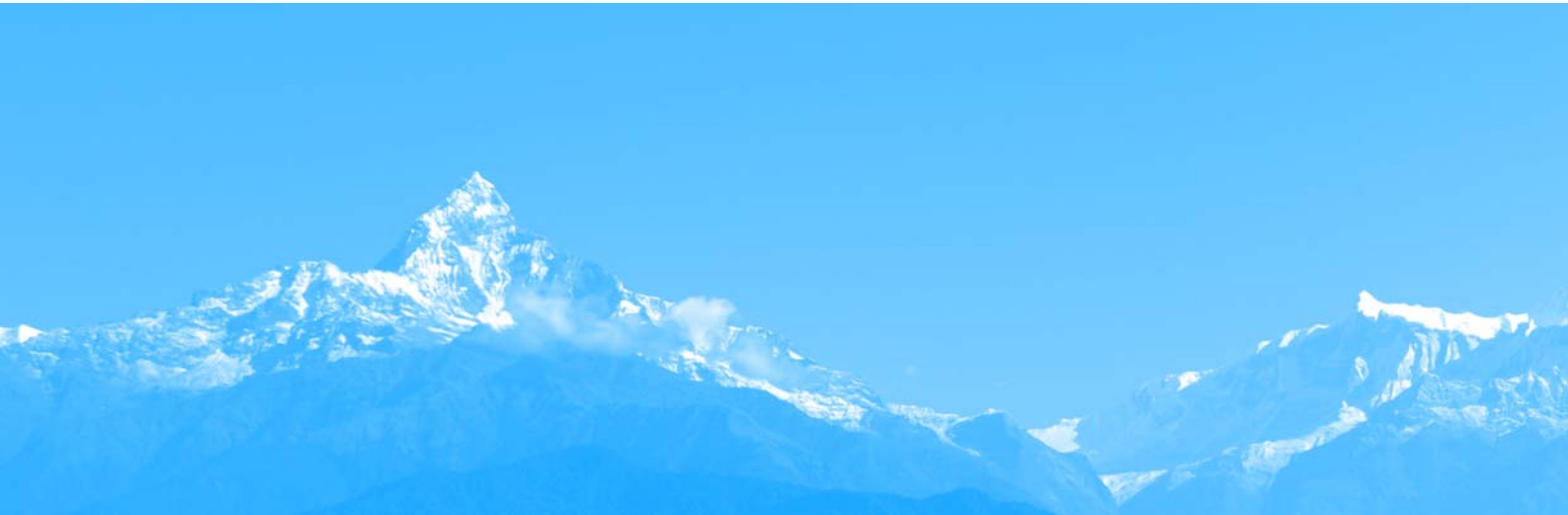
FOREWORD

Several of the important development achievements in Nepal in recent years affect the lives of children and women more than anyone else: the 40 percent reduction in under five mortality from 1991-2001, the increase in primary school enrolment by 30 per cent from 1995 to 2005—girls' enrolment increasing by 50 per cent in the same period—and access to water in rural areas increasing by 65 per cent from 1991-2001. The ongoing conflict threatens to reverse or halt progress in these and other areas that are fundamental to the well-being of children and women in Nepal.

We have seen schools become a place for recruitment or indoctrination. Travel and movement has become an exposure to interrogation and harassment. Family life has been disrupted by fear and even direct violence. In response, to ensure their safety, families may decide to take their children out of school or not enroll them in the first place. They may be more reluctant to seek basic health services if it requires travel. At the same time, the conflict affects service delivery. Schools have been closed temporarily both nationally and locally. Health and education services in remote villages are often running with significantly reduced support and supervision.

As always, it is the most vulnerable who will be hardest hit. Families living in remote areas already had to contend with long distances to understaffed facilities even before the conflict. The issues of service delivery deterioration and security for travel will affect these families more than others. As such, the conflict may increase existing disparities in the country. For example, while nationally one in 11 children die before the age of five, in the mountain areas one in six children meet the same fate. Similarly, in a country where education of girls is lagging behind that of boys, the inclination of families to keep their daughters at home may grow even stronger. With government services being much less affected in urban areas, the urban-rural divide in Nepal may also grow wider. It is clear that the conflict might increase current inequalities, or even create new ones.

