

Nepal Development Cooperation Report 2010

August 2011



This report summarises the aid program's progress in 2010 under the Nepal Country Program. The program provides development assistance that aims to complements Nepal's national programs and supports South Asia regional development objectives. This is the first standalone report done by the Australian Agency for International Development (AusAID) on the Nepal program. Reports on the program's performance in previous years are included in the South Asia Development Cooperation Report, available on the AusAID website.

Content:

Summary	1
Context	2
Program objectives	4
Expenditure	4
Progress against objectives	5
Objective 1: Contribute to Nepal's human development by improving service delivery in health	5
Objective 2: Contribute to Nepal's human development by improving service delivery in education	7
3. Reduce vulnerability of Nepalis to poverty, conflict, natural disasters and climate change	8
Program quality	9
Major quality successes, issues and challenges	10
Next steps	11
Appendix	12



Context

Nepal is among the poorest and least developed countries in the world with almost a quarter of its population living below the national poverty line and about half the population living on less than \$2 a day. It has a long and rich cultural history but a relatively short experience of democratic government that has been the subject of considerable disruption and turbulence. Per capita gross national income was US\$467 in 2008–09 (Nepal Ministry of Finance 2010), the lowest per capita gross domestic product (GDP) in the South Asia Region which itself is one of the poorest.

Nepal has undergone a transformation since its decade-long civil war ended in 2006, but complex and seemingly intractable issues relating to state structure remain unresolved. The coalition of parties that united to overthrow the monarch in 2008 has been caught in protracted constitutional and political wrangling, since.

According to the United Nations Development Programme (UNDP) 2010 assessment, Nepal is on track to achieve most of its Millennium Development Goals (MDGs) with sustained or increased effort (not full employment and not climate change). However, significant structural disparities across ethnic, social and economic backgrounds and geographic and gender lines exist behind the aggregate figures. Equitable development is particularly challenging given that Nepal's population comprises more than 100 ethnic groups who speak 92 languages. Many areas of the country are mountainous terrain, which is also challenging.

Overall, fragility, complexity and widespread poverty define Nepal's situation; they have been for some time and will remain so for our planning horizon. The political situation is complex with personal, ideological, geographical, ethnic, caste and external concerns in the mix. The level of poverty and need for development are both very high. While most observers discount the likelihood of Nepal returning to conflict, serious and inter-connected challenges hamper effective development including: corruption; political and ethnic tension and violence; a culture of impunity; and weak law and order. There are difficulties with delivering continuity in a situation of absent or short-term coalition governments and frequently changing ministers and bureaucrats. Responsiveness on the part of donors is essential to good working



relationships. The arguments for long-term commitment and planning by donors are convincing.

In 2009–10 and 2010–11, Australian development assistance in Nepal was \$26 million a year. Australia ranks 14th in the donor contributions table of about 20 Development Assistance Committee of the Organisation for Co-operation and Economic Development donors, with the World Bank , the Asian Development Bank and United Kingdom Department for International Development (DfID) the biggest donors. An (already dated) 2010 World Bank estimate of Australia's expected total contribution of \$41 million over July 2009 to July 2012 was 1.4% of total donor contributions of \$2.75 billion. In 2009–10 and 2010–11, Australia's expenditure was more than 50% over our initial budget allocation, partly a result of the need to forward pay some commitments but also demonstrating the Nepal program's ability to absorb more money. The proportion of AusAID country program funds put through government systems in 2009–10 was \$10 million of 17 million or 58%.

Although Nepal has improved its social development indicators, they are still among the lowest in South Asia. One challenge is social exclusion, which is also seen as a root cause of the conflict. Many groups (for example, indigenous ethnic groups, minority religious groups, women and Dalits) were discriminated against by the state and there are now efforts to address these injustices. According to the *Nepal Millennium Development Goals Progress Report 2010*, the gap between 'haves' and 'have-nots' is increasing. The Gini Coefficient, which provides a measure for income inequality, increased from 0.34 in 1996 to 0.41 in 2004 and recent estimates have shown it further increased to 0.46 in 2008–09. Geographically, poverty levels in 2009 were 37 % for the Mid Western Development Region (the poorest region), 22% for the Central Development Region and 2% for Kathmandu.