The conflict also has a more direct impact on the lives of children and women in Nepal. Family structures are shaken when households are increasingly headed by women due to increased migration, when the whole or parts of the family become displaced, and when children move alone or with a family member to urban areas or India seeking security, work and education. Serious human rights violations include detention of children, children killed or injured, and recruited as child soldiers. While the lack of rule of law can affect anyone, we must be aware of



the likelihood that it will be those already most marginalized in society—those without papers, information, and skills—who will be least able to cope, and are most vulnerable to many of these rights violations.

This presents an enormous challenge to all working for development in Nepal. Reaching the Millennium Development Goals, and keeping children safe from the most serious human rights violations, will require—more than ever—that we focus our attention on the most vulnerable: those ‘unreached’ or ‘excluded.’ This document on the situation of children and women in Nepal focuses its analysis on patterns of exclusion and why it is so. It aims to be a source of improved understanding and appreciation for the development challenges present in Nepal today: their complexity, trend over time, and responses. While the contours of the overall impact of conflict are also noted, the situation changes frequently and is often not the same in two districts. We clearly need very flexible and efficient mechanisms to keep up with the situation at the local level, to be in a position to help communities and families build their resilience, particularly those who are most vulnerable.

Suomi Sakai
UNICEF Nepal Representative
Kathmandu, January 2006



CONTENTS

1	The Lifecycle Perspective	3
	The pregnant woman and her unborn child	3
	The birth of a child	4
	The infant	5
	The preschool child	6
	The school-aged child	7
	The adolescent child	8
2	Background	11
	Political developments	11
	Conflict	14
	Demographic profile	19
	Ethnicity, language and religion	19
	Caste	21
	Household poverty	21
	Community structures	23
	Migration	24
	Rural–urban disparities	25
	National economy	26
	Economically active population	28
	Agriculture and forests	28
	Food security	29
	Natural disasters	30
	National infrastructure	31
	The tenth five-year plan	33
	Role of NGOs and INGOs	35
	Administrative structure	35
	Decentralization	36
	The regional context	37



3	Child Protection	39
	Forced and bonded child labour	40
	Sexual exploitation and abuse of children	43
	Trafficking of children	46
	Violence against children outside of armed conflict	50
	Children without primary caregivers	52
	Use of and violence against children in armed conflict	56
4	Gender	61
	The girl child	62
	Convention on the elimination of all forms of discrimination against women (CEDAW)	66
5	Basic Education	71
	Status of education	71
	Education and the conflict	73
	Analysis of primary education	75
	Response to educational needs	80
	Alternative learning	82
	Early childhood development	84
6	Sanitation, Hygiene and Water	89
	Child health, sanitation and water	89
	Environmental sanitation	94
	Hygiene	100
	Water supply	104
	Conflict	110
7	Child and Maternal Nutrition	113
	Protein energy malnutrition	113
	Iodine deficiency disorders	118
	Vitamin A deficiency	121
	Iron deficiency anaemia	124
	Multiple malnutrition	126

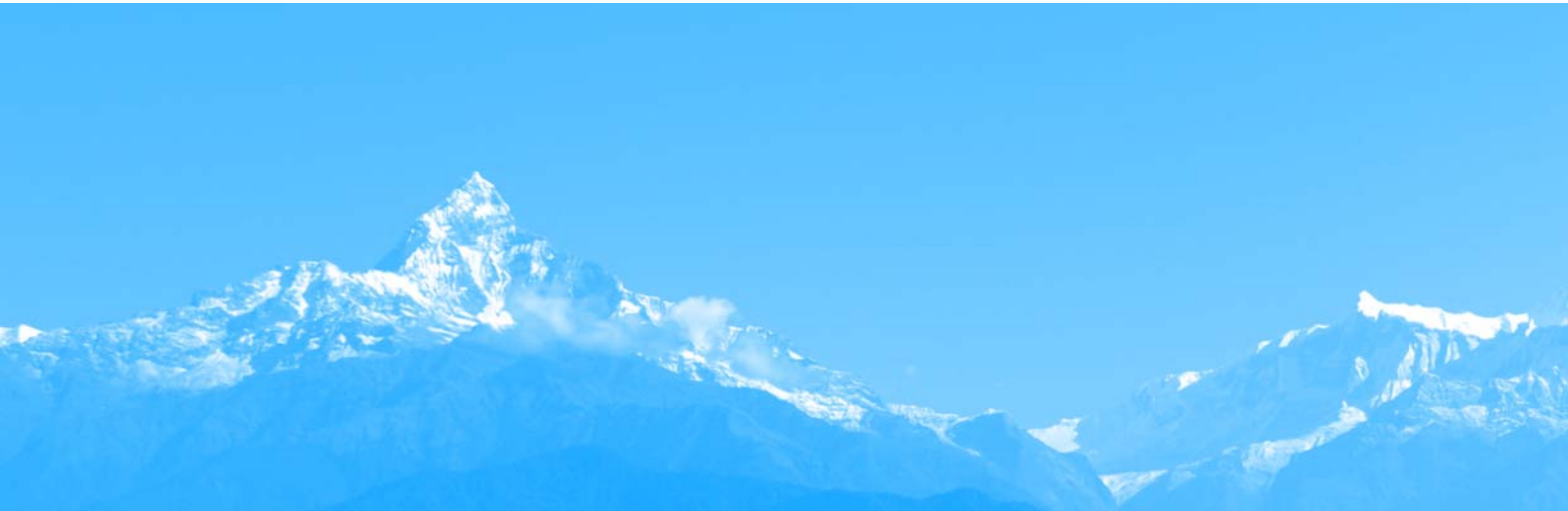


8	Health Services	129
	Organization of the health service	129
	People's perceptions of the health service	131
	Government response	132
	Conflict and the health service	134

9	Child Mortality	137
	Mortality rates	137
	Causes of neonatal mortality	139
	Causes of death in under-fives	145

10	Maternal Mortality	155
	Status of maternal mortality	155
	Maternal and neonatal deaths	156
	Factors prior to pregnancy	157
	Care during pregnancy	158
	Delivery and the postpartum period	160
	Responding to an emergency situation	163

11	HIV/AIDS	169
	Status of HIV/AIDS epidemic	169
	Underlying factors affecting HIV/AIDS	171
	Immediate factors affecting the spread of HIV/AIDS	174
	Vulnerability analysis of high-risk groups	177
	National response	184