The per capita GDP in Nepal grew at a very slow rate between 2000–01 and 2008–09 (1.5% a year) due to the slow GDP growth rate (3.5%) and relatively high population growth rate (about 2% a year). Another feature of Nepal's growth is its erratic climate—changes are highly dependent on seasonal factors, notably the strength and length of the monsoon. Fluctuating internal political stability is another erratic feature.

Agriculture contributes to around 33% of GDP and the sector employs about 74% of all workers. The non-agricultural sector, on the other hand, employs only about 26% yet it contributes more than two-thirds of GDP. The productivity of the agriculture sector is thus much lower than the non-agriculture sector. As a result, poverty is more rampant among those employed in agriculture. According to the 2003–04 Nepal Living Standard Survey, 78% of Nepal's poor were employed (or self-employed) in agriculture. Given the income disparities and economic differences across the country, the high levels of inflation, largely due to food prices, (more than 3% a year between 2000 and 2005 escalating since 2006 to 13% in 2009) impact disproportionately on the poor and those living in remote rural areas. Food price fluctuations continue to be a significant challenge to the poor and the 3.2 million Nepalis who are food insecure.

More generally, the economy depends on external factors, aid, tourism and remittances from Nepalese working abroad: all affected by the conflict, post-conflict disruption and weak domestic employment opportunities. In recent years, remittances have played a vital role in Nepal's balance of payment. Due to the global recession, Nepal experienced a slowdown in the remittance growth rate (47% in 2008–09 and only 7% in 2009–10), which has had a negative



impact on balance of payments. For the first time since 2001–02, Nepal had a negative balance of payments in 2009–10.

Program objectives

Australia's focus in Nepal in 2010 was on improved service delivery in the core social sectors of health, education, and water, sanitation and hygiene. We also supported two subsectors: improving governance by promoting rights, democracy and inclusion; and alleviating poverty through micro-entrepreneurship. In strengthening the provision of basic services, particularly by working through government systems, Australia's program seeks to provide a sustainable peace and state-building role. Scholarships, the Public Sector Linkages Program, support to Bhutanese refugees, support to the United Nations Country Team's Early Recovery Initiative, the Electoral Education and Information Centre, the Child Survival and Nutrition Initiative, Maternal Health Services for the Disadvantaged, and Children Associated with Armed Forces and Armed Groups were other projects that we funded.

The program was without an endorsed country strategy throughout 2010 but will use the findings of the Aid Effectiveness Review and the 2011 Nepal country strategy work to redefine our areas of focus and identify areas in which Australia has comparative advantage and can make the greatest contribution.

The Nepal program delivered strong results in 2010 despite the pressures placed on a small team involved in complex work, and despite the absence of an endorsed strategy. The significant demands on a donor of participating in a sector-wide approach (SWAp) are now well recognised . There is the need to further enhance and strengthen technical expertise in key areas of our engagement, notably in health and education.

Expenditure

Australia's aid program to Nepal, while expected to remain modest, is growing. Total official development assistance increased from \$11.6 million in 2008–09 to \$26 million in 2010–11; a majority of the program is delivered through SWAps and multilateral contributions. In view of the significant threats and dire need of the people of Nepal, long-term Australian commitment is strongly justified. Table 1 shows estimated expenditure in Nepal for financial year 2011–11.

Table 1: Estimated expenditure in 2010-11 as at 26 May 2011

	Objective	A\$ million	% of bilateral program
Contribute to Nepal's human development by improving service delivery in health	1	9.58	33
Contribute to Nepal's human development by improving service delivery in education	2	10.32	35
Reduce vulnerability of Nepalis to poverty, conflict, natural disasters and climate change	3	9.07	31



Note: Includes health budget measure, and Water, sanitation and hygiene (excludes disability payment). The bilateral program figure is estimated total aid flow 2010–11 of \$30 million; Base, scholarships, education. The bilateral program figure is estimated total aid flow 2010–11 of \$30 million; and Microenterprise Development Programme (\$1.5 million), Rights Democracy and Inclusion Fund (\$0), United Nations Country Team (\$0.5 million), volunteers (\$0.118m), Direct Aid Program (DAP) (\$0.18m), Public Sector Linkages Program, Children Associated with Armed Forces and Armed Groups (\$0.45 million), Australian Youth Ambassador for Development (AYAD) (\$0.94m), ANCP (\$0.827 m), Crisis, Stabilisation and Recovery (\$0.46 million), World Food Programme (\$1.1 million). Excludes regional per directions. Bilateral program figure is estimated total aid flow 2010–11 of \$30 million.