List of Figures

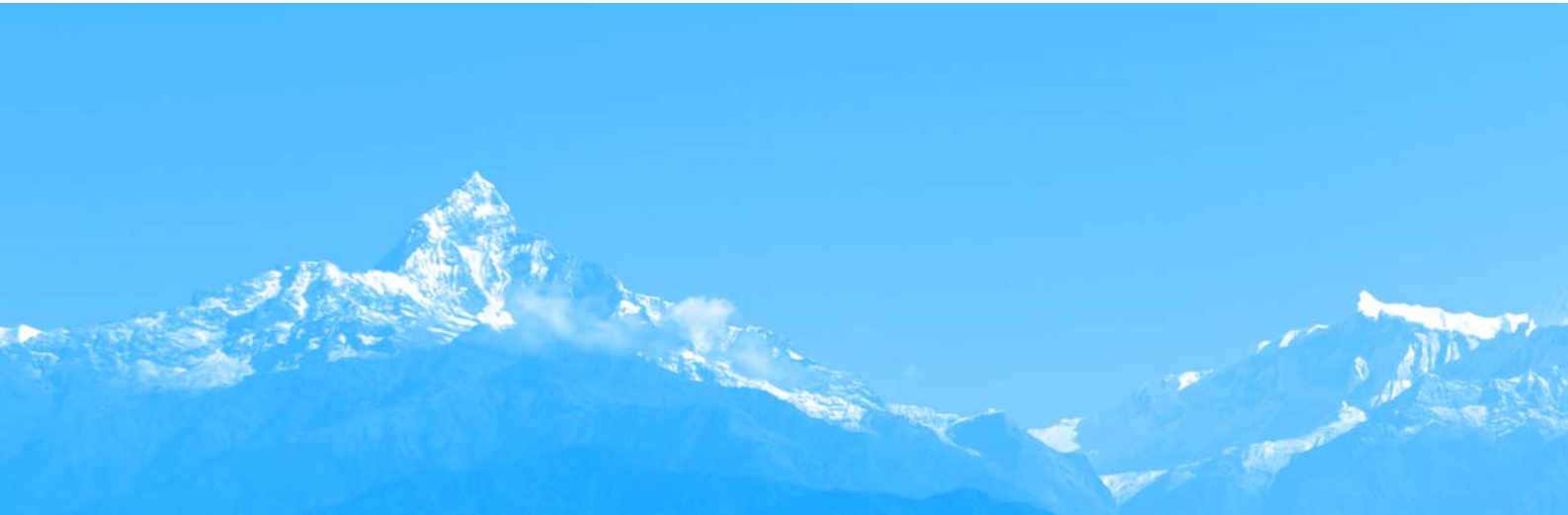
Figure 1:	Prevalence of ARI and Diarrhoea during the two preceeding weeks	5
Figure 2:	Map of Nepal	12
Figure 3:	Number of people killed by the insurgency	15
Figure 4:	Population below the poverty line	22
Figure 5:	Average remittance among recipient households	22
Figure 6:	Trends in population distribution by ecological zone	24
Figure 7:	GDP trends (at 1994/95 prices)	27
Figure 8:	Development expenditure as a proportion of total government expenditure	33
Figure 9:	Share of government expenditure	34
Figure 10:	Child protection conceptual framework	40
Figure 11:	Mortality rates for under-fives in Nepal	63
Figure 12:	Full immunization of the poorest quintile of the population compared to the richest quintile	64
Figure 13:	Primary net enrolment/attendance rates 1995–2004	72
Figure 14:	Critical periods of early childhood development	84
Figure 15:	Children's achievement in school	87
Figure 16:	The six Fs—transmission routes for diarrhoea	91
Figure 17:	Monthly trend of new diarrhoeal cases for children under five (2003)	94
Figure 18:	Rural sanitation coverage 1990–2015	99
Figure 19:	Number of daily trips for water	106
Figure 20:	Arsenic-affected districts	107
Figure 21:	Share of drinking water and sanitation in total government expenditure	109
Figure 22:	Stunting in children 0–59 months by eco-development region	115
Figure 23:	Nutritional status by age of child	115
Figure 24:	Prevalence of stunting 6–36 months, 1975–2001	115
Figure 25:	Links between the causes of malnutrition	116
Figure 26:	Breastfeeding status by age of child, 2001	116
Figure 27:	Infectious diseases by age of child, 2001	117
Figure 28:	Reduction of underweight children aged under three years in DACAW districts	118
Figure 29:	Median urinary iodine excretion, women and school-aged children, 1998	119
Figure 30:	Iodine content in household salt by ecological zone	119
Figure 31:	Market share of 'two-child' logo packed salt	120
Figure 32:	Age-specific prevalence of Bitot's spots and nightblindness in children	121
Figure 33:	Vitamin A deficiency in children aged 6–59 months	122
Figure 34:	National Vitamin A Programme expansion	123
Figure 35:	Children receiving vitamin A capsules	123
Figure 36:	Differences in nightblindness and Bitot's spots in children receiving and not receiving vitamin A	124
Figure 37:	Prevalence of anaemia in children, 6–59 months	125
Figure 38:	Impact of deworming on anaemia	125
Figure 39:	Prevalence of deficiencies and combinations of deficiencies in children, 6–59 months	126
Figure 40:	Primary health service setup—how it is planned in Nepal	130
Figure 41:	Under five mortality rates for Nepali children born since 1991	138
Figure 42:	Under five mortality by age group	138



Figure 43:	Global causes of neonatal mortality	139
Figure 44:	Prevalence of diarrhoea during the two preceding weeks	146
Figure 45:	Percentage of children with diarrhoea treated with ORS and taken to a health provider	147
Figure 46:	Prevalence of acute respiratory infection during the two weeks preceding the survey	148
Figure 47:	Vaccination coverage for 1996 and 2001	151
Figure 48:	Neonatal tetanus cases reported by health facilities	152
Figure 49:	Trend in current use of modern methods of contraception among currently married non-pregnant women aged 15-49 years	158
Figure 50:	ANC coverage by background characteristics, Nepal 2001	159
Figure 51:	Skilled attendance during delivery by background characteristics, Nepal 2001	161
Figure 52:	Recorded cases of HIV and AIDS in Nepal	169
Figure 53:	Distribution of reported HIV cases by sub-group	170
Figure 54:	Women's awareness of HIV/AIDS	174
Figure 55:	Young people's knowledge of HIV/AIDS (18–25 years old)	181