Source: AusAID Budget Nepal official development assistance flows to country table, 12 May 2011

Progress against objectives

Because of the absence of an endorsed country strategy, the Nepal Country Program's progress was assessed in 2010 against interim objectives (Table 2). At the initiative level, the program performed very well. All monitored initiatives were rated adequate or good on the six quality criteria—except for the Rights Democracy and Inclusion Fund (RDIF), the future of which will be reviewed in 2011.

Table 2: Ratings of the program's progress in 2010 towards the interim objectives

Objective	Rating in 2010	Relative to previous rating
1. Contribute to Nepal's human development by improving service delivery in health: with a focus on access, equity and quality of essential health care services and Water, Sanitation and Hygiene (WaSH) facilities by women and the most marginalised, and improvement in the management of women and children's health and nutrition in rural areas.		Not applicable
Contribute to Nepal's Human Development by improving service delivery in education: Improve basic education services—with a focus on the quality, reach and management of pre-primary and basic education for children in rural areas.		Not applicable
3. Reduce vulnerability of Nepalis to poverty, conflict, natural disasters and climate change		Not applicable
Note: The objective will be fully achieved. The objective will be partly achieved. The objective is unlikely to be achieved		

Having a range of activities demonstrates that the Nepal Program is good at: effectively managing multiple topics; securing funding from a range of channels; providing a spread of programs to ameliorate the risks to delivery in a fragile state; and partnering well with other development stakeholders. It also shows Australia's commitment to a strong bilateral relationship through our responsiveness to requests from the Government of Nepal (GoN) and other actors in the country. There is merit in small but targeted upstream interventions which can have a significant impact. On the other hand, a high number of activities can be high in transaction costs for a recipient country and can show poor commitment by a donor to nurturing programs to their full-scale potential. These tensions will be addressed in the 2011 Nepal Country Strategy.

Objective 1: Contribute to Nepal's human development by improving service delivery in health

Phase 1 of **The Nepal Health Sector Program** finished in June 2010. AusAID provided close to \$7 million in support from June 2008 to June 2010 and has committed a further \$26 million from 2010–11 to 2014–15 for the second phase. The program is supported by a



joint government — donor coordination and funding mechanism which is working well and appears to have driven the positive results achieved in phase 1. The government budget allocation to health progressively increased in real terms. As a proportion of GDP, it is now at 7%, and prioritised in the right areas.

Nepal has made significant progress in its MDG health outcomes in recent years, being recognised globally with three awards for MDG 4 (reduce child mortality) and MDG 5 (improve maternal health) during the past two years. These gains resulted from scaling up services at community and health-facility levels, and using innovative approaches, supported by the National HIV/AIDS Support Project, phase I. The evaluation of phase 1 reported insufficient effort and progress on equity of access as well as lack of progress in some aspects of health. The evaluation also pointed to continued institutional capacity challenges, including unfilled positions and poor retention in positions in rural and remote areas for effective and sustainable capacity development.

Australia's support for the Health Sector Program contributed to the reduction of child deaths from 61 per 1000 live births in 2006 to 50 in 2009; and maternal deaths from 281 per 100 000 live births in 2006 to 229 in 2009. The National Vitamin A Program and the Community Based Integrated Management of Childhood Illness Program reached 3.7 million children and saved an estimated 15 000 Nepali children. Our contribution to the health SWAp funded the training of 150 skilled birth attendants, and the delivery of more than 29 000 births in health facilities with skilled birth attendants present.

Parallel to the Health Sector Program AusAID provided project-based support to United Nations Children's Fund (UNICEF) to support specific child survival, maternal and nutrition aspects of the program. This included pilots and capacity development, for example, for Vitamin A supplementation, newborn care and skilled birthing services. These activities have contributed to Nepal's health progress and have progressively been taken up by the health sector itself and progressively managed by the GoN.

The National Planning Commission recently identified 13 nutrition focal officials in key government ministries and revived the 13-member National Nutrition Directive Committee to develop a multi-sectoral plan of action on nutrition. AusAID intends to engage in the nutrition arena as it is critical to Nepal's development.

The **Nepal Water for Health (NEWAH) Program** received funding from AusAID through WaterAID Australia and implementation started from April 2010 in four districts across three geographical regions. The program supports decentralisation and improves service delivery, with water, sanitation and hygiene (WaSH) as the entry point. It aligns with AusAID's water and sanitation initiative.

With the technical and managerial support of WaterAid Nepal, NEWAH has set out development objectives, targets, and beneficiaries. Although it took time to select village development committees and target the right communities, in the short period of implementation the program has had good achievements and is on track to meet most of its development objectives. The access and coverage of WaSH services reached 58 targeted communities with 25 915 beneficiaries (achieving 5% and 14% more than agreed project target indicators respectively) of which 80% are from poor and historically excluded groups. A gender and social inclusion policy is in place.





Good coordination and links between the project team and village and district committees has been maintained and this has serviced to institutionalise WaSH for rural communities. It is expected that 100% of the target population will participate in behaviour change, particularly practising hand washing before and after meals, and after visiting toilets. More than 50% of the funding will be spent to construct water systems and environmentally sustainable sanitation facilities to meet the needs of people with disability as well as girls and boys.

Better WaSH outcomes depend on more effective coordination across GoN ministries, such as education, health, local government and the Ministry of Physical Planning and Works. Discussions between development partners (AusAID, World Bank, Asian Development Bank, Finland and UNICEF etc.) for a designing support framework have started. Linkages with government agencies will be sought to strengthen the sector. AusAID could play a strong role in leading WaSH development partners and other stakeholders to better sector-wide coordination and alignment.

Objective 2: Contribute to Nepal's human development by improving service delivery in education

The School Sector Reform Program is a comprehensive program covering the entire school sector in Nepal, receiving the highest allocation of any sector in the GoN's budget and using the assistance of 10 development partners through a pooled fund managed by the GoN. Nepal is also the largest recipient of education Fast Track Initiative funding: \$120 million over three years.

In its second year, the School Sector Reform Program is on track to meet most of its objectives and is contributing to progress towards MDG 2 (achieve universal primary education) and MDG 3 (promote gender equality and empower women). Enrolment rates have increased at all levels, reaching 93.7% in primary, 83.2% in basic (grades 1 to 8) and 23.9% in secondary and exceeding annual targets for basic and secondary. Survival rates to grades 5 and 8 have improved and exceeded targets, reaching 78% and 62% respectively. Rates for girls and socially disadvantaged groups have significantly improved for all of these indicators. There is gender parity in enrolments at all levels including for socially disadvantaged groups.

During the past year 7715 new classrooms were constructed, providing additional places for around 230 000 students, while improved arrangements were provided for 135 000 students through the rehabilitation of 4500 classrooms.

Monitoring, evaluation, reporting and review activities are harmonised through a Joint Financing Arrangement with a focus on aid effectiveness and working through government systems. During the past year, cases of corruption and misuse of funds were effectively dealt with by the GoN in close consultation with the donors involved and in line with the procedures agreed in the Joint Financing Arrangement. Donor funds linked to ineligible expenditures were reimbursed or are in the process of being reimbursed.

AusAID plays an important and visible role in the consortium of funding development partners; in interactions with the GoN; through the AusAID Regional Education Adviser; and



through specific interventions in the sector (for example, by co-hosting this year, with DfID, a training workshop on transparency and accountability).

AusAID's Nepal scholarships (both Australian Development Scholarships [ADS] and Australian Leadership Award Scholarships [ALAS]) are administered through the South Asia Scholarships Program . As in previous rounds, the 2010 round for the 2011 intake focused on social inclusion in the selection process. Weighting was applied for indigenous minorities and women during selection. ADS received 76 applications and awarded 19 (6 female and 13 male); ALAS received 82 applications and awarded 12 (4 female and 8 male). The total ADS number includes the additional awardees who were recommended for ALAS but converted to ADS after the Nepal ALAS allocation was full.

The final approval for ADS from the Government of Nepal was received later than expected, however, all the awardees were mobilised in time for the 2011 intake.