List of Tables

Table 1:	Castes/ethnic groups by residence with percentage distribution	20
Table 2:	Percentage of population by religion (from 1981, 1991 and 2001 censuses)	21
Table 3:	Selected measures of human development in urban and rural areas	26
Table 4:	Basic facilities in urban and rural areas, 2003	26
Table 5:	Sectoral allocation of development expenditure for the Tenth Plan (NRs in billions)	34
Table 6:	Desire for more children by currently married mothers who already have two children	63
Table 7:	Percentage of households with toilet facilities	95
Table 8:	Percentages of mothers/caretakers and adolescents washing hands and using soap	100
Table 9:	Standards for water supply in Nepal	104
Table 10:	Prevalence of undernutrition	114
Table 11:	Activities undertaken at each level of the health service for women and children	130
Table 12:	Activities related to maternal and child health undertaken by each rural health worker, and their qualifications/training	131
Table 13:	Neonatal mortality rate (NMR), infant mortality rate (IMR) and under-five mortality rate (U5MR) for the 10-year period prior to 2001 by socio-economic characteristic	139
Table 14:	Prevalence of diarrhoea in children aged under five years	145
Table 15:	Percentage of children with diarrhoea treated with ORS, taken to a health provider, or receiving no treatment	147
Table 16:	Prevalence of acute respiratory infection in children aged under five years	148
Table 17:	Percentage of children aged 12–23 months who had received vaccinations	151
Table 18:	Cumulative HIV infection by sub-group and gender	170



ACRONYMS

ADB	Asian Development Bank
AIDS	Acquired Immunodeficiency Syndrome
ARI	acute respiratory infection
ART	anti-retroviral therapy
AusAID	Australian Agency for International Development
BCHIMES	Between Census Household Information, Monitoring and Evaluation System
CB-IMCI	Community-based Integrated Management of Childhood Illness
CDO	Chief District Officer
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CERID	Centre for Educational Innovation and Development
CIDA	Canadian International Development Agency
CRC	Convention on the Rights of the Child
CREPHA	Centre for Research on Environment, Health and Population Activities
CWIN	Child Workers of Nepal Concerned Centre
DACAW	Decentralized Action for Children and Women
DANIDA	Danish International Development Agency
DDC	District Development Committee
DFID	Department for International Development (of the UK Government)
FAO	Food and Agricultural Organization (of the United Nations)
FCHV	Female Community Health Volunteer
FHI	Family Health International
FINNIDA	Finnish International Development Agency
GDI	Gender-related Development Index
GDP	gross domestic product
GNI	gross national income
GNP	gross national product
GTZ	German Technical Cooperation
HIV	Human Immunodeficiency Virus
IEC	information, education and communication
IED	improvised explosive device
ILO	International Labour Organization
INGO	international non-governmental organization
INSEC	Informal Sector Service Centre



IPEC	International Programme for Elimination of Child Labour
JICA	Japanese International Cooperation Agency
MIRA	Mother Infant Research Activities (an NGO)
NCASC	National Centre for AIDS and STD Control
NDHS	Nepal Demographic and Health Survey
NGO	non-governmental organization
NRs	Nepalese rupees (Dec 2005: US\$ 1 = approx. NRs 75)
OHCHR	Office of the High Commissioner for Human Rights
ORS	oral rehydration solution
OSP	Out-of-School Programme
PABSON	Private and Boarding Schools Organization of Nepal
PLWHA	person/people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission (of HIV/AIDS)
PPP	purchasing price parity
PSI	Population Services International
SAARC	South Asian Association for Regional Cooperation
SLC	School Leaving Certificate
SNV	Netherlands Development Organization
STD	sexually transmitted disease
TADO	Terrorist and Disruptive Activities (Control and Punishment) Ordinance
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	voluntary counselling and testing (for HIV/AIDS)
VDC	Village Development Committee
WFP	World Food Programme
WHO	World Health Organization
WTO	World Trade Organization