3. Reduce vulnerability of Nepalis to poverty, conflict, natural disasters and climate change

The Micro-Enterprise Development Programme (MEDEP) III is jointly funded by AusAID and the UNDP. Its primary objective is to contribute to poverty reduction by creating micro-enterprises, supporting their growth and providing capacity development support to partner organisations for sustainability. MEDEP III aims to diversify the livelihoods of 20 000 low-income families and increase their per capita income. The program continues to have a strong focus on inclusion with 60% women, 40% Janjatis, 25% Dalits, 30% Madhesis and 60% youth, including target beneficiaries such as people with disability and people living with HIV/AIDS. It also has a peace-building focus, targeting internally displaced people, excombatants and youth.

MEDEP has been most effective at grassroots level in developing and strengthening microentrepreneurs and improving the livelihoods of the most vulnerable and marginalised groups. The program has so far helped create more than 60 000 jobs. In Phase III, more than 19 000 micro-entrepreneurs were created against a target of 18 050. Funding MEDEP has allowed us to continue working in Sindhu and Kavre, where Australia was involved for 40 years in a highly visible forestry program. A November 2010 impact assessment of MEDEP I and II districts was positive about the program's impact, highlighting that 80% of participating entrepreneurs are still active and 73.1% of participating households had moved out of poverty. Their economic growth has flow on effects in their communities.

The GoN and UNDP have extended MEDEP III until December 2011 and a Phase IV is being designed to start from January 2012. The GoN is showing increasing ownership of the program while recognising its need to address delivery at the local level first. A serious challenge is to identify a sustained source of micro-finance. AusAID will ensure that recommendations from the phase out strategy and the impact assessment report are integrated into the Phase IV design.

The Rights, Democracy and Inclusion Fund II was officially launched in June 2009 and will continue until December 2011 with DfID, AusAID, Swiss Agency for Development and Cooperation and Danida HUGOU as the contributing donors (AusAID supports RDIF through a delegated arrangement with DfID). The delivery method is through national and local NGOs. A one year, no-cost extension of Phase II has been agreed in principle by all donor partners.



The administrative management of RDIF was taken over by a new firm—GRM—from December 2010. The fund had committed 67% of its total allocated budget and approved 36 projects to December 2010, covering 60 of 75 districts. Five regional offices have been established and more human resources are in place. RDIF partner organisations have been receiving regular support and monitoring has improved. The capacity of the implementing NGOs and their institutional governance has also improved. AusAID sits on the RDIF Steering Committee and is involved in at least one project selection sub-committee. A mid-term review of RDIF II is planned for early 2011.

RDIF II is designed to incorporate the many recommendations from the 2008 RDIF I review and aims to achieve a governance system characterised by democratic norms, respect for human rights and political and social inclusion of all groups. Local pressure groups and public hearings have promoted good governance and accountability at the community level through RDIF-supported programs. One key result of RDIF II, for example, will be to support the drafting of an inclusive and democratic constitution.

While the fund is relevant, considering the fragile country context, a response to the 2008 review recommendations has been slow and there have been delays in approving and disbursing funds. Skill strengthening of RDIF staff is identified as one major area that is not considered in the project's planning.

Australia provided the **Nepal UN Country Team** \$500 000 to pilot an international first, the Early Recovery Initiative, which aims to supply important services for a bridging period after the withdrawal of the United Nations Mission in Nepal and the closures of the Office of Coordination of Humanitarian Affairs and the Office of the United Nations High Commissioner for Human Rights regional offices. The initiative: coordinates support to peace building and development efforts of the UN; manages information and mapping capacity; finances the UN's peace-building work; supports the UN Country Teams's inter-agency planning processes; coordinates a minimum humanitarian capacity that can be scaled up fast if a crisis strikes; advocates for the long-term peace building agenda; and, most importantly, provides a small field presence (through field coordination offices) to deliver these services to the UN or others. Regional offices aim to bridge the information gap between the capital and the field.

In 2010, 18 volunteers (17 Australian Youth Ambassadors for Development and one Volunteering for International Development from Australia) worked with various host organisations, including both government agencies and local NGOs. Ten volunteers worked in health and education, four with marginalised and vulnerable groups, two in rural development and two in civil society capacity building.

Program quality

Overall, our program in Nepal focuses on poverty alleviation and better delivery of basic social services, in line with AusAID's commitment to the MDGs. Our activities also have a symbiotic relationship with building a stronger democratic state: our work contributes to reinforcing peace and creating a stable nation, which then reinforces delivering better services and alleviating poverty.

To date, given the fragility of Nepal, AusAID has spread its portfolio of activities to manage risks to delivery. Using differing ways of delivering aid has been important for ensuring that a



breakdown in one area does not derail our program. Continuing to deliver aid to the underserved and poor people of Nepal is a necessity, regardless of the state of the polity. The majority of our funds are directed through two SWAps (health and education) but we also work with a UN agency on our third largest program (poverty relief), an international nongovernmental organisation (INGO) on water, sanitation and hygiene and opportunistically fund other smaller programs through the UN or INGOs when called upon to do so.

Our participation in SWAps is the best option for the major part of our program. SWAps allow us to build the capacity of a fragile state. They are probably the most effective way to tackle corruption, given the incentive both donors and the government receiving development support have to keep donor money in the pool. Donors working together have leverage to advocate for issues such as inclusion—education is lifting the participation of girls; health programs are targeting women and children. The GoN strongly endorses our participation in SWAps. It would like 100% of assistance to be put through government systems in coming years. The long-term timeframes of SWAps also have an advantage, allowing progress from the basic delivery of services to improvements in the quality of these services, as they mature and evolve.

The number of donors working in a unified way through donor pools has so far, proven to be effective in Nepal. Donors operating in the country are noted for their commitment to working in a highly coordinated fashion and in ways that build government systems and capacity. This ensures that progress achieved is not eroded even when faced with the significant turnover of ministers that occurs when governments change. This is one reason why delivery of development assistance in Nepal has continued through 10 years of conflict and five subsequent years of political instability. The resilient community-based skeleton service delivery structure has been successful in both the health and education sectors. It is important that we continue to support this asset through whatever transitions the Nepalese state moves through in the next few years.

The Nepal program continues to deliver assistance that targets women and shows positive results for them as well as traditionally marginalised groups.

We recognise that national data in Nepal could be of poor quality. However, there is some independent data (particularly around health outcomes) which supports national and MDG figures. Ongoing direct engagement in our projects and with government data collection is the best way for us to ensure the quality of monitoring and evaluation and building evidence on which to make decisions and improvements to development work.

Major quality successes, issues and challenges

The Nepal program has well-run initiatives, particularly given they are delivered in such a fragile state. Managing the quality of output from partners is an area we would like to engage more strongly in and monitoring and evaluation may be a role Australia could carve a niche in. This report has thrown the spotlight on our commitment to the RDIF, given the lower results achieved. It has also highlighted challenges in finding sufficient ongoing funding for the MEDEP. Appropriate reviews to decide our ongoing engagement with these two will be part of the 2011 work plan.



Next steps

The forthcoming country strategy should resolve several issues identified in this report. These include:

- working to approved Nepal Country Program objectives to provide a greater strategic coherence and a framework to guard against proliferation
- designing delivery strategies to ensure that the work we do in the sectors we engage in is focused and well monitored
- signing a governing framework for our public sector scholarships program with the GoN
- addressing Nepali plans for federalism and decentralisation
- developing a performance assessment framework to ensure effective monitoring of results.



Appendix

Millennium Development Goals in Nepal - Progress on key indicators

Millennium Development Goals and Key Indicators	Baseline 1990	1995	2000	2005	Latest Figure	Target 2015
Goal 1a: Eradicate Extreme Poverty	[4]					
Target: Halve between 1990 and 2015, dollar per day	the proportio	n of peo	ople wh	ose inco	ome is less t	han one
Population living below US\$1 a day (PPP value) (%)		34	na	24	na	17
Population living below national poverty line (%)		42	38	31	na	21
Goal 1b: Eradicate Hunger [5]						
Target: Halve between 1990 and 2015,	the proportio	n of peo	ople wh	o suffer	from hunge	er
Population below minimum dietary energy consumption	49	47	na	40	40	24.5
Underweight children (% of children 6-59 months)	57	na	53	na	49	29
Stunted children (% of children aged 6-59 months)	60	na	55	na	46	30
Goal 2: Achieve Universal Primary E	Education [6]	l				
Target: Ensure that by 2015, children en primary schooling	everywhere, bo	oys and	girls al	ike, will	be able to	complete
Net enrolment rate in primary education (%)	64	69	81	87	89	100
Survival rate to grade 5 (% of cohort)	na	38	63	79	81	100
Literacy rate 15-24 year olds	50	56	70	73	na	100
Goal 3: Promote Gender Equality ar	nd Empower	Wome	า [7]			
Target: Eliminate gender disparity in prat all levels of education no later than 2		condary	educat	ion, pre	eferably by 2	005, and
Ratio of girls to boys in primary education	0.56	0.66	0.79	0.86	0.95	1
Ratio of girls to boys in lower secondary education	0.43	0.56	0.7	0.82	0.85	1
Ratio of literate women to men of age group 15-24 years	0.48	0.56	na	0.73	na	1
Proportion of seats held by women in parliament (%)	3.4	3.4	5.9	na	33	na
Goal 4: Reduce Child Mortality [8]						
Target: Reduce by two-thirds, between	1990 and 201	15, the	under-5	mortal	lity rate	
Mortality rate, infant (per 1,000 live births)	108	79	64	51	48	34
Mortality rate, under-5 (per 1,000 live births)	162	118	91	65	na	54
1-year old children immunized against measles (%)	42	57	71	85	81	>90
Goal 5: Improve Maternal Health [9)]					



Target: Reduce by three-quarters, betw 100,000 live births)	veen 1990 and	d 2015,	the ma	ternal n	nortality rati	o (per
Maternal mortality ratio (per 100,000 live births) (2006)	850 or 515	539	415	na	281	213 or 134
Births attended by skilled health personnel (% of total) (2006)	7	10	11	19	na	60
Contraceptive prevalence (% of married women 15-49) (2006)	24	29	39	na	48	67
Goal 6a: Combat HIV and AIDS, Malaria and other diseases [10]						
Target: Have halted by 2015, and begun other major diseases	in to reverse,	the spre	ead of F	IIV and	AIDS, malai	ria, and
Prevalence of HIV/AIDS (% ages 15-49)	na	na	0.29	0.55	0.49	reverse
Laboratory confirmed malaria cases (per 100,000 people at risk) [11]	na	na	52	30	na	reverse
Prevalence of tuberculosis (per 100,000 people) (2006) [12]	460	420	310	257	244	reverse
Goal 7a: Ensure Environmental Sus Target: Integrate the principles of susta and reverse the loss of environmental reference (% of land area)	ainable develo		into cou	ıntry po	licies and pr	ogrammes
Torest area (76 or land area)	37	20	na	25	20	reverse
		29	na	25	29	reverse loss
Area protected to maintain biodiveristy (% of total land)	11	18	na 18	25	29	
•						loss reverse
biodiveristy (% of total land)	d sanitation	18	18	20	20	loss reverse loss
biodiveristy (% of total land) Goal 7b: Ensure access to water and	d sanitation	18	18	20	20	loss reverse loss
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- [1] United Nations and Government of Nepal, Nepal Millennium Development Goals: Progress Report 2005 (Kathmandu, 2005).
- [4] Source: GoN sources, UNDP
- [5] Source: GoN sources, WFP
- [6] Source: GoN sources, UNICEF
- [7] Source: GoN sources, UNICEF, UNFPA
- [8] Source: GoN sources, UNICEF
- [9] Source: GoN sources, UNICEF, UNFPA
- [10] Source: GoN sources, UNAIDS, WHO
- [11] Clinically diagnosed malaria cases in public health facilities in 17 highest risk districts per





100,000 people at risk.

[12] Distinct from incidence, which reports the number of new cases in a given year, prevalence indicates the total extent of the infection in the population. In 2006, the prevalence for tuberculosis in Nepal was 244 per 100,000. The MDG however aims at reversing the 'incidence' of tuberculosis.

[13] Source: GoN Sources, UNDP

[14] UN statistics department, MDG indicators database. ODA figures: OECD DAC. Latest figure from 2006. In 2007, the estimated total ODA is about USD 580 million